UNITED NATIONS
HUMAN RIGHTS
OFFICE OF THE HIGH COMMISSIONER

MONITORING CASES OF GENDER-BASED VIOLENCE

TOOL 3

INTERVIEWING VICTIMS OF GENDER-BASED VIOLENCE

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I. Introduction to victim centred and trauma informed interviews

Human Rights Officers (HROs) should consult the following resources:

- Chapter 12 of the Manual on Human Rights Monitoring **on "trauma and care"**: explains the impact of trauma on victims and their memory of the events, the importance of not making assumptions about how victims should feel or behave as each individual has different reactions to trauma and different recovery processes, and provides a **checklist for interviewing trauma survivors.**
- OHCHR tool on trauma informed interviewing with survivors of sexual violence.

Interviewing victims of GBV is particularly challenging, due to the trauma they experienced. Therefore, interviewers should:

> Respect the principle of **"Do no harm"**[1].

> **Adopt a victim centred approach:** meaning that victims' rights and needs are a priority[2].

- **Victims are not a single homogenous group or category** of people, but unique individuals with different identities, needs and priorities.
- **Take into account the specific needs of victims as expressed by them,** promote their rights and best interests, and respect their individual choices, including the right to not participate in an interview.
- Prioritize the privacy, safety, confidentiality and well-being of the victim prior, during and after the investigation process and **ahead of the objectives of the investigation.**
- Respect their right to privacy and confidentiality and **do not disclose their personal information without informed consent.**

1 See OHCHR Manual on human rights monitoring, chapter 14, page 8. **2** Adapted from: OHCHR, Workshop Report-Protection of victims of sexual violence: Lessons learned, 2019, pp. 3-5; Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-related Sexual violence ("Murad Code"), 2022; and DART Centre Europe Tip Sheet on Reporting on Sexual Violence.

- Provide clear and full **information to victims of the support and services that can be provided, and their limitations**, in order to allow them to make informed choices, including individual risk assessments.
- Do not withhold information from victims, **raise false or unrealistic expectations,** and hinder their ability to decide on whether to participate in an interview.
- **Do not make assumptions** about what is best for victims and tell them how and what to do.

> **Adopt a trauma informed approach:**[3] recognize that individuals have unique responses to the harm suffered and that participating in an interview may have physical and psychosocial risks and impact for a victim. Additionally, trauma has an impact on memory. It is a common consequence that the victims will have difficulties in recalling the events in a chronological order. Questions should be tailored in the most general way without pressuring the victim to obtain details or chronological sequences. Human Rights Officers should also be prepared on how to intervene if the interviewee has flashbacks, hyper or hypo arousal reactions.

> **Balance the need to avoid re-traumatization and the victim's agency:** interacting with victims of GBV always presents a risk of re-traumatization. This does not mean that HROs/investigators should avoid speaking with GBV victims. Refusing to interview someone who wants to be heard because of their mental or emotional state can also be re-traumatizing. The decision on whether to proceed with the interview relies on the victim. If the person is receiving psychological support, consult the professional for advice to avoid re traumatization.

II. Undertaking a risk and threat assessment[4]

A risk and threat assessment should be conducted prior to any engagement (in person or online) with both victims and intermediaries to identify the protection and security concerns and needs of victims of GBV, foresee possible consequences and adopt mitigation measures. It should be victim-centred, gender-sensitive and integrate intersectional approaches.

To assess the level of risk or threat faced by the victim of GBV, consider that:

> Safety goes beyond physical integrity and expected risks and threats. It encompasses the **personal perceptions** of victims and feeling secure in an environment that is respectful of their choices, autonomy and well-being.

> A **victim's mental health and their sense of community belonging** are elements of their

3 See OHCHR tool on trauma informed interviewing with survivors of sexual violence. **4** See UN OHCHR Manual on Human Rights Monitoring, Chapter 14, on how to conduct a risk and threat assessment and develop a protection strategy, pp. 29-51.

