Reporting on Gender-Based Violence: A Guide for Journalists and Editors
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Abbreviations

GBV: Gender-Based Violence
IPV: Intimate Partner Violence
DV: Domestic Violence
VAW: Violence Against Women
LGBTQIA: Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
SAPS: South African Police Service

“Creative handling of a sensitive story can not only retain the dignity and respect of those involved, but can be used as a powerful tool to effect change.”

- GILL GIFFORD, HEALTH-E NEWS EDITOR
Rates of gender-based violence (GBV) in South Africa are staggeringly high, with a recent study in 2016 by StatsSA\(^1\) indicating that one in five partnered women have experienced physical violence in the 12 months prior to the survey.

Still, GBV remains largely hidden and consigned to the private sphere, thus diminishing the public discussions about violence. The media has an important role to play in shining a light on what has until now remained silent and to change this perception and to reshape the conversations to galvanize action for change.

With the increase in reporting on cases of GBV in the media in recent months, we have seen the potential of the mainstream media to affect the way that we think, understand and talk about violence within our communities.

It is important for journalists to write about GBV to break the silence around violence, and do so in a way that is responsible and educational. Yet, regrettably, some publications report on GBV insensitively and inaccurately, thereby sensationalising incidents of GBV and fuelling secondary victimisation of survivors (see Useful Definitions).

This guide was created by Sonke Gender Justice in collaboration with Health-E News. The purpose thereof is to provide guidance for journalists and editors who are reporting on issues of GBV to do so in a sensitive and respectful manner and in line with the South African Code of Ethics\(^2\) (see Appendix F). The guide was developed with the acknowledgement of the media’s power to inform and influence the public’s understanding of GBV.

In developing this guide, it is understood that journalists and editors work under immense pressure, and that at times it may feel that ethics should take a backseat when reporting on a big story. Yet we ask that journalists and their editors hold this guide in mind and ensure that they report in a way that is in the best interests of the survivors whose stories are being told.

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How to Use this Guide

This guide provides you with helpful guidelines when reporting on GBV and pointers on how to avoid common pitfalls.

IN THIS GUIDE YOU WILL FIND:

- Useful definitions
- An understanding of GBV within the broader South African context
- Rape culture and commonly held beliefs and myths
- What language to use and avoid
- A checklist of do’s and don’ts when writing up your article
- Tips for interviewing survivors of GBV
- Sample informed consent form for interviewing survivors
- List of referrals for you to have on hand during interviews
- List of expert organisations to reach out to for comment
- The Code of Ethics and Conduct for South African Print and Online Media
- How to lodge complaints with the Press Council and the Broadcasting Commission

This guide is informed by an intersectional approach to GBV, recognising that various experiences of race, class, sexuality, gender identity and expression, citizenship status, criminalisation, and other forms of oppression, contribute towards the varied experiences of GBV survivors.

We hope this guide will be a valuable tool and resource for you in providing the knowledge you need to contribute towards a supportive public discourse on GBV.

NOTE: Engaging with stories of GBV can result in vicarious trauma (trauma you may experience by being exposed to many horrific and traumatic stories), or may trigger your own memories. Ensure that you debrief and also receive trauma counselling when necessary and encourage other journalists to do so as well.

3 For the purposes of this guide, we use the term “survivor”, as opposed to “victim”. We recognize that people who have been subjected to gender-based violence have the right to choose how they want to be referred to in media stories. See the definitions provided in the Useful Definitions section.
Useful Definitions

When reporting on GBV, it is critical to use the correct terminology with a clear understanding of their definitions to ensure that you report accurately and from an informed position. Below we provide a list of frequently used terms related to GBV. These are not exhaustive. For additional definitions related to gender and sexual identities, please refer to Appendix B of this Guide.

CONSENT
When someone unambiguously and voluntarily agrees to do something, fully understanding the consequences of their decision, and they do so without any coercion, such as the use of force or threats to their safety. Relenting and submitting do not equate to consent. In order for consent to be real, the person must not be drunk, drugged or deceived.

INFORMED CONSENT
To be distinguished from ‘consent’ above, as it refers specifically to the approval or assent when someone carefully understands the consequences of a decision and consents freely without any force.

GENDER-BASED VIOLENCE
Violence against another person because of their gender. The violence can be physical, sexual, psychological, economic or cultural. While GBV is largely experienced as violence against women, it can affect all people, including men, and gay, lesbian, bisexual, transgender, queer and intersex (LGBTQI) persons.

DOMESTIC VIOLENCE
A pattern of behaviour which involves gender-based violence by one person against another in a domestic setting. It includes spouses, persons cohabiting, family members and children.

INTIMATE PARTNER VIOLENCE
Domestic violence against a spouse or partner.

INTIMATE FEMICIDE
The killing of a female person by an intimate partner (i.e. her current or ex-husband or boyfriend, same sex partner or a rejected would-be lover).

RAPE
Non-consensual penetration, however slight, of the vagina, anus or mouth by a penis, any other body part or object.

COMPELLED RAPE
When a person ‘A’ unlawfully and intentionally compels, through the use of threats or the use of force, another person ‘B’ without their consent, to rape a third person ‘C’. In this case, person ‘A’ has committed compelled rape.

SEXUAL VIOLENCE/ABUSE
A broad category incorporating various forms of sexual violence, including, but not limited to, rape, sexual assault, sexual harassment.

SEXUAL ASSAULT
The sexual violation of person A by person B without person A’s consent.
**COMPELLED SEXUAL ASSAULT**
Similar to compelled rape, when a person ‘A’ unlawfully and intentionally compels, through the use of threats or the use of force, another person ‘B’ without their consent, to sexually assault a third person ‘C’. In this case, person ‘A’ has committed compelled sexual assault.

**SURVIVOR/VICTIM**
A person who has experienced gender-based violence. Whilst the terms ‘victim’ and ‘survivor’ are sometimes used interchangeably, ‘victim’ is a term most often used in the legal and medical sectors, while ‘survivor’ is a term generally preferred in the psychological and social support sectors.

**PHYSICAL ABUSE**
Any act or threatened act of physical violence towards another causing injury or trauma, including but not limited to, hitting, slapping, kicking, punching, pushing.

**EMOTIONAL ABUSE**
A pattern of degrading or humiliating conduct towards another, including verbal abuse, threats to cause emotional pain, manipulation and intimidation, and repeated exhibition of obsessive possessiveness or jealousy.

**PSYCHOLOGICAL ABUSE**
Subjecting another to emotional and verbal abuse which may result in psychological trauma, including anxiety, depression or post-traumatic stress disorder.

**VERBAL ABUSE**
A form of emotional abuse, including constant criticism, repeated insults and name calling.

**CULTURAL/RELIGIOUS ABUSE**
When a person is harmed as a result of practices that are part of their culture, religion or tradition.

**ECONOMIC ABUSE**
When an intimate partner ‘A’ has control over their partner ‘B’s access to economic resources, to which ‘B’ is entitled under law or requires out of necessity, resulting in ‘B’ being financially dependent on ‘A’. This form of abuse can be used by ‘A’ as a means to control ‘B’.

**HARASSMENT**
Covers a wide range of behaviours of an offensive nature. Engaging in a pattern of conduct that induces fear of harm, upsets or disturbs another.

**SEXUAL HARASSMENT**
Unwanted sexual advances or obscene remarks, including verbal and non-verbal conduct. Examples include touching, unwelcome jokes, whistling, rude gestures, unwanted questions about your sex life, requests for sex, staring at your body in an offensive way, or promising rewards in exchange for sexual favours, to name a few.

**INTIMIDATION**
Uttering or conveying a threat, or causing another to receive a threat, thereby inducing fear.

**PATRIARCHY**
A system within families, communities, society or government in which men hold the power and women are largely excluded from it.

**INTERSECTIONALITY**
The overlap of different social identities related to systems of privilege or oppression, that, when intersecting, create a whole with multiple social identities, privileges and experiences of oppression, that is more complicated than each of the individual identities. These social identities can include gender, race, class, sexuality, ethnicity, nationality, religion, and disability to name a few.
Understanding Gender-Based Violence

Gender-based violence (GBV) is violence against another person because of their gender. It can be physical, emotional, sexual, verbal, psychological, economic or cultural. While GBV is largely experienced as violence against women, it can affect all people, including men, and gay, lesbian, bisexual, transgender, queer and intersex (LGBTQI) persons.

Types of Gender-Based Violence

**SEXUAL ABUSE**
Broad category incorporating various forms of sexual violence, including, but not limited to, rape, sexual assault, sexual harassment.

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**CULTURAL/RELIGIOUS ABUSE**
When a person is harmed as a result of practices that are part of their culture, religion or tradition.

**ECONOMIC ABUSE**
When one intimate partner has control over the other partner’s access to economic resources entitled under law or required out of necessity, resulting in them depending on the perpetrator financially.

Gender-based violence (GBV) is violence against another person because of their gender. It can be physical, emotional, sexual, verbal, psychological, economic or cultural. While GBV is largely experienced as violence against women, it can affect all people, including men, and gay, lesbian, bisexual, transgender, queer and intersex (LGBTQI) persons.
Many people think that GBV is the same as Violence Against Women (VAW), Domestic Violence (DV) and Intimate Partner Violence (IPV) and use these terms interchangeably. The table below describes the differences between the four terms.

**TABLE 1: VARIOUS TERMS AND EXPLANATIONS USED FOR VIOLENCE**

<table>
<thead>
<tr>
<th>Gender-Based Violence (GBV)</th>
<th>Violence Against Women (VAW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV is the most inclusive term used when describing violence against another person because of their gender.</td>
<td>VAW is a type of GBV and narrowly focusses only on violence perpetrated against the homogenous category of ‘women’. It therefore excludes men, boys, transgender men and other population groups that are not women.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Domestic Violence (DV)</th>
<th>Intimate Partner Violence (IPV)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV is a pattern of behaviour which involves GBV by one person against another in a domestic setting. It includes spouses, persons cohabiting and family members.</td>
<td>IPV is a type of domestic violence against a spouse or intimate partner. It does not include other relationships in domestic settings, e.g. family members.</td>
</tr>
</tbody>
</table>

**Data on Gender-Based Violence in South Africa**

When writing an article about GBV, you are strongly encouraged to provide up-to-date statistics and qualify these by taking into account the unreliability of police statistics and the gross underreporting of GBV crimes. Overall the lack of disaggregated data (as you will see below for each category), makes it difficult to identify trends and patterns accurately.

