



TFGBV REFERRAL PATHWAY TOOLKIT

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Transform TFGBV Referral Pathway Toolkit

The Transform TFGBV Referral Pathway Toolkit reflects the collaboration and contribution of many people and organizations engaged in preventing, responding to, and mitigating Technology-Facilitated Gender-Based Violence. All sources have been cited.

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Contents

- Contents2
- Acronyms4
- Icon Key (in order of use).....5
- Purpose and Intended Audience6
- Background7
 - Call Out Box 1:** Characteristics of Referral Pathways7
 - Why Emphasize Women in Public and Political Life?.....9
- How to Use this Toolkit 11
- Step One: Create or Update a Referral Directory for TFGBV Services 13
 - Identify and Build from What Already Exists 13
 - Identify Services that Address TFGBV Survivors’ Needs 13
 - Review Existing Service Directories or Lists..... 14
 - Include Services for Survivors Who are Women in Public and Political Life 14
 - Call Out Box 2:** Supportive Resources for Women in Public and Political Life 15
 - Include Services that Respond to TFGBV Survivors’ Common Needs 15
 - Reviewing Services in an Existing Referral Directory 17
 - Call Out Box 3:** Connections with Relevant Organizations and Institutions 17
 - Verifying New Services 18
 - Call Out Box 4:** Maintaining a Referral Directory 19
- Step Two: Develop the TFGBV Referral Pathway 19
 - Additional Considerations 22
 - Call Out Box 5: Survivor-Centered Approaches and Mandatory Reporting Laws 24**
- Step Three: Making Referrals and Considerations for Reporting TFGBV 25
 - Making Referrals 25
 - Tips for Making Referrals 25
 - Reporting TFGBV 26

Reporting TFGBV to the Police	26
Additional Considerations for Making TFGBV Service Referrals for Women in Public and Political Life.....	28
Definitions.....	30

Acronyms

AI	artificial intelligence
CSO	civil society organization
EMB	electoral management body
GBV	gender-based violence
INGO	international non-governmental organization
LGBTQI+	lesbian, gay, bisexual, transgender, questioning/queer, and intersex
NGO	non-governmental organization
SLAPP	strategic lawsuit against public participation
SWAT	special weapons and tactics
TFGBV	technology-facilitated gender-based violence
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHRD	women human rights defenders

Icon Key (in order of use)



Terms included in the Definitions section (indicated at first use of the term in the document)



Information Relevant to Women in Public and Political Life

Purpose and Intended Audience



The **Technology-Facilitated Gender-Based Violence (TFGBV)**¹ Referral Pathway Toolkit (the “Toolkit”) is designed to assist organizations that provide services to survivors of **gender-based violence (GBV)** (“**service-providing organizations**”) to integrate services to address TFGBV into new or existing **referral** directories and pathways (see Call Out Box 1: *Characteristics of Referral Pathways*). The Toolkit (this document) is supported by three supplemental documents which provide additional information for service-providing organizations (see the section below on *How to Use this Toolkit*).

This Toolkit highlights services and resources that are helpful for all survivors of TFGBV and underscores the resources particularly useful for women in public and political life who experience higher levels of TFGBV compared to their male peers or women outside of public roles.



Due to the different ways that perpetrators use TFGBV to attack women and the consequences of those attacks, survivors may seek services that differ from other GBV services, including specific forms of healthcare, legal aid, law enforcement, digital security, or protection services, as well as other options for safely reporting TFGBV. **TFGBV survivors** may want services to help them report TFGBV through online social media platform processes or to authorities such as the police. They may also want services to help them find and use reliable digital security guidance and access legal aid to address identity theft, privacy violations, slander, retaliatory legal action, and more.



Additionally, women in public and political life who are survivors of TFGBV may need referrals that include specialized bodies or organizations, such as electoral management bodies (EMBs), offices or task forces in political institutions or parties that address misconduct, journalist associations, non-governmental organizations (NGOs) that provide services such as training and legal support to women politicians or legal aid to human rights defenders, or other resources that are *known* to be available and operational in a

¹ Terms used in the main sections that are included in the Definitions section at the end of the document are indicated in bolded blue text at their first use.

specific country or location (for more information, reference the *supplementary document TFGBV and Women in Public and Political Life*).

Call Out Box I: Characteristics of Referral Pathways

A **referral pathway** provides a map that service providers can follow to direct survivors to additional services. These referrals are based on assessments of the survivor’s specific needs. In some contexts, service-providing organizations can *sequence* referrals to reduce the number of times that survivors need to re-tell what happened to them or the number of locations they must go to for services. In other contexts, where referral networks are not as developed for TFGBV or where the services that TFGBV survivors need are not clustered, opportunities for sequencing referrals may be few. A referral pathway should be locally relevant, providing a tailored map of the available services in a particular area. It should also be flexible, to allow service providers to work with survivors to fit referrals to their individual needs.

Background



TFGBV is a form of GBV that perpetrators enact through online and digital platforms. It includes a range of harassing and violent activities that have negative consequences for survivors and their families, communities, colleagues, or other connections (see Box 1: *Definition of TFGBV*).²

Anyone who engages in activities on online or digital platforms can be targeted for harassment and abuse. However, the types of TFGBV that are directed at women, girls, and gender non-conforming individuals more frequently uses sexualized violence and are more intensive than the forms of TFGBV directed at men.