Photo: UN

overall security and should be considered when assessing risks and putting in place mitigation measures. This includes considering the risks of re-traumatization (harms to a victim's psychological integrity) and re-victimization (such as exposure to acts of reprisals or social exclusion).

> Approaching a victim may compromise their privacy and their physical safety. For example, in some societies, being suspected of having been raped can lead to humiliation, being ostracized by families and communities, or even further violence, including online violence. In the case of men and LGBTI persons, they may face legal consequences for reporting an act of rape (for ex., in countries where same-sex relations and transgender people are criminalized).

To determine an individual's vulnerability, consider:

> The **context.** Acts of GBV represent a structural situation and are often part of a continuum of violence, not isolated or sporadic events. Therefore, GBV victims may face heightened risks of further harm. For example, a victim of intimate partner violence may be exposed to an increased risk of violence if their participation in an interview is disclosed.

> The **individual profile** of the victim and the **differentiated impact of the risk or threat**. Risks or threats may have a differentiated impact depending on the individual characteristics of the victim such as their gender identity, age, ethnicity, race, occupation, or social or political status, among other factors.

> **The broader impact of the risk or threat**. Risk and threat assessments should not be limited to victims taking part in/cooperating with the investigation and should extend to other victims, witnesses or their communities. For instance, perpetrators may retaliate against the whole community if they become aware that some victims have reported the violations. There may also be risks for the investigation team. For example, State officials may impose movement and travel restrictions to prevent the team from accessing additional victims and reports of violations.

> The **imminent nature and source of the risk or threat,** including the likelihood of the threat materializing and whether there are any links between the source(s) of the risk or threat and state officials or non-state actors.

> **All available information coming from various sources:** the victims themselves, their families; specialists working with GBV victims or on GBV issues (for ex., medical personnel, social workers and mental health practitioners); UN and partner agencies; official and unofficial records (for ex., information provided by local authorities and by community leaders) and evidence gathered by CSOs.


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To strengthen the capacity of the person at risk to reduce the impact of the threat:

> Provide victims with information on **basic self-protective measures** adapted to prevent the team from accessing additional victims and reports of violations personal circumstances and the context in which the violation occurred, such as: visiting friends and family out of town, going to a shelter for GBV victims, obtaining a phone and charger or other means of rapid communication to request assistance, and having a family member, neighbor or a friend as a contact person on call.

Remember: building self-protective capacities can take time, so if the threat is imminent, you should focus on reducing the threat.

Assess the potential consequences of the risk or threat:

> **If the victim becomes distressed because of the interview**, mitigation measures need to be put in place. Prior to the interview, assess which measures could support the victim (for ex., whether the victim is able to seek out health care, which services exist in the area and whether these could provide mental health care or psychosocial support on a confidential basis).

> **If victims are excluded from their community because of the interview**, they may

lose their safety networks and their sense of social belonging. This can, in turn, impact on other rights, such as their access to housing, land, basic services, and inheritance, among others. In the case of parents, they may lose custody of their children.

Determine whether the interview should take place:

If the assessment indicates that a risk or threat exists, assess its level: minor, serious or major.

- **If the risk is major** and cannot be mitigated, avoid contacting the potential interviewee until there is a change in circumstances.

- **If the risks are minor or serious,** and you can have a pre-interview contact in a reasonably safe manner, discuss with the potential interviewee whether it is advisable to proceed, considering his/her awareness, willingness and understanding of the risk or threat.

When a risk exists, always take into account the relevance of the testimony for the investigation:

> Can the same information be obtained from **other sources?**

> Has a **pattern of GBV** violations already been established based on the available information, and is the testimony expected to add new elements, corroborate or repeat already existing information?

> Is the testimony expected to be **critical evidence** to the investigation? If the information cannot be obtained from other sources, you and the interviewee may decide to accept the risk and proceed with the interview, but only after obtaining **informed consent.** Otherwise it can be cancelled or postponed.