Moreover, the decline in reported sexual offences and rapes in recent years is not necessarily something to celebrate. This decline is indicative of fewer people reporting (see page 16 for possible reasons why). It is important to be cautious of making blanket statements based on statistics without taking these factors account.

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Some of the most recent statistics and challenges related to these are as follows:

**Domestic Violence:** DV is not recorded by police as a specific crime category. When cases of DV are reported to police, they are recorded under a range of different categories such as assault, malicious damage to property, murder etc. Although the Domestic Violence Act 116 of 1998 requires police stations to record incidents of DV in a register, the last compliance audit conducted by the Civilian Secretariat for Police (CSP) in 2014 found that only two out of 145 police stations under audit were fully compliant with the Act – a mere 1.4% of the sample size. Underreporting of DV is also widespread. Possible reasons for this are outlined on page 16.

**Intimate Partner Violence:** One in five partnered women has experienced physical violence at the hands of a partner in the last 12 months.

**Femicide:** A woman is killed by her intimate partner every 8 hours in South Africa.

**Sexual Offences:** In the year 2015/16 there were 51,895 reported sexual offences. These include all 70 sub-categories of sexual offences listed in the Criminal Law (Sexual Offences and Related Matters) Amendment Act 32 of 2007, ranging from rape through to sex work and bestiality.

**Rape:** Between April 2016 and December 2016, the police recorded a total of 30,069 rape cases. This amounts to an average of 109.3 rapes per day. Research has shown that due to widespread underreporting the actual figures could be up to nine times higher than those reported, with another study conducted in Gauteng specifically, placing this at only 1 in 25. Possible reasons for high levels of underreporting, are outlined on page 16.

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When reporting on GBV, it is important to provide the context within which the abuse occurred. This does not simply mean “where, what and how”, but rather the broader societal context that lends itself to a better understanding of the underlying drivers of GBV.

In South Africa, two key factors that influence levels of GBV are strong patriarchal gender norms and the intersection of race, gender, class and other identities that underlie oppression. It is important for informed conversations about GBV that these factors are unpacked when reporting on this topic:

A) PATRIARCHY
In South Africa, we need to be conscious of the patriarchy ingrained within our society. Through these norms, societal institutions privilege men and subjugate women, thereby reinforcing men’s superiority and dominance.

B) INTERSECTIONALITY
Some people are more vulnerable to abuse and have less access to services based on their race, class, ethnicity, sexuality, gender identity, citizenship status (e.g. refugees), criminalisation of profession (i.e. sex workers), disability, and religion.

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Rape culture is the social or cultural practices and beliefs that allow for rape and sexual violence to be normalised, accepted and expected.

Instances of rape culture in South Africa include, victim blaming perceptions, whereby we place the blame for GBV on the survivor, such as a girl or woman was raped because of what she wore, where she was at the time or what she was doing. Such attitudes still dominate the population’s thinking about rape. Often, we place the responsibility on women or girls to change their behaviour and themselves in order to be safe. Certain norms, like the belief of rape myths (see page 14 for examples of these) also contribute to rape culture. Media is a powerful tool that can be used to challenge and curb these behaviours and beliefs amongst the population.

“Rape culture is the social or cultural practices and beliefs that allow for rape and sexual violence to be normalised, accepted and expected.”

**LET’S LOOK AT SOME OTHER EXAMPLES OF RAPE CULTURE:**

- Victim blaming.
- So-called “slut shaming”.
- Sexual objectification.
- The trivialising of rape.
- A denial that rape is widespread.
- Rape jokes and people who defend them.
- Supporting star athletes who are charged with rape or femicide and placing the blame on their victims for destroying their careers.
- The automatic defence of celebrities accused of rape or domestic violence due to their celebrity status.
- The expectation that it is the women’s responsibility to take measures to avoid being raped, instead of teaching people not to perpetrate rape.
- Cartoons that trivialise rape.
- Journalists who substitute the word “sex” for “rape”, as though they’re the same thing.
- Blaming sex workers for putting themselves at risk because of their profession.
- Referencing a survivor’s sexual history as an explanation for their rape.

“sex” instead of “rape”
# Myths and Facts about GBV

<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. “No” means “Yes” during sex.</td>
<td>“No” always means “No”.</td>
</tr>
<tr>
<td>2. Rape only occurs outdoors at night and is perpetrated by a stranger.</td>
<td>In over 50% of rapes, the perpetrator is known to the survivor.</td>
</tr>
<tr>
<td>3. A woman can’t be raped by her husband.</td>
<td>Forcing someone to have sex when they don’t want to is rape, even if they are married or have had sex many times before. Marital rape is a sexual offence according to South African legislation.</td>
</tr>
<tr>
<td>4. Only women can be raped.</td>
<td>Anyone can be raped, including men and gender non-conforming people.</td>
</tr>
<tr>
<td>5. The survivors was raped because s/he was wearing a miniskirt (or other revealing clothing).</td>
<td>Appearance and clothing have nothing to do with who is raped. Women are raped no matter what they wear: babies in nappies, old women in tracksuits and nuns in habits have been raped. Rape is the rapist’s fault, not the survivor’s, no matter what they are wearing.</td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>MYTH</th>
<th>FACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>GBV only affects poor black women.</td>
<td>GBV can affect anyone regardless of race, class, ethnicity, religion, educational level, sexuality and gender.</td>
</tr>
<tr>
<td>South Africa is “the rape capital of the world”.</td>
<td>It is true that South Africa has very high levels of rape; however, underreporting and differing definitions of rape and methods of recording incidents of rape makes this international comparison impossible.</td>
</tr>
<tr>
<td>People rape because they want sex, and can’t control their sexual urges.</td>
<td>Rape is not about sexual desire, but about gaining power and control over another person.</td>
</tr>
<tr>
<td>Perpetrators are monsters and sick.</td>
<td>Perpetrators can come from any walk of life. They could be family members, influential figures in the community or anyone who does not conform to the stereotype of a perpetrator.</td>
</tr>
<tr>
<td>Survivors allow intimate partner violence to happen and they can easily leave if they really want to.</td>
<td>Many survivors are prevented from leaving violent relationships due to feelings of shame, guilt, lack of safe housing, economic dependency, and fear.</td>
</tr>
<tr>
<td>Sex workers cannot be raped.</td>
<td>Anyone can be raped if there is no consent, including sex workers.</td>
</tr>
</tbody>
</table>

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There are many reasons that a person would not report a case of GBV to the police or tell friends and family. These are considered to be barriers to reporting. Some of these barriers include:

- **FEAR OF NOT BEING BELIEVED OR BEING ACCUSED OF LYING:** By their family, community, police, and the courts.

- **DISTANCE TO POLICE STATIONS:** Particularly in rural areas, many survivors do not report a case as the police stations are too far away and often times they have no money to pay for the transport to get to a police station.

- **STIGMA AND DISCRIMINATION:** The fear of social exclusion and ridicule by their family and community, and wanting to avoid being labelled as “damaged”.

- **SHAME, GUILT, HUMILIATION AND EMBARRASSMENT:** Feelings that the incident was their fault and that they could have prevented it.

- **SECONDARY VICTIMISATION:** Reliving the trauma when reporting to police or medical personnel, and a lack of sensitivity and victim blaming by officials leading to re-traumatisation.

- **INTIMIDATION:** The fear of reprisals instilled by the perpetrator. This is often coupled with a lack of confidence that the legal process will result in a conviction and ensure the safety of the survivor.

- **FEAR OF UPSETTING THE STABILITY OF THE FAMILY:** Wanting to keep the peace in the home.

- **ECONOMIC DEPENDENCY:** The fear of the loss of economic support by the perpetrator.

- **LACK OF INFORMATION:** Not knowing about the help that they can receive and are entitled to by law.

- **LACK OF TRUST IN POLICE:** The belief that the police will not take the incident seriously and will fail to investigate and solve the crime.

- **LANGUAGE BARRIERS:** Particularly in rural areas or for foreign nationals, there is a language barrier for survivors wanting to report.

- **CULTURAL AND RELIGIOUS BARRIERS:** Survivors remain in abusive relationships out of cultural and religious obligations. At times they are told to “pray about it” as a solution or resort to cultural means of resolving disputes (e.g. payment of damages by the perpetrator).

As discussed in ‘GBV Statistics’ on page 9, there is widespread underreporting of GBV.
There are many reasons that a person would not report a case of GBV to the police or tell friends and family. These are considered to be barriers to reporting."
The use of correct language is critical when reporting on GBV, otherwise it could lead to stigmatisation, secondary victimisation and retraumatisation. Coverage of issues related to GBV can be improved through the careful and nuanced use of language. Over time, this has the potential to influence social attitudes and to curb rape culture. The table below highlights some of the language do’s and don’ts when it comes to reporting on GBV.

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DO</strong> use the descriptor that an interviewee prefers, e.g. “Survivor”.</td>
<td><strong>DON’T</strong> default to the descriptor “victim” unless this is the wording an interviewee prefers.</td>
</tr>
<tr>
<td>Many people prefer the term “survivor” because it conveys agency and resilience.</td>
<td>Many people feel “victim” has negative connotations.</td>
</tr>
<tr>
<td><strong>DO</strong> use neutral language when describing a survivor sharing their story, e.g. “shares”, “tells” or “reports”.</td>
<td><strong>DON’T</strong> use phrases such as “the survivor admits/confesses” to describe a report of sexual abuse.</td>
</tr>
<tr>
<td>This implies that the survivor is speaking the truth.</td>
<td>This language implies responsibility or shame on the part of the survivor.</td>
</tr>
<tr>
<td><strong>DO</strong> use language that places the accountability for sexual abuse with the perpetrator.</td>
<td><strong>DON’T</strong> use language describing the abuse as belonging to the survivor.</td>
</tr>
<tr>
<td>E.g. “He raped her” (for legal purposes you may have to add the word “allegedly” when applicable).</td>
<td>E.g. “Her rape” – this removes the perpetrator’s accountability.</td>
</tr>
<tr>
<td><strong>DO</strong> use language that accurately conveys the gravity of the sexual assault.</td>
<td><strong>DON’T</strong> use language downplaying the violent nature of the sexual assault.</td>
</tr>
<tr>
<td>E.g. “The survivor was unharmed”.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
</tr>
</thead>
</table>
| **DO use language that portrays the violence and non-consensual nature of sexual assault.**  
E.g. “Sexual assault”; “oral rape” | **DON’T use euphemistic language to describe sexual assault.**  
This is vague and lessens the seriousness of the act.  
E.g. “Forced sex”; “sex scandal”; “private parts”  
**Avoid needlessly including salacious details of the assault.** Only include specifics if there is a valid need to do so. |
| **DO use language that conveys that sexual assault is violence, not sex.**  
E.g. “Rape”; “sexual assault”; “oral rape” | **DON’T use language that describes sexual violence as sex, not violence.**  
E.g. “Oral sex”; “sexual activity”; “non-consensual sex”; “forced sex” |
| **DO use language to make the perpetrator the subject of the sentence and assign the verb to them.**  
I.e. “The perpetrator forced the survivor to perform fellatio against her will.” | **DON’T use language to make the survivor the subject of the sentence and assign the verb to them.**  
I.e. “The victim performed fellatio against their will.” |
| **DO use “sex work” and “sex worker”.**  
This avoids moral judgement and treats the selling and buying of sexual services as a work matter with implications for labour law and occupational health and safety rights. | **DON’T use “prostitution” or “prostitute”.**  
This historically refers to shameful acts and carries negative connotations linked to inaccurate information about sex workers and the sex industry. |
# Checklist when Reporting on Gender-Based Violence

When reporting on GBV, there are certain pitfalls you must avoid. The checklist below provides tips for reporting on GBV including, but not limited to, headlines, interviews, article content, imagery and social media posts.

## DO

1. **DO** take into account the ‘Importance of Language’ from the table on page 18.

2. **DO** ensure that survivors, especially those from marginalised communities, are included and given the space to speak on the issue.

3. **DO** speak to a diversity of sources, especially GBV experts. Don’t focus solely on police, legal or perpetrators’ voices. Some examples of expert organisations you can reach out to are found in Appendix E.

4. **DO** include up to date, reliable statistics and interrogate the validity of these within your article. We may want to use popular statistics that add shock value, but these are often incorrect. Africa Check is a great resource and produces useful factsheets with accurate information. For some of these, see the footnotes below 18, 19, 20, 21.

5. **DO** provide context! Position your article and interview within the context of patriarchal gender norms, intersectionality, and the larger problem of GBV.

6. **DO** provide information on local support services in your article for the reader to access AND following your interview with a survivor.

7. **DO** take into account and reflect on your own position as interviewer and reporter relative to the identity of the people whose stories you are telling, e.g. a white cis-gendered person writing about black LGBTQIA persons.

8. **DO** use trigger warnings appropriately. Only use these if the content of your article is explicit in nature and may potentially trigger secondary traumatisation in another survivor.

9. **DO** cross-check your facts and information in research and other documents.

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18 Africa Check (2016). UN Stats don’t show a rape occurs every 26 seconds in SA, as Sky News reported. Available at: https://africacheck.org/reports/levels-child-sexual-abuse-south-africa-even-higher-activist-claimed/.

<table>
<thead>
<tr>
<th>DON’T</th>
<th>Report details that could put the survivor at further risk, e.g. names, photos, unless specific consent is given.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DON’T</td>
<td>Make public the names or any identifying features of child victims.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Make public the names of reported perpetrators of sexual offences until they have pleaded in court. This is according to Section 154 of the Criminal Procedure Act.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Use headlines and taglines are sensationalist or false, such as “sex scandal” or “controversy”.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Focus on the survivors’ clothing, addictions, sexuality, employment, past relationships or their drinking behaviour.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Focus on facts that make perpetrators appear to be ‘unlikely’ rapists, e.g. “upstanding citizen”, “star athlete”, “volunteer in the community”. This suggests bias towards their innocence.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Suggest that the difference in power between the survivor and perpetrator is an attempt to tarnish the image of a public figure or a revenge stunt by a ‘jilted ex-girlfriend’.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Assume that all survivors are the same, be it in their experience or their reactions.</td>
</tr>
<tr>
<td>DON’T</td>
<td>Use stock photos that portray violence in an indelicate way, such as a photo of a woman with a black eye. This just adds shock value and is a reminder of what violence looks like as many people have experienced this themselves and know what it looks like. Rather use photos showing the context in which the abuse occurred, e.g. a photo of the crime scene.</td>
</tr>
</tbody>
</table>


While reporters and journalists can be as careful and ethical as possible, the fact remains that their copy gets handled by numerous other people who edit their words, decide where the story is placed and write the headline that goes above it. The power lies in the hands of the news editor.

Journalists, who sometimes bond or develop a trust relationship with the subjects of their stories, often know more or have more information than they are willingly to disclose publicly. When faced with such a dilemma it is always best to employ the harm limitation principle. Special sensitivity should be shown when dealing with children and people who may not understand how the media works and the possible implications of their story being in the public domain and identification of individuals.

By showing care and sensitivity in their writing, journalists limit the possibilities of their copy being re-angled in a manner they would not like or having a sensational headline assigned to their stories. They also, by implication, guard their own reputations. These same principles apply equally to photographs.

As such, try to maintain as much ownership of your work as possible and send through your own suggested headlines and captions with your copy.

**CASE STUDY #1**

“I once did a story on the rape of mentally disabled women in the rural Eastern Cape. The women lived at an organisation which cared for them. Every single one of them had been raped by the time that they started to live at the care home. For each case study, I got the parent as well as the caregiver to sign a consent form to allow me to use the name and picture of the person. But my editor made me change all the names and remove every single picture in which a case studies was recognisable shortly before we went to print.

She taught me an important lesson, which I still live by: just because you have consent forms, and are legally covered, doesn’t mean it’s necessarily ethical or fair to use someone’s name. Those case studies couldn’t speak for themselves. No one could speak for them. It was their right to be protected against potential discrimination by remaining anonymous.

Three government teams visited the community to intervene after my story was published. It proved to me that pseudonyms don’t lessen the impact of a story. Respect and human rights are far more important than a journalist’s desire to use a case study’s real name.”

- MIA MALAN, BHEKISISA EDITOR

**Working with News Editors**

While reporters and journalists can be as careful and ethical as possible, the fact remains that their copy gets handled by numerous other people who edit their words, decide where the story is placed and write the headline that goes above it. The power lies in the hands of the news editor.

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CASE STUDY #2

“One Sunday afternoon, well ahead of deadline for Monday morning’s paper, a paediatric surgeon Professor approached The Star’s news desk team with a savage rape story that had happened over a weekend in Alexandra township. He was incredibly angry. Week after week he had been exposed to horrific child rape cases and this one proved too much. He challenged The Star to publish a photograph of the injuries suffered by a six-year old girl. He wanted to shock South Africans into taking action against the scourge of child rape, saying he believed people were in denial regarding the problem of child rape and that doing nothing about the problem was “tantamount to treason against the people”.

The picture he submitted for publications show the child’s intestines hanging from a hole where her perineum – the skin between her vagina and anus – should have been. Not only had he operated on the child that weekend, he had also worked on another three-year-old child. Both children had been brutally violated and left for dead by men known to their families – yet no arrests had been made.

Duty editors faced a dilemma. The challenge the Professor presented was real, newsworthy and would in all likelihood sell many newspapers. On the other hand, the life of a child was involved, and the picture was graphic, horrifying and not something a newspaper would ordinarily consider fit for publication. Yet it could not be ignored.

Finally, after much deliberation, a decision was taken to run the story on page one, along with a large blank block where the lead photograph would have been placed. The headline across page one was “Picture of child rape too horrific to publish”, and the story explained why the image was not shown. The piece included an interview with the paramedic who had rescued the child as well as descriptions of the extreme reactions of medical staff who treated her. All the horror was conveyed without the actual picture being used.

The story triggered massive response. Some readers called for the photograph to be published, others pledged money and challenged people to match their contributions. Aid organisations got involved and police authorities pledged to make arrests and ensure justice.

The case illustrates how creative handling of a sensitive story can not only retain the dignity and respect of those involved, but can be used as a powerful tool to effect change.”

- GILL GIFFORD, HEALTH-E NEWS EDITOR
Interviews must meet the needs of the survivor and provide a space for survivors to open up about their story and be heard. It is important to honour this and be respectful, mindful, safe and responsible. Below are essential tips to observe before an interview, during and after an interview, and when conducting an interview on that is broadcast on radio or television. This is followed by examples of types of questions to ask.

Before an Interview

1. **RESEARCH.** Inform yourself about the impact GBV has on survivors and trauma they may be experiencing. This will aid in your compassion and sensitivity when interviewing them.

2. **BUILD TRUST.** Spend time with your interviewee before the interview. The more of a relationship you have with the interviewee, the more comfortable they will be, which will allow for a better interview.

3. **FORMAT.**
   a. Schedule the interview in a safe space that is pre-approved by the survivor.
   b. Ensure that there is enough time and that the interview is not rushed.
   c. Take the time to review your process with the survivor.
   d. Allow the survivor to bring a support person to accompany them during the interview.
   e. Prepare a comfort kit for your interviewee, including tissues and water.

4. **CHECK YOUR ASSUMPTIONS.** Be aware of the assumptions you take into the interview. Do not approach the interview with negative assumptions, e.g. they are making it up, they could have prevented it, they should be over it by now. Recovering from trauma is a process and takes time. Be mindful and compassionate about this.