When developing mitigation measures:

> Local protection networks or focal points where victims are based can be key in securing regular assessment of their security situation. They may be best suited to understand the concerns and needs of victims of GBV and therefore propose adequate protection and risk-mitigation solutions. They can also help pre-empt threats and avoid escalation of situations from an early stage. In fragile and complex contexts, such as


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conflict, post-conflict, crises and insecurity situations, civil society networks can constitute a crucial means for reaching out to affected communities and bringing in support from a variety of specialists and services to isolated victims.

> Close cooperation with relevant national and international actors can enhance the effectiveness of any protection and risk-mitigation measures. With national actors, ensure you involve only those who have the trust of the victims (for ex. if the perpetrators are public officials/members of the armed forces or have links with them, it may not to be safe for victims to have the armed forces alerted).

Risk and threat assessments should also be conducted for remote interviews[5]

> No channel of communication is 100% safe and secure. If you cannot conduct the remote interview safely, consider not proceeding or postponing the interview.

> For communications and data security vet those assisting at the victim's location, including intermediaries and interpreters.

> If contacting a potential interviewee through an intermediary, consider putting in place digital security measures both with respect to the potential interviewee and the intermediary.

> Consider the gendered access to and use of information communication technologies that may exist in a specific context/region/country (for ex., limited/restricted access to phone, internet and social media platforms for women), as well as IT literacy of the victims to be able to install apps, delete messages, and activate encryption.

> Plan how you will address issues surrounding trauma, depending on the nature of the violations suffered: how to monitor the victim's well-being and comfort levels, and whether and how to ensure safe emergency response systems at the victim's location.


Photo: UN

5 For guidance about remote interviewing, consult: OHCHR Information and Communication Technology Risk Assessment Guidance Note, OHCHR Monitoring and Investigation with Limited or no Access Guidance Notes, in particular Remote Interviews Dos and Don'ts, and Institute for International Criminal Investigation's guidelines on remote interviewing, August 2021.

III. Checklist for interviews[6]

1. Identifying, screening and contacting potential interviewees

> **Gather information on the victim's identity and experiences** to assess how the initial contact should take place, including whether there is a need for psychosocial support. Reach out to external partners to build a network of medical and psychosocial professionals if the need arises (see below Section 3 on Referrals).

> **Undertake a risk and threat assessment** to evaluate security and psychological risks.

> **Enquire about other teams conducting human rights investigations in the area.** If there are, consider whether conducting interviews with the same victims is absolutely necessary or how you could collaborate to avoid re traumatizing them. If indispensable for the monitoring/ investigation, or if the information gathered by other stakeholders is insufficient, consult the victims on their willingness to re tell their story.

> When there are protection/security or trust concerns, **intermediaries[7] can be used** to identify and approach victims/witnesses (for ex., victims' groups, civil society groups, community organisations, local or international service providers, representatives of religious institutions).

- When reaching out appropriate intermediaries, be aware of cultural attitudes and sensitivities surrounding GBV in the area/ context.
- Ensure that they understand the scope of your mandate and investigation as well as OHCHR monitoring principles (for ex., that they should not coerce an individual to participate in an interview or engage in unethical behavior, such as offering money in exchange for a statement).

2. Before the interview

> Prepare a **gender sensitive questionnaire** that will enable the collection of information on GBV, its causes and impacts, including for interviews where GBV would, a priori, not seem relevant.

- questions that seek to identify the gender dimensions of certain violations, i.e. the differentiated impact of the human rights violations on women, girls, men, boys and persons of diverse genders. Remember that violations that may at first appear gender-neutral may nevertheless have gender components (such as killings and enforced disappearances).
- questions about the gaps in the information/ reasons for the underreporting of GBV.
- ask about issues in a way that is context specific, culturally sensitive and takes into account the factors that may be driving underreporting.

6 Based on the Checklist for interviewing trauma survivors of the OHCHR Manual on Human Rights Monitoring, Chapter 12. See also Checklist for self-care while interviewing trauma survivors of the same chapter. **7** For additional guidance on engaging with intermediaries, consult OHCHR Monitoring and Investigation with Limited to No Access (MILNA) internal guidance on sources and intermediaries.