5. **CRISIS NUMBERS.** Ensure that you have crisis numbers on hand for the interviewee. While they have agreed to be interviewed, they may be triggered by the memories. Some national numbers can be found in Appendix D of this Guide. However, do source additional numbers that are relevant and specific to the interviewee’s potential needs and area or province.

6. **EXPECTATIONS.** Have an open conversation with the interviewee about your expectations and the information you need and provide them with some sample questions of what you might ask. This will prepare the interviewee and will allow them the space to inform you of their boundaries. You may need to then adjust your questions accordingly.

7. **INFORMED CONSENT.** It is vital that the interviewee is made fully aware of the consequences of being interviewed, including:
   a. The intended publication
   b. That they will remain anonymous (unless they give express permission otherwise)
c. That the interview will remain confidential (unless they give express permission otherwise)

d. That they do not have to answer questions they don’t want to

e. If you intend to record the interview. They have the right to request the interview not be recorded

If you use the survivor’s story in future, other than what they have agreed to, ask for their permission first. An example of an informed consent form can be found in Appendix A.

8. INTERPRETER. If you need an interpreter, ask an organisation that works with GBV if they can recommend someone who is an appropriate choice for this type of interview. Before the interview day, meet with the interpreter to go over interview questions and appropriate terminology and language. Keep in mind that the interviewee might be more comfortable with someone of their own sex or gender.

9. GENDER. Be cognisant of your own sex and gender in relation to the interviewee. For example, if the survivor is a woman, she might not want to be interviewed by a man. In that case, ask if she would prefer if a female colleague of yours to interview her instead.

CASE STUDY #3

“I cringe when I think about it today. It must have been about 19 years ago. I was an intern in the latter years of my journalism studies, with drive and that typical I-can-change-the world sort of attitude interns have when they first enter a newsroom. I had been asked to take on a story.

A short synopsis, scribbled on a piece of paper, along with the name and telephone number of a contact person, was all I was given.

I can’t recall the finer details almost two decades down the line, but I can recall that the story involved a woman who had been embroiled in a domestic dispute with her husband, who ended up using a hose pipe to beat her. The focus of the story was the manner in which the police handled her situation.

I went out to meet her to find out more and the pictures editor dispatched a photographer to accompany me. We were told that, under no circumstances, must the woman be identified. The pictures should be taken in such a way that her face is obscured.

What no one realised at the time was that the photographer was a male and that the already traumatised woman would have to remove some of her clothes to display her wounds for him. Thankfully, the woman didn’t seem to mind. In hindsight, however, we should have sent a female.”

- FATIMA SCHROEDER, JOURNALIST
1. **SHOW COMPASSION.** Retelling a story of experiencing GBV can be difficult and traumatic. Be compassionate and understanding, and do not shame or blame the survivor for the violence perpetrated against him/her. Panic attacks are common symptoms of trauma and may arise during the interview.

2. **BODY LANGUAGE.** Be aware of your body language during the interview. Allow enough space between yourself and the interviewee to make them feel comfortable.

3. **TOUCH.** Don’t touch the interviewee, unless they have given you permission to do so to comfort them. If you touch them without permission, they might feel triggered or uncomfortable.

4. **ACKNOWLEDGE DIFFERENT EXPERIENCES.** No two survivors are the same. Experiences of GBV differ from person to person and are shaped by race, class, gender, sexuality, disability and other social locations. The interview provides a space in which to explore these intersectionalities, which are important to frame your article in. It is important to honour each person’s individual experiences and to be aware that there is no right or wrong way to act during the interview.

5. **RESPECT BOUNDARIES.** Survivors have the right to choose how and when they want to tell their story, as well as what they are willing to tell. If a survivor is uncomfortable answering a question, do not probe for more information.

6. **STAY ON TOPIC.** Do not add questions that veer from the initial pre-interview discussion on expectations and sample questions. If you are going to ask difficult questions, explain why you are asking them, e.g. “I am going to ask you about the incident. I am doing this because I want to ensure the accuracy of my article and do justice to your experience.”

7. **IDENTIFICATION.**
   a. Ask how the survivor would like to be identified, i.e. survivor, victim, person who experienced violence etc.
   b. Ask if they would like to remain anonymous, be identified by pseudonym or their real name. This will have been established during the informed consent process.
   c. Ask what words they use to describe the violence perpetrated against them, e.g. rape, sexual assault etc.

Ensure that the editor is aware of these factors and why it is important not to change them.

8. **USE OF PHOTOS.** Do not take photos of the interviewee unless they have given their written and informed consent. The use of stock photography that portrays violence in an indelicate way, such as a photo of a woman with a black eye or bleeding, should generally also be avoided. This just adds shock value and is a reminder of what violence looks like, as many people have experienced this
In addition to the ‘Checklist When Reporting on Gender-Based Violence’ on page 20 and the ‘Importance of Language’ on page 18, some additional useful tips when writing up an article following an interview with a survivor are as follows:

1. **RESPECT PRIVACY.** Principled, ethical journalism means respecting the privacy of the interviewee and their family. As such, you need to be careful of ‘jigsaw identification’ when granting anonymity. This is when audiences are able to piece together details, such as the location, clothing or age of the survivor, even though you don’t name them specifically.

2. **BE IMPARTIAL.** It is your responsibility not to judge or discriminate. Stay away from implying that the survivor was to blame by mentioning clothes worn, the survivor’s appearance or their level of inebriation. While you may want to add ‘colour’ to your story, this can unintentionally lead to the onus of blame being taken away from the perpetrator and placed on the survivor.

3. **FOLLOW UP.**
   a. Make yourself available for contact after the interview.
   b. Before sending the article to the editor, allow the survivor to review it to ensure that their story is accurately captured.
   c. If they feel uncomfortable with something and want it edited or removed, do so.
   d. Remind them of support crisis numbers that are available to them post-interview. Some national numbers can be found in Appendix D of this Guide. However, do source additional numbers that are relevant and specific to the interviewee’s potential needs and their area or province.

**CASE STUDY #4**

“One of the trickiest situations I’ve had to tackle was a story in which three women were making allegations of sexual assault against three very rich and powerful men. All three women were extremely scared to share their experiences because they were (justifiably, rather use photos showing the context in which the abuse occurred, or that illustrate a general situation, e.g. a photo of the crime scene.
There are additional difficulties when interviewing child survivors of violence.

The Bill of Rights (Section 28.2) in the South African Constitution states: “A child’s best interest are of paramount importance in every matter concerning the child.” As such the Press Council’s Code of Conduct (Appendix F) has also made provision for this when reporting about children:

“8.1.1. exercise exceptional care and consideration when reporting about children. If there is any chance that coverage might cause harm of any kind to a child, he or she shall not be interviewed, photographed or identified without the consent of a legal guardian or of a similarly responsible adult and the child (taking into consideration the evolving capacity of the child), and a public interest is evident; 8.1.3. not identify children who have been victims of abuse, exploitation, or who have been charged with or convicted of a crime, without the consent of their legal guardians (or a similarly responsible adult) and the child (taking into consideration the evolving capacity of the child), a public interest is evident and it is in the best interests of the child.”

1. **BEST INTEREST.** Determine if it is really necessary to interview the child. Is it in the public’s interest or best interest of the child? If the possibility exists that it might harm the child and this outweighs the benefit, do not interview them.

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2. **PARENTAL OR GUARDIAN CONSENT.** Once you have determined that no harm will be caused and that it is in the best interest of the child, you must receive consent from the child’s parent or legal guardian.

3. **CHILD’S CONSENT.** Don’t forget to ask for the child’s consent too. Even if the parent/guardian has agreed, the child has the final say.

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**CASE STUDY #5**

“Zandile (not her real name) was raped and had her throat slit by her mother’s ex-boyfriend. I met the quiet seven-year-old at Chris Hani Baragwanath Hospital 10 weeks after her attack. The hospital was ready to discharge Zandile but her mother was too afraid to take her home to their shack in Katlehong because the attacker still had not been arrested, despite the police being told where to find him.

Although Zandile’s mother had given me permission to interview the little girl, I felt it was inappropriate and unnecessary. It was enough to describe the jagged scar encircling her neck, her dull eyes and the fact that, when she did speak, her words came out in a raspy whisper because her windpipe had been severed in the attack. Asking any more from the child would have taken her back to a very dark place and added little to the story, which could be told from observation.

The attacker was arrested within hours of The Star publishing the story.”

- KERRY CULLINAN, HEALTH-E NEWS MANAGING EDITOR

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**Broadcasting Interviews**

Interviews in general can be intimidating for survivors. This is even more true for interviews that are broadcast on radio or television. In addition to the tips above, extra precautions must be taken if an interview with a survivor is being broadcast.

1. **PREPARATION.** Discuss the interview questions with the interviewee beforehand. This will give them the opportunity to inform you of questions they do not feel comfortable with answering, as well as prepare themselves for the questions that will be asked.

2. **FORMAT.** Ask if the interviewee would like their face blurred or voice altered to ensure that they remain unidentified.
CASE STUDY #6

I was working as a community radio news producer in Limpopo when a pastor phoned me to tell me that his daughter had been raped, that the police did not seem to care and that he feared his daughter will not get justice.

While considering how to tackle the story I shared details of the call with the host of our current affairs show. I went on to prepare for the evening’s show without including that particular story as I was still considering how to treat it. Just before the show I was told by the receptionist that our two invited guests have arrived. It was the local police spokesperson and his colleague who had been invited to the show to ‘respond’ to the pastor’s allegations by the show’s presenter without my knowledge. The host of the show had wanted the story to go ahead because of the scarcity of fresh local news.

However, I knew that if I allowed the police spokesperson and constable to go live on air they would reveal details about the pastor (even without intending to), making it easier to identify the survivor. I suggested that we record their interview instead and run it the next day to censor aspects that could potentially reveal the daughter’s identity. However this was unacceptable to the police spokesperson and constable - they wanted to set the record straight live on air.

The show’s host and I argued. He thought I was missing the point and being unreasonable because the police spokesperson had taken the trouble to come to the radio station to be interviewed and he also thought I was missing an opportunity to break a very good local story on a local radio station.

The following day we spoke about rape on air without mentioning the pastor’s daughter or her experience. The show was not as strong as it could have been had we used the personal experiences of the pastor’s daughter, but it was worth talking about rape. And to me, compromising ethics for the sake of a good story is never acceptable.

- BY MASUTANE MODJADJI, HEALTH-E NEWS OURHEALTH MANAGER
Respecting the interviewee’s boundaries is crucial during an interview. Do not probe for more information if they do not feel comfortable answering a question. The best way to do this is to ask open-ended questions that are not too specific or targeted, thus allowing the interview to evolve naturally and the interviewee to share as much information as they feel comfortable with. To maintain the open-endedness of the interview, reflect on what the interviewee has said rather than asking pointed questions. Asking “why?” can sound quite accusing. For example, instead of “why didn’t you report sooner?”, rather ask, “you said you found it difficult to report, tell me more about that”.

**SOME EXAMPLES OF QUESTIONS TO ASK A SURVIVOR IN AN INTERVIEW:**

1. As much as you’re comfortable with, please share your experience.
2. What do you feel is important for people to know?
3. What barriers did you experience in coming forward?
4. What would have made it safer for you to come forward?
5. What services or people helped you?
6. Is there anything else you’d like to add?
A Guide for Journalists and Editors

Anyone can make a complaint against the editorial content of a publication through the complaints mechanism of the Press Council of South Africa (PCSA).

NOTE: The jurisdiction of the complaints body only pertains to member associations (those who have agreed to be bound by the Code of Code of Ethics and Conduct for South African Print and Online Media as at January 2016), which include the Association of Independent Publishers, the Forum of Community Journalists, the South African National Editors’ Forum, and the Interactive Advertising Bureau South Africa.

Should a complaint be made against a publication that is not a member of these associations, the Ombudsman or Public Advocate can approach the publication to establish whether it accepts the jurisdiction of the PCSA. If the publication refuses to submit to the jurisdiction, the Ombudsman or Public Advocate will advise the complainant accordingly.

To view the instructions and information needed to lay a complaint online, please see the instructions in Appendix G.

CASE STUDY #7

“On the first day of school (11 January 2017) I noticed a jarring headline on the front page of the national Times newspaper: PUPILS PREFER THE PAIN. The same article was carried online under the strapline “Some pupils would rather get a smack at school than have their parents called in”. It turned out that the article was based on a small study with two schools in Kwa-Zulu Natal, which had only interviewed teachers. It also contained the sentence: “A study last year in KwaZulu-Natal found that pupils see corporal punishment as part of a teacher’s role”.

I then reached out to Stefanie Rohrs, a colleague at the Children’s Institute, who was quoted in the article, to explore a way to keep the paper accountable to the Constitution and the Press Code. She agreed that the article was misleading, and potentially harmful. We then wrote to the editors of The Times, who replied that they in effect see no problem
with the headline or article. Our next recourse was to write a complaint to the Press Ombudsman who, after a round of response and reply, made a finding in our favor.

The Times newspaper was then directed by the Press Ombudsman to make a front-page apology for the misleading article. In the ruling The Times was directed to apologise to its readership for “wrongly, unfairly and misleadingly stating and insinuating that the study found that pupils saw corporal punishment as part of a teacher’s role – in the process at least partly putting the blame for teachers’ use of violent discipline on pupils.”

While it was a bit random that I had only picked up the headline coincidentally by going to a supermarket, it was really inspiring to be able to achieve an accountable response and remedy from the paper in a relatively short space of time. It left me with hope in the idea that some institutions are still available to keep people accountable, and that some institutions are still responsive to remedy their mistakes.”

- WESSEL VAN DEN BERG, SONKE GENDER JUSTICE CHILD RIGHTS & POSITIVE PARENTING MANAGER

**Broadcasting**

People can also lodge complaints against radio or television stories through the Broadcast Complaints Commission of SA (www.bccsa.co.za). As with the Press Council, the BCCSA only has jurisdiction over those broadcasters that have signed its code of conduct. For more information on the procedure of laying a complaint, see Appendix H.

**Social Media**

**FACEBOOK**

Anyone can report a post, group or person on Facebook based on violations of Facebook’s Community Standards (see: https://www.facebook.com/communitystandards#using-your-authentic-identity), e.g. hate speech or violence, by using the Report link that appears near the content or at the bottom of a Facebook webpage. Once a Report has been lodged, Facebook will review and remove anything that does not follow their Community Standards. However, if the Community Standards are not violated, Facebook does not guarantee that the content will be removed.

You and your personal information will remain confidential.

**TWITTER**

Anyone report a tweet or media based on violations of Twitter’s Rules and Terms of Service by using the Report link that appears in line with the specific tweet or media. Twitter may ask you to provide additional information about the issue you are reporting. Once your report has been submitted, Twitter will provide recommendations for additional actions you can take. For more information on reporting violations on Twitter, see https://support.twitter.com/articles/15789.
Conclusion

As illustrated in this guide, there are a number of factors for journalists and editors to take into account when interviewing a GBV survivor and reporting on GBV in South Africa. Journalists and editors have great power and influence and should use it wisely to ensure that public discussions on GBV are accurate and sensitive to the needs of survivors.

With this guide, we hope you have the necessary guidance and resources to report responsibly on GBV and sensitively interview a GBV survivor, by also referring them on to reputable organisations and counsellors should the need arise.
APPENDIX A: Sample Informed Consent Form Before an Interview

It is vital that your news organisation or outlet honours any undertaking you make to the interviewee. The unauthorised use or disclosure of confidential information may lead to the interviewee suffering substantial damage.

Interview Consent Form

I (interviewee) ________________________________________________,
acknowledge that this interview may be published/broadcast and that I fully understand the implications, and give permission to ________________________________________________
________________________________________, (name of journalist/interviewer) ______________________________
________________________________________ of the (name of media company) ___________________
________________________________________ to interview/record/film (circle applicable) me
on ____________________________________________ (date).

The interviewer may (tick next to preferred term):

☐ Use my real name and surname

☐ NOT use my real name and surname or any identifying, private information.

If ticked, please write preferred pseudonym here:

______________________________________________________________

______________________________________________________________

The interviewer may (tick next to preferred term):

☐ Use photographs of me or identifiable imagery

☐ NOT use any photographs of me or any identifiable imagery.

☐ Other conditions

If ticked, please specify:

______________________________________________________________

______________________________________________________________

Agreed on this date: ____________________ in _______________________(area/city)

Signed by interviewee: ________________________________________________

Signed by journalist/interviewer: ___________________________________________
APPENDIX B: Further Definitions

While this guide provides a list of commonly used terms to describe gender and sexual identities and practices, this list of definitions is not exhaustive. Remember that gender is a personal identity, and definitions may vary from person to person. It is therefore always advisable to ask someone how they identify and what their pronouns are, just as you would ask for their name.

The roles and behaviours that society sees as appropriate and expected for women and men. It includes how society expects women and men to relate to each other, often with men exercising power over women.

**GENDER IDENTITY** An individual’s internal sense of their gender which could be ‘man’ or ‘woman’ or any of a number of other genders, including agender, gender fluid, gender non-binary or genderqueer amongst others. A person’s gender identity does not always match their biological or assigned sex.

**BIOLOGICAL SEX** Sex assigned according to one sexual organs or genitalia – ‘male’, ‘female’ or ‘intersex’ – sometimes also referred to as ‘assigned sex’ or ‘sex assigned at birth’. It is possible to change one’s biological sex by having a sex change operation.

**GENDER BINARY** An understanding of gender that reduces gender to two opposing and completely separate gender identities – ‘man’ and ‘woman’.

**GENDER NON-BINARY / GENDERQUEER** Often used as a term for any gender identity that does not conform to the gender binary.

**GENDER FLUID** A gender identity that varies over time. A gender fluid person may at any time identify as a women, man, or any non-binary identity, or a combination of identities at different times.

**GAY OR LESBIAN** Refers to an individual who is sexually, emotionally and/or romantically attracted to someone of the same gender. Lesbians are women who are attracted to women. While ‘gay’ was once used to signify men who are attracted to men, it is now used more broadly, and often interchangeably with ‘homosexual’.

**BISEXUAL** Refers to individuals who are sexually, emotionally and romantically attracted to more than one gender.

**ASEXUAL** Refers to a person who does not experience sexual attractions, feelings or desires.

**TRANSGENDER** A term used to describe a person whose gender identity does not “match” their biological sex. Transgender people are born with typical male or female anatomies but feel as though they’ve been born into the “wrong body”. This is a gender identity, not a sexual identity.

**INTERSEX** A term referring to a variety of conditions (genetic, physiological or anatomical) in which a person’s sexual and/or reproductive features and organs do not conform to dominant, binary, and typical definitions of ‘female’ or ‘male’. Remember that biological sex is different to gender identity, so someone who is intersex may still identify as a man, a woman, or as a genderqueer or gender non-binary person.

**QUEER** A term for sexual identities that are not heterosexual, including but not limited to gay, lesbian, bisexual and asexual. Individuals who identify as ‘queer’ often do so because they do not subscribe to sexual identity categories. However, if someone identifies as gay or lesbian, they do not necessarily identify as queer.

**CISGENDER** Refers to a person whose sense of personal identity and gender corresponds with their biological or assigned sex.

**HETERONORMATIVE** Societal behaviours and expectations that treat heterosexuality as the norm, and promote an adherence to a strict gender binary.
APPENDIX C: Rights of a Survivor

ARE YOU A SURVIVOR OF SEXUAL VIOLENCE?

* Access a free and anonymous SMS service that allows you to share your story with us and other survivors.
* Receive information about counseling services.
* Be a part of our campaign calling for healthcare and counseling for all survivors of sexual abuse.