> Select an **interview location** that minimizes the risk of the interviewee being identified as a witness of the investigation. The location chosen must be accessible, safe and reassuring for the victim and provide privacy and anonymity. Keep tissues and refreshments at hand.

> Decide **who will carry out the interview** and who will be present. Consider the preference of the victim regarding the sex/gender of the interviewer(s), their prior experience working with victims of GBV, as well as any other characteristics that may be relevant to facilitate the interview. If the composition of the team cannot accommodate the victim's preferences, explain who you are, individually and as a team and ask if they are willing to proceed with the interview and with whom. **Do not make assumptions about the victims' preferences.**

> Inform the victim that they **may be accompanied** by a trusted person who can provide them with emotional support before, during and after the interview. Make arrangements for the care of children that may accompany the victims.

> If an **interpreter** is required, consider his/her sex/gender, age, nationality, ethnic background, and political neutrality. Consider how these factors may influence whether the interviewee trusts the interpreter. Where possible, select an interpreter with **training on or prior experience** working with victims and witnesses of trauma.

> **Brief the interpreter** on the ground rules for the interview and on what to expect, including on the potentially traumatic nature of the information. Ensure that the interpreter is comfortable with the subject matter of the interview, and fully understands the concept of informed consent and **confidentiality of the interview.** Work with the interpreter to **familiarize yourself with the words** and euphemisms that are used in the specific area/context under investigation to describe traumatic events (for ex., to describe a sexual act or body parts), insults that may be gender-charged, and how they are used in that particular context).

> When possible, provide for **psychosocial support** before, during and after the interview.

> Have available information about **referrals mechanisms**. A victim may reveal an experience of GBV for the first time during an interview, so interviewers should be prepared by having information of medical and psychological support.

3. During the interview

Remember: Violent and abusive acts suffered take control and power away from victims. During an interview, it is important to create a sense of safety and control for the interviewee. Set the tone and put the interviewee at ease. Explain how the interview will proceed, who is present, and recall your mandate/mission. Clarify any doubts the person may have. Interviewees should be given space and time to speak about what has happened. If your time is limited, give an estimate of the time available.

> Inform that you will be asking questions about potentially traumatizing events and **ask whether the victim is comfortable or needs anything.** Inform the interviewee that they can let you know if they need a break, if they do not wish to reply to some questions or wish to end the interview.

> Make sure you have **informed consent**[8] before proceeding.

> **Do not pressure victims to talk** about their experiences and do not ask for details unless they are strictly necessary for the investigation. Allow them to give you the information they feel comfortable sharing. Allow for silences and give the interviewee space to collect their thoughts. Emphasize that **it is normal that they cannot recall some details** or do not know the answers to some questions.

Remember: victims of GBV may take their own time to decide whether or not to retell a traumatic experience. The duration of an interview may not coincide with the time victims need. The fact that a victim decides to disclose an experience of trauma at a later stage, and not during the interview, should not be interpreted as a lack of credibility.

- **Pay attention to the emotional state of the victim** and take breaks as necessary, after asking them. Do not make assumptions about their needs. For ex., crying does not necessarily mean that the person wants/needs a break. If you decide to stop without asking, you may make them feel that their behaviour is inadequate.

Practical tip: Do not make assumptions about how victims should feel or behave when retelling a traumatic experience and do not assess their credibility on that basis. The victim's emotional state is not a reliable indicator of whether a traumatic event occurred. Remember that trauma may affect an individual's ability to recall specific events or details. However, the fact that a victim of atraumatic event provides a coherent and detailed account of their experience should not question their credibility.

If you notice the victim shows signs of distress during the interview (for example, sweating, trembling, or crying), use de-escalation techniques[9]:

- Keep your calm and acknowledge their suffering. Mention that their well-being is more important to you than the interview.
- Acknowledge that there is nothing wrong with feeling overwhelmed.
- Ask them if they need a break or wish to end the interview.
- Talk about something else until they feel ready to go on. Encourage them to take

8 See OHCHR Manual on Human Rights Monitoring, Chapter 14 **9** See Tool on trauma informed interviewing with survivors of sexual violence, slide 3 on trauma-informed interviewing techniques.

several slow, deep breaths, offer them some water.