REMEMBER, YOU HAVE A RIGHT TO THE FOLLOWING:

- The opportunity to shower after the examination.
- Antiretrovirals (ARVs) given as post-exposure prophylaxis (PEP) to the victim within at least 72 hours after the assault.
- Antibiotics as well as vaccinations (hepatitis B and tetanus) to prevent other STIs and diseases.
- Services from the Family Violence Child protection and Sexual offences (PCS) unit of the police to give a statement.
- Legal support and case management.
- Counseling to assist with the psychological support that the victim needs.
- The provision of emergency contraception within 120 hours of the assault.
- A consent form to allow the medical examination.
- A forensic examination to support the legal processes if the case is reported to the police, as well as the collection of evidence such as clothes and DNA samples.

ENOUGH IS ENOUGH! END RAPE NOW!

Find our online petition calling for change here:
http://www.amandla.mobi/care_for_rape_survivors

A Health-e News initiative in partnership with Rape Crisis, MSF and Lifeline.
APPENDIX D: Referrals

Below are national helpline numbers for you to have on hand when interviewing a survivor and to list at the end of your article or report.

Ensure that you also source reliable province-specific referrals when interviewing a survivor, so that they are able to reach out to organisations within their area should they need to.

NATIONAL HELPLINE NUMBERS

<table>
<thead>
<tr>
<th>Service</th>
<th>Contact Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>National GBV Helpline</td>
<td>0800 150 150</td>
</tr>
<tr>
<td>Life Line South Africa</td>
<td>0861 322 322</td>
</tr>
<tr>
<td>AIDS Helpline</td>
<td>0800 012 322</td>
</tr>
<tr>
<td>National Counselling Line</td>
<td>0861 322 322</td>
</tr>
<tr>
<td>Child Line South Africa</td>
<td>0800 055 555</td>
</tr>
<tr>
<td>South African Police Service</td>
<td>10111</td>
</tr>
<tr>
<td>Legal Aid</td>
<td>0800 110 110</td>
</tr>
</tbody>
</table>

THUTHUZELA CARE CENTRES

Thuthuzela Care Centers are one-stop facilities, where a rape survivor receives medical, psychosocial and legal support. They have been introduced as a critical part of South Africa’s anti-rape strategy, aiming to reduce secondary victimisation, improve conviction rates and reduce the cycle time for finalisation of cases.

<table>
<thead>
<tr>
<th>Province</th>
<th>THUTHUZELA CARE CENTRE</th>
<th>CONTACT NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAUTENG</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kopanong TCC</td>
<td>Kopanong Hospital, Duncanville Vereeniging</td>
<td>016-428 5959</td>
</tr>
<tr>
<td>Laudium TCC</td>
<td>Laudium Hospital &amp; Community Health Centre, Laudium</td>
<td>012-374 3710</td>
</tr>
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<td>Lenasia TCC</td>
<td>Lenasia Hospital, Lenasia South Johannesburg</td>
<td>011-2110632</td>
</tr>
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<td>Mamelodi TCC</td>
<td>Mamelodi Day Hospital</td>
<td>012-841 8413</td>
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<td>Masakhane TCC</td>
<td>Tembisa Hospital Tembisa</td>
<td>011-923 2180</td>
</tr>
<tr>
<td>Sinakekelwe TCC</td>
<td>Natalspruit Hospital</td>
<td>011-909 5832</td>
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<tr>
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<tr>
<td><strong>KWAZULU NATAL</strong></td>
<td></td>
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</tr>
<tr>
<td>Edendale TCC</td>
<td>Edendale Hospital, Pietermaritzburg</td>
<td>033-395 4325</td>
</tr>
<tr>
<td>Madadeni TCC</td>
<td>Madadeni Hospital, Newcastle</td>
<td>034-328 8000 ext 8514</td>
</tr>
<tr>
<td>Empangeni TCC</td>
<td>Ngwelezana Hospital, Empangeni</td>
<td>035 901 7000</td>
</tr>
<tr>
<td>Phoenix TCC</td>
<td>Mahatma Gandi Memorial Hospital</td>
<td>031-502 1719</td>
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<tr>
<td>Port Shepstone TCC</td>
<td>Port Shepstone Regional Hospital, Port Shepstone</td>
<td>039-688 6021</td>
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<tr>
<td>RK Khan TCC</td>
<td>RK Khan Hospital, Westcliffe</td>
<td>031-459 6000</td>
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<td>032 437 6000</td>
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<tr>
<td>Umlazi TCC</td>
<td>Prince Mshiyeni Memorial Hospital, Umlazi</td>
<td>031-907 8496</td>
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<td><strong>EASTERN CAPE</strong></td>
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<td>047 491 2506</td>
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<tr>
<td>Dora Nginza TCC</td>
<td>Dora Nginza Hospital, Port Elizabeth</td>
<td>041-406 4112</td>
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<tr>
<td>Libode TCC</td>
<td>St Barnabas Hospital, Nyandeni Region</td>
<td>047-568 6274</td>
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<td>Grey Hospital TCC</td>
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<td>043-643 3300</td>
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<td>Lusikisiki TCC</td>
<td>St Elizabeth Hospital, Lusikisiki</td>
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<td>Mdantsane TCC</td>
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<td>043-761 2023</td>
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<td>LIMPOPO</td>
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<td>Mangkweng TCC</td>
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<td>Mokopane TCC</td>
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<td>Mokopane Hospital, Mokopane</td>
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<tr>
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<td>Musina TCC</td>
<td>015-534 0446</td>
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<tr>
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<td>Musina Hospital, Musina</td>
<td></td>
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<td></td>
<td>Nkhensani TCC</td>
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<td>Nkhensani Hospital, Giyani</td>
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<td>Seshego TCC</td>
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<td>Tshilidzini TCC</td>
<td>015-964 3257</td>
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<td>Tshilidzini Hospital, Thohoyandou</td>
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<tr>
<td>NORTHERN CAPE</td>
<td>De Aar TCC</td>
<td>053-631 2123</td>
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<td>Central Karoo Hospital, De Aar</td>
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<td></td>
<td>Galeshewe TCC</td>
<td>053-830 8900</td>
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<td>Galeshewe Day Hospital, Kimberley</td>
<td></td>
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<tr>
<td></td>
<td>Kuruman TCC</td>
<td>053-712 8133</td>
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<tr>
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<td>Kuruman Hospital, Kuruman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Springbok TCC</td>
<td>027-712 1551</td>
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<td>Van Niekerk Hospital, Springbok</td>
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<td>MPUMALANGA</td>
<td>Ermelo TCC</td>
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<td>Temba TCC</td>
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<td>Themba Hospital, Kabokweni</td>
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<td></td>
<td>Tonga TCC</td>
<td>013-780 9231</td>
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<tr>
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<td>Tonga Hospital, Nkomazi</td>
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<td></td>
<td>Witbank TCC</td>
<td>013-653 2208</td>
</tr>
<tr>
<td></td>
<td>Witbank Hospital, Witbank</td>
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</table>
APPENDIX E: Expert Organisations

In the ‘Checklist for Reporting on GBV’, we encouraged you to speak to a diversity of sources, especially GBV experts. Don’t focus solely on police, legal or perpetrators’ voices. Some examples of expert organisations you can reach out to based on their expertise are:

**GENDER-BASED VIOLENCE**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rape Crisis Cape Town Trust</td>
<td>021 447 1467</td>
</tr>
<tr>
<td>MOSAIC</td>
<td>021 761 7585</td>
</tr>
<tr>
<td>POWA (People Opposing Women Abuse)</td>
<td>011 642 4345/6</td>
</tr>
<tr>
<td>Gender Links</td>
<td>011 029 0006 / 011 028 2410</td>
</tr>
<tr>
<td>Soul City</td>
<td>011 771 7956</td>
</tr>
<tr>
<td>NACOSA</td>
<td>021 552 0804</td>
</tr>
<tr>
<td>New World Foundation</td>
<td>021 701 1150</td>
</tr>
<tr>
<td>Trauma Centre for Survivors of Violence and Torture</td>
<td>021 465 7373</td>
</tr>
<tr>
<td>GRIP (Greater Rape Intervention Programme)</td>
<td>013 752 4404</td>
</tr>
<tr>
<td>Sonke Gender Justice</td>
<td>Johannesburg: 011 339 3589</td>
</tr>
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<td>Cape Town: 021 423 7088</td>
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**SEX WORK**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>SWEAT (Sex Workers Education and Advocacy Taskforce)</td>
<td>021 448 7875 Helpline: 0800 60 60 60</td>
</tr>
<tr>
<td>Women’s Legal Centre</td>
<td>Johannesburg: 011 339 1099</td>
</tr>
<tr>
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<td>Cape Town: 021 424 5660</td>
</tr>
<tr>
<td>Sonke Gender Justice</td>
<td>021 423 7088</td>
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**LGBTQIA**

<table>
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<tr>
<td>Triangle Project</td>
<td>021 422 0255 Helpline: 021 712 6699</td>
</tr>
<tr>
<td>Gender Dynamix</td>
<td>021 447 4797</td>
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<tr>
<td>OUT</td>
<td>012 430 3272</td>
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**MIGRANT RIGHTS**

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<th>Organisation</th>
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<tbody>
<tr>
<td>Scalabrini Centre of Cape Town</td>
<td>021 465 6433</td>
</tr>
<tr>
<td>UCT Refugee Rights Unit</td>
<td>021 650 5581</td>
</tr>
<tr>
<td>Sonke Gender Justice</td>
<td>Johannesburg: 011 339 3589 Cape Town: 021 423 7088</td>
</tr>
<tr>
<td>International Organisation for Migration</td>
<td>012 342 2789</td>
</tr>
<tr>
<td>ALPS Resilience</td>
<td>021 701 0977</td>
</tr>
<tr>
<td>Adonis Musati</td>
<td>021 762 4886</td>
</tr>
<tr>
<td>United Nations High Commissioner for Refugees (UNHCR)</td>
<td>021 483 2783</td>
</tr>
<tr>
<td>Lawyers for Human Rights (LHR)</td>
<td>011 339 1960</td>
</tr>
<tr>
<td>People Against Suffering Oppression and Poverty (PASSOP)</td>
<td>021 418 2838</td>
</tr>
<tr>
<td>Consortium for Migrants and Refugees in South Africa (CoRMSA)</td>
<td>011 403 7560 / 0032 / 0033</td>
</tr>
<tr>
<td>Legal Resources Centre</td>
<td>Johannesburg: 011 836 9831 Cape Town: 021 481 3000</td>
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**CHILD RIGHTS**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Children’s Institute, University of Cape Town</td>
<td>021 650 1473</td>
</tr>
<tr>
<td>Centre for Child Law</td>
<td>012 420 4502</td>
</tr>
<tr>
<td>Sonke Gender Justice</td>
<td>021 423 7088</td>
</tr>
<tr>
<td>Teddy Bear Clinic</td>
<td>011 484 4554</td>
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**RESEARCH ON GBV**

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Contact Information</th>
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<tbody>
<tr>
<td>Medical Research Council Gender and Health Research Unit</td>
<td>Pretoria: 012 339 8526 Cape Town: 021 938 0445 Durban: 031 242 3600</td>
</tr>
<tr>
<td>Gender, Health and Justice Research Unit, University of Cape Town</td>
<td>021 406 6946</td>
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**ADVOCACY NETWORKS**

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<tr>
<th>Organisation</th>
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<tr>
<td>Stop Gender Violence: A National Campaign</td>
<td><a href="mailto:nspgbvcampaign@googlegroups.com">nspgbvcampaign@googlegroups.com</a></td>
</tr>
<tr>
<td>Shukumisa Coalition</td>
<td><a href="mailto:shukumisacampaign@gmail.com">shukumisacampaign@gmail.com</a></td>
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**HATE CRIMES**

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<th>Organisation</th>
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<tbody>
<tr>
<td>Hate Crimes Working Group</td>
<td><a href="http://www.hcwg.org.za">www.hcwg.org.za</a></td>
</tr>
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</table>
APPENDIX F: Code of Ethics and Conduct for South African Print and Online Media

(Effective from January 1, 2016)

The Press Council of South Africa and the Interactive Advertising Bureau South Africa adopt the following Code for print and online media (together referred to as “the media”).

PREAMBLE

The media exist to serve society. Their freedom provides for independent scrutiny of the forces that shape society, and is essential to realising the promise of democracy. It enables citizens to make informed judgments on the issues of the day, a role whose centrality is recognised in the South African Constitution.

Section 16 of the Bill of Rights provides that:

1. Everyone has the right to freedom of expression, which includes:
   (a) Freedom of the press and other media;
   (b) Freedom to receive and impart information or ideas;
   (c) Freedom of artistic creativity; and
   (d) Academic freedom and freedom of scientific research.

2. The right in subsection (1) does not extend to:
   (a) Propaganda for war;
   (b) Incitement of imminent violence; or
   (c) Advocacy of hatred that is based on race, ethnicity, gender or religion, and that constitutes incitement to cause harm.

The media strive to hold these rights in trust for the country’s citizens; and they are subject to the same rights and duties as the individual. Everyone has the duty to defend and further these rights, in recognition of the struggles that created them: the media, the public and government, who all make up the democratic state.

The media’s work is guided at all times by the public interest, understood to describe information of legitimate interest or importance to citizens.

As journalists we commit ourselves to the highest standards, to maintain credibility and keep the trust of the public. This means always striving for truth, avoiding unnecessary harm, reflecting a multiplicity of voices in our coverage of events, showing a special concern for children and other vulnerable groups, exhibiting sensitivity to the cultural customs of their readers and the subjects of their reportage, and acting independently.

Chapter 1: Media-generated content and activities

1. GATHERING AND REPORTING OF NEWS

1.1. The media shall take care to report news truthfully, accurately and fairly.

1.2. News shall be presented in context and in a balanced manner, without any intentional or negligent departure from the facts whether by distortion, exaggeration or misrepresentation, material omissions, or summarisation.

1.3. Only what may reasonably be true, having regard to the sources of the news, may be presented as fact, and such facts shall be published fairly with reasonable regard to context and importance. Where a report is not based on facts or is founded on opinion, allegation, rumour or supposition, it shall be presented in such manner as to indicate this clearly.
1.4. News should be obtained legally, honestly and fairly, unless public interest dictates otherwise.

1.5. The gathering of personal information for the purpose of journalistic expression must only be used for this purpose.

1.6. Media representatives shall identify themselves as such, unless public interest or their safety dictates otherwise.

1.7. Where there is reason to doubt the accuracy of a report or a source and it is practicable to verify the accuracy thereof, it shall be verified. Where it has not been practicable to verify the accuracy of a report, this shall be stated in such report.

1.8. The media shall seek the views of the subject of critical reportage in advance of publication; provided that this need not be done where the institution has reasonable grounds for believing that by doing so it would be prevented from reporting; where evidence might be destroyed or sources intimidated; or because it would be impracticable to do so in the circumstances of the publication. Reasonable time should be afforded the subject for a response. If the media are unable to obtain such comment, this shall be reported.

1.9. Where a news item is published on the basis of limited information, this shall be stated as such and the reports should be supplemented once new information becomes available.

1.10. The media shall make amends for presenting information or comment that is found to be inaccurate by communicating, promptly and with appropriate prominence so as to readily attract attention, a retraction, correction or explanation.

1.11. An online article that has been amended for factual accuracy should indicate as such. In the event of an apology or retraction, the original article may remain, but the publisher must indicate in a prominent manner that it has led to an apology or retraction – and should link to both the apology/retraction and the original article.

1.12. No person shall be entitled to have an article removed which falls short of being defamatory, but is alleged by such person to be embarrassing.


2. INDEPENDENCE AND CONFLICTS OF INTEREST

2.1. The media shall not allow commercial, political, personal or other non-professional considerations to influence or slant reporting. Conflicts of interest must be avoided, as well as arrangements or practices that could lead audiences to doubt the media’s independence and professionalism.

2.2. The media shall not accept a bribe, gift or any other benefit where this is intended or likely to influence coverage.

2.3. The media shall indicate clearly when an outside organisation has contributed to the cost of newsgathering.

2.4. Editorial material shall be kept clearly distinct from advertising and sponsored content.

3. PRIVACY, DIGNITY AND REPUTATION

3.1. The media shall exercise care and consideration in matters involving the private lives and concerns of individuals. The right to privacy may be overridden by the public interest.

3.2. In the protection of privacy, dignity and reputation, special weight must be afforded to South African cultural customs concerning the privacy and dignity of people who are bereaved and their respect for those who have passed away, as well as concerning children, the aged and the physically and mentally disabled.
3.3. The media shall exercise care and consideration in matters involving dignity and reputation. The dignity or reputation of an individual should be overridden only if it is in the public interest and in the following circumstances:

3.3.1. The facts reported are true or substantially true; or

3.3.2. The reportage amounts to fair comment based on facts that are adequately referred to and that are true or substantially true; or

3.3.3. The reportage amounts to a fair and accurate report of court proceedings, Parliamentary proceedings or the proceedings of any quasi-judicial tribunal or forum; or

3.3.4. It was reasonable for the information to be communicated because it was prepared in accordance with acceptable principles of journalistic conduct and in the public interest.

3.3.5. The article was, or formed part of, an accurate and impartial account of a dispute to which the complainant was a party.

3.4. Rape survivors and survivors of sexual violence shall not be identified without the consent of the victim or in the case of children, without the consent of their legal guardians (or a similarly responsible adult) and the child (taking into consideration the evolving capacity of the child), and a public interest is evident, and it is in the best interest of the child.

3.5. The HIV/AIDS status of people should not be disclosed without their consent. In the case of children, the HIV/AIDS status of the child should not be disclosed without the consent of the child (taking into consideration the evolving capacity of the child) together with the consent of their legal guardian or a similarly responsible adult, provided that such disclosure is in the public interest and it is in the best interests of the child.

4. PROTECTION OF PERSONAL INFORMATION

4.1. For the purpose of this clause “personal information” is as defined in Section 1 of the Protection of Personal Information Act 4 of 2013.

4.2. The media should take reasonable steps to ensure that the personal information under their control is protected from misuse or loss, and to prevent unauthorised access to such information.

4.3. The media should ensure that the personal information they gather is accurate, reasonably complete and up to date.

4.4. Where a person requests a correction to be made to his or her personal information under the control of a member, the media must take steps to verify the accuracy of the information and, if necessary, amend the information.

4.5. Some personal information, such as addresses, may enable others to intrude on the privacy and safety of individuals who are the subject of news coverage. To minimise these risks, the media should only disclose sufficient personal information to identify the persons being reported in the news.

4.6. Where it is reasonably suspected that an unauthorised person may have obtained access to personal information held by a member, the media must inform the affected person(s) and take reasonable steps to mitigate any prejudicial effects.

5. DISCRIMINATION AND HATE SPEECH

5.1. Except where it is strictly relevant to the matter reported and it is in the public interest to do so, the media shall avoid discriminatory or denigratory references to people’s race, gender, sex, pregnancy, marital
status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language and birth or other status, nor shall it refer to people’s status in a prejudicial or pejorative context.

5.2. The media has the right and indeed the duty to report and comment on all matters of legitimate public interest. This right and duty must, however, be balanced against the obligation not to publish material that amounts to propaganda for war, incitement of imminent violence, or advocacy of hatred that is based on race, ethnicity, gender or religion, and that constitutes incitement to cause harm.

6. ADVOCACY
6.1. Members are justified in strongly advocating their own views on controversial topics, provided that they treat their constituencies fairly by:

6.1.1. making fact and opinion clearly distinguishable;
6.1.2. not misrepresenting or suppressing relevant facts; and
6.1.3. not distorting the facts.

7. PROTECTED COMMENT
7.1. The media shall be entitled to comment upon or criticise any actions or events of public interest.

7.2. Comment or criticism is protected even if extreme, unjust, unbalanced, exaggerated and prejudiced, as long as it:

7.2.1. expresses an honestly-held opinion;
7.2.2. is without malice;
7.2.3. is on a matter of public interest;
7.2.4. has taken fair account of all material facts that are substantially true; and
7.2.5. is presented in such manner that it appears clearly to be comment.