> **Listen in an active, non-judgemental manner. Maintain good eye contact. Pay attention to your body language, your reactions, and facial expressions.**

Remember: Never say to an interviewee that you know how they feel. Instead, you could say *"Thank you for sharing this experience with me/ for trusting me with your story"*.

In **remote interviews,** extra time may be needed to build a rapport with the victim.

> **Consider having a few interactions prior to the interview,** for example, through text/voice messages, or initial phone calls. You may take the opportunity to explain the mandate of your investigation and address some aspects of the informed consent prior to the interview, although you still need to gather the consent on the day of the interview. If you do this, consider the risks of leaving traces of this communication and advise to delete messages.

> **In a video call**, we have less control about the physical space. Move your computer around the room to show the person that you are on your own and nobody can hear. Show that windows and doors are closed. Ask the person to do the same. **Discuss how you will ensure the privacy of the interview** (for ex., how to avoid being overheard by co-inhabitants or neighbours, and how to ensure that the interview is not recorded by others). Ask the person if they expect interruptions (for ex., a family member arriving home, or children entering the room). Decide together how to proceed if someone enters the room. In most cases, it is best to end the interview.

4. At the end of the interview

- **Give ample notice before ending the interview** so that the interviewee has time to add anything. Allow for time for questions.
- **Confirm informed consent options** and add details and clarifications on informed consent as needed.
- **Check the emotional state of the interviewee** and alert them to possible reactions that speaking about their experience may have on them. Ask about social support they have to help them cope with any reactions and offer information about resources that provide support to trauma survivors.
- Make sure to **bring the conversation back to topics that the victim finds safe.**

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IV. Referrals

Referral pathways are flexible mechanisms at national, regional and community levels that safely link victims to service providers, such as health services, psychosocial support, case management, safety/security, legal aid and socio-economic assistance. They vary according to the context, availability of services, and national and international protection actors present in a specific area or region. Referrals should be made based on needs both for in-person and remote interviews.

1.Mapping and establishing contact

> Prior to interviews, **map out all actors who provide assistance for GBV victims** in the area/context, and in a neighboring country/region or on-line/by telephone in case of security or other accessibility concerns.

> **Seek information about the types of services offered, the composition of their personal, and their limitations.** Be aware that cultural attitudes and sensitivities surrounding GBV may impact the quality of services provided to victims and avoid referrals to actors where there is a risk of discrimination or ill treatment.

> **Build networks with service providers**. Explain your mandate and objectives so that they will be keener in sharing information and act as intermediaries for the identification/referral of victims/witnesses. (for ex, conduct a briefing session, a training, or share briefing materials that explain your mandate). In UN field missions, the GBV Area of Responsibility/cluster represents an opportunity for coordination.

> The UN Voluntary Fund for Victims of Torture and the UN Voluntary Trust Fund on Contemporary Forms of Slavery may be able to assist you in identifying relevant service providers as they allocate grants to CSOs that deliver assistance services to victims of torture and slavery.

2. Providing referral information

> **Consult victims on their needs and preferences** on the type of support and on the sex/gender of the support staff. When victims are reluctant to contact a service provider, seek alternative strategies, such as asking them whether the service provider can contact them or conduct a house visit.

> **Consider the accessibility of the service** for the victims (location, security concerns or language issues) and identify strategies to facilitate access.

> **Consider security risks** associated with the provision of information on referrals to victims (for ex., if a victim is found in possession of such information by a family member).

> If there are no suitable referral points, assess if the interviews should still take place, taking into account the do no harm principle and the will of the victims.