8. CHILDREN
8.1. The Bill of Rights (Section 28.2) in the South African Constitution states: “A child’s best interests are of paramount importance in every matter concerning the child.” The media, applying the spirit of this section, shall therefore:

8.1.1. exercise exceptional care and consideration when reporting about children. If there is any chance that coverage might cause harm of any kind to a child, he or she shall not be interviewed, photographed or identified without the consent of a legal guardian or of a similarly responsible adult and the child (taking into consideration the evolving capacity of the child), and a public interest is evident;

8.1.2. not publish child pornography;
(Child Pornography is defined in the Film and Publications Act as: Any visual image or any description of a person, real or simulated, however created, who is or who is depicted or described as being, under the age of 18 years, explicitly depicting such a person who is or who is being depicted as engaged or participating in sexual conduct; engaged in an explicit display of genitals; participating in or assisting another person to participate in sexual conduct which, judged within context, has as its predominant objective purpose, the stimulation of sexual arousal in its target audience or showing or describing the body or parts of the body of the person in a manner or circumstance which, in context, amounts to sexual exploitation); and

8.1.3. not identify children who have been victims of abuse, exploitation, or who have been charged with or convicted of a crime, without the consent
of their legal guardians (or a similarly responsible adult) and the child (taking into consideration the evolving capacity of the child), a public interest is evident and it is in the best interests of the child.

9. VIOLENCE, GRAPHIC CONTENT

9.1. Due care and responsibility shall be exercised by the media with regard to the presentation of brutality, gratuitous violence, and suffering: material which, judged within context, should not sanction, promote or glamorise violence or unlawful conduct, or discrimination based on race, national or ethnic origin, colour, religion, gender, sexual orientation, age, or mental or physical disability.

9.2. Content which depicts violent crime or other violence or explicit sex should be avoided unless the public interest dictates otherwise, in which case prominent indication and warning must be displayed indicating that such content is graphic and inappropriate for certain audiences such as children.

10. HEADLINES, POSTERS, PICTURES AND CAPTIONS

10.1. Headlines and captions to pictures shall give a reasonable reflection of the contents of the report or picture in question;

10.2. Posters shall not mislead the public and shall give a reasonable reflection of the contents of the reports in question; and

10.3. Pictures and/or video or audio content shall not misrepresent or mislead nor be manipulated to do so.

11. CONFIDENTIAL AND ANONYMOUS SOURCES

The media shall:

11.1. protect confidential sources of information – the protection of sources is a basic principle in a democratic and free society;

11.2. avoid the use of anonymous sources unless there is no other way to deal with a story. Care should be taken to corroborate the information; and

11.3. not publish information that constitutes a breach of confidence, unless the public interest dictates otherwise.

12. PAYMENT FOR INFORMATION

The media shall avoid shady journalism in which informants are paid to induce them to give the information, particularly when they are criminals — except where the material concerned ought to be published in the public interest and the payment is necessary for this to be done.

Chapter 2: User-generated content

13. GUIDING PRINCIPLES

13.1. This section applies where a complaint is brought against a member in respect of comments and content posted by users on all platforms it controls and on which it distributes its content.

13.2. The media are not obliged to moderate all user-generated content in advance.

13.3. All members should have a policy in place governing moderation and/or removal of user-generated content or user profiles posted on the platforms (“UGC Policy”).

A member’s UGC Policy must be consistent with the Constitution of the Republic of South Africa.

13.4. Members may remove any user-generated comment, content or user profile in accordance with their UGC Policy.

13.5. A member’s UGC policy should be publicly available and:

13.5.1. Set out the authorisation process, if any, which users who wish to post comments must follow as well as clearly setting out any terms and
conditions and any indemnity clauses during such registration process;

13.5.2. Set out clearly the content which shall be prohibited;

13.5.3. Explain the manner in which the public may inform the member of prohibited content.

13.6. Members should, where practicable, place a notice on the platforms with the aim to discourage the posting of prohibited content.

13.7. The public should be informed that UGC is posted directly by users and does not necessarily reflect the views of the member.

13.8. Users shall be encouraged to report content which they believe violates the provisions of the Member’s UGC Policy.

13.9. Online forums directed at children and the young should be monitored particularly carefully.

14. PROHIBITED CONTENT

14.1. Material constitutes prohibited content if it is expressly prohibited in a member’s UGC Policy.

14.2. In addition to, and notwithstanding anything to the contrary contained in a member’s UGC Policy, content which contains the following:

14.2.1. Propaganda for war;

14.2.2. Incitement to imminent violence;

14.2.3. Advocacy of hatred that is based on race, ethnicity, gender or religion, and that constitutes incitement to cause harm constitutes prohibited content for the purpose of this Code.

15. DEFENCE IN RELATION TO USER-GENERATED CONTENT

15.1. It is a defence, in relation to any complaint brought to the Press Council regarding UGC, for the member to show that it did not itself author or edit the content complained of.

15.2. This defence will not apply in the following circumstances:

15.2.1. the complainant sent a written notice to the member in relation to the content concerned, and

15.2.2. the member failed to remove the content in accordance with clause 15.4 below.

15.3. The written notice in clause 15.2.1 must:

15.3.1. be sent via email or letter to the particular address stipulated by the member;

15.3.2. identify the content concerned and, in particular, specify where on the website the statement was posted; and

15.3.3. must explain why the content concerned is prohibited either in terms of a member’s UGC Policy or clause 14.2 above.

15.4. Upon receipt of a written notice complaining about UGC the member must:

15.4.1. remove the relevant UGC from the platform as soon as operationally possible and notify the complainant that it has done so; or

15.4.2. decide not to remove the UGC and notify the complainant of this decision.

15.5. Where a member has decided not to remove the UGC:

15.5.1. the complainant may complain to the Ombud in terms of clause 1.3 of the Complaints Procedures;

15.5.2. it will be treated as if the UGC had been posted by the member itself, and the member will be liable for such content if it is shown to be prohibited in terms of clause 14 above.
APPENDIX G: How to Lodge a Complaint with the Press Council

To lodge a complaint with the Press Ombudsman of the Press Council and to view the complaints procedure, you can only do so online at: http://www.presscouncil.org.za/Complaints?prev=http%3A%2F%2Fwww.presscouncil.org.za%2F

The information you need to lodge a complaint includes:

1. Publication name
2. Publication date
3. Headline
4. Complaint
5. Upload file (choose the file of the publication)
6. First name
7. Surname
8. Telephone number
9. Work number
10. Cell phone
11. Email address
12. Physical address
13. Postal address
APPENDIX H: How to Lodge a Complaint with the Broadcasting Commission

Information on the criteria and process of lodging a complaint with the Broadcasting Commission of South Africa (BCCSA) can be found online at: https://bccsa.co.za/criteria-for-a-complaint/.

Complaints must be made to the Registrar in writing and it is important to provide full details.

If you see or hear something that concerns you, write down the following details:

- The date and time and channel of broadcast
- The name of the broadcast programme
- Examples of the material within the context that might have contravened the Code of Conduct of the BCCSA

A written complaint shall be made as soon as possible, but not later than 30 calendar days after the date of broadcast. The Registrar may upon reasonable grounds accept late complaints if in his or her opinion there is good and satisfactory explanation for delay.

The Registrar shall only accept a complaint:

- Which is not anonymous, or which, in his or her opinion, is not fraudulent, frivolous, malicious or vexatious;
- Which is directed at a signatory of the BCCSA Code;
- Which does not concern an advertisement broadcast by a signatory who is also subject to the Code of the Advertising Practice of the Advertising Standards Authority of South Africa.

Once you have written the complaint, including the necessary information outlined above, as well as your physical address and contact numbers, you can post, email or fax it to the following:

Broadcasting Complaints Commission of South Africa
PO Box 412365, CRAIGHALL, 2024
Fax Number: (011) 326 3198
e-mail address: bccsa@nabsa.co.za
Notes
Survivors’ Support Service through Izwi Lami

Health-e News has developed a Survivors’ Support Service: a USSD (Unstructured Supplementary Service Data) service and online map that provides a directory of all Thuthuzela Care Centres, hospitals, 24-hour clinics and shelters for survivors of sexual violence survivors across the country.

This is part of Health-e’s ‘Izwi Lami’ (‘My Voice’) campaign to ensure that rape survivors get the medical services and support that they need and are entitled to.

The map can be found here: https://www.health-e.org.za/survivor-support/ and the free and anonymous USSD code to dial is *134*334# from any cellphone, or Whatsapp ‘Izwi Lami’ to 060 069 2788.

How to use it

For the map, users can search for locations either by typing in a city, town or address on the website, or selecting the checkbox of either ‘Shelters’, ‘TCC’ (Thuthuzela Care Centre) or ‘Hospitals/Clinics’. Once a facility is selected, the address and contact info of the facility is displayed.

Users are given a checklist of services that they might need if they have been raped, including emergency contraception, HIV test (and ARVs within 72 hours if they are HIV negative), vaccinations against tetanus and hepatitis B, antibiotics for sexually transmitted infections and counselling.

Users can click on the ‘Rate this facility’ link and give a rating out of five for the treatment they received at the facility, and are also invited to leave a comment. Whistleblowers can also use this to report problems with facilities. This data will be collated and shared with partner organisations and the Department of Health.

As the map requires data or wifi, Health-e emphasizes the importance of the free and anonymous USSD which is available from any mobile phone, and is in five different languages. Just dial *134*334# from any cellphone. The public is urged to save the code on their phones for cases of emergency.
SURVIVORS' RAPE SUPPORT SERVICE

Get the support you need

Find rape support services like shelters, clinics, counselling, medical care and more.

DIAL *134*334# FREE & ANONYMOUS from any mobile phone

or Whatsapp 'Izwi Lami' to 060 069 2788

Rate your experience on our interactive map with services available across the country:
www.health-e.org.za/survivor-support/