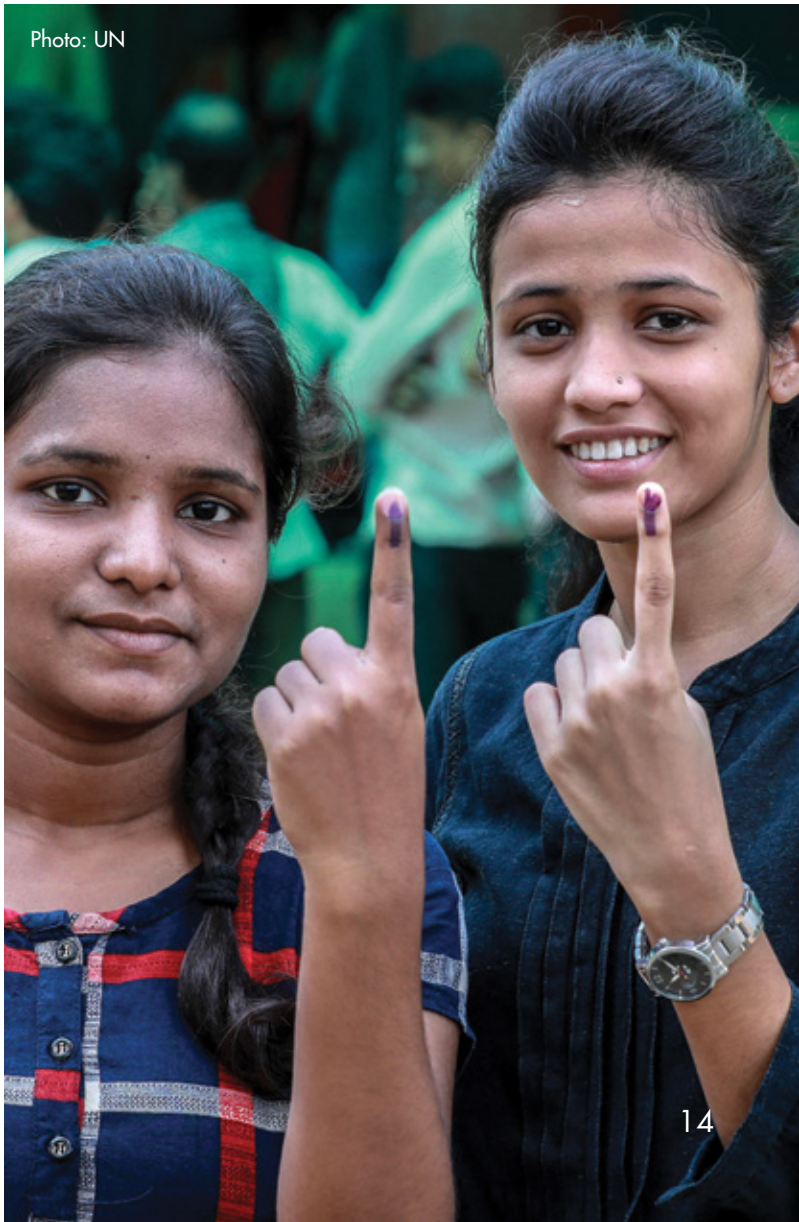
3. Identifying tailored services and considering associated risks

In many contexts, services for women are the most prevalent. When planning referrals for victims who may be excluded or face stigma and discrimination in accessing such services, such as men, boys and non-binary persons, as well as LGBTI persons:

> **Vet service providers and organisations for their suitability** as potential referral points, taking into account the diversity of victims, cultural context and potential for discrimination or stigma. For example, due to gender stereotypes, prejudices and misconceptions about sexual orientation, gender identity and sex characteristics, service providers may be unwilling to treat men, boys and non-binary persons, as well as LGBTI victims. They may condition their services to specific behaviours or appearance, or the assistance they provide may be retraumatizing and harmful.

> **Some instances, service providers may be unwilling to provide services** to some victims, due to fear of reprisals from the perpetrators.

> **Take into account the ability of the service provider to assist the victims on a confidential basis.** Some victims may be unwilling to access available services because of the perception that this may put them at risk.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