² Adapted from the *U.S. Strategy to Prevent and Respond to Gender Based Violence Globally (2022)*, <https://www.state.gov/reports/united-states-strategy-to-prevent-and-respond-to-gender-based-violence-globally-2022/>

TFGBV has consequences for women's and girls' participation in public discussions, decision-making, and leadership, as well as for their mental and physical health. Furthermore, for women in public and political life, TFGBV can have serious repercussions for their careers.



The forms of TFGBV that perpetrators use against women and girls build on harmful gender and social norms with the intent of silencing them or pressuring them to self-censor their online participation. These compounding factors are even more pronounced when perpetrators target women and girls from underrepresented groups or groups facing discrimination.



Perpetrators use TFGBV to silence, discredit, undermine, and delegitimize the work of women in public and political life and to pressure them to mediate or end their participation in public roles, by making threats, using intimidation and harassment tactics, and spreading manipulated information. In countries around the world, being active in public spaces, engaging in public decision-making and holding leadership positions continue to be viewed as roles more suited to men than women. Perpetrators of TFGBV can be individuals or groups, and often include government representatives, security forces, anti-gender groups, faith leaders, community leaders, family, community members, individuals with misogynistic views, as well as regional or foreign actors who target women as part of strategies to advance restrictive geopolitical agendas, such as by influencing elections, policy making, and social stability. Some groups who perpetrate TFGBV are part of well-funded, coordinated movements that disseminate disinformation campaigns against women in public and political life as a means to exert

Definition of TFGBV

A threat or act of violence committed, assisted, aggravated, and amplified in part or fully by using information and communication technologies or digital media that is disproportionately targeted at women, girls, and gender non-conforming individuals. It is a continuum of multiple, recurring, and interrelated forms of gender-based violence that takes place both online and offline. Examples can include online harassment and abuse; non-consensual distribution of intimate digital images; cyberstalking; sextortion; doxing; malicious deep fakes; livestreamed sexual violence of children, youth, and adults; rape and death threats; disinformation; intimate partner violence; and recruitment into trafficking and abusive labor. *Source: The U.S. Global Strategy to Prevent and Respond to Gender-Based Violence Globally (2022 Update)*

geopolitical control across borders by narrowing democratic spaces and reducing inclusive public participation.

In many countries, important progress has been made to recognize TFGBV as a form of GBV, as well as a threat to democracy, inclusive public participation, and the safety of women, girls, marginalized groups, and societies as a whole. However, TFGBV has not yet been fully integrated into GBV response systems and support services. More recognition is needed in laws, policies, and responses by both authorities and technology companies that TFGBV is a form of GBV that requires providing survivors with tailored response, protection, and support mechanisms.



Why Emphasize Women in Public and Political Life?

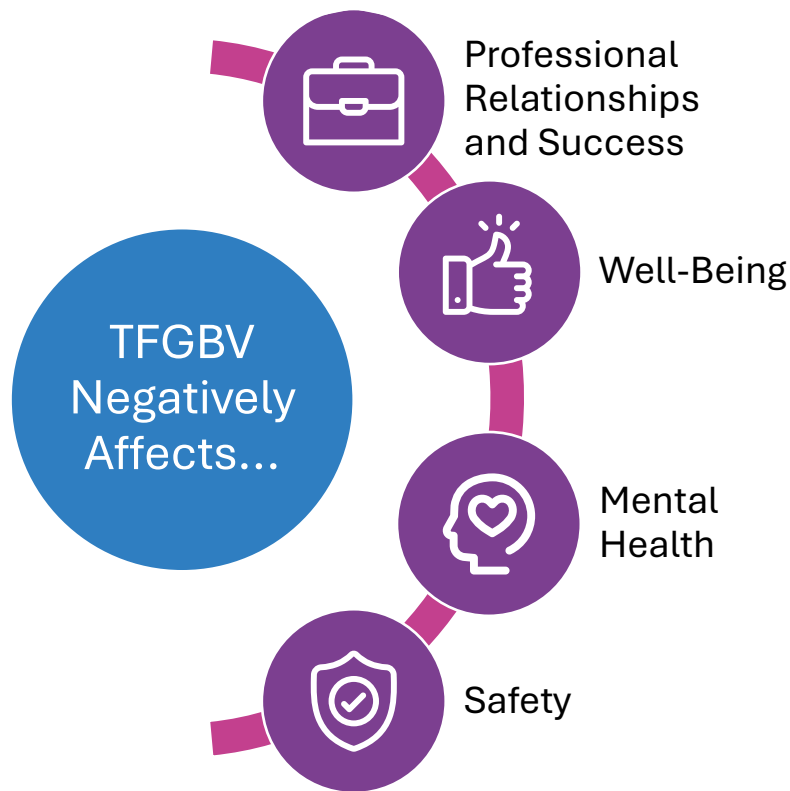
Women in Public and Political Life Experience Higher Rates of TFGBV

Women, girls, and individuals from underrepresented or minority groups are likely to experience violence when they interact in online spaces or use digital technology. Women in politics and public life have a greater likelihood of being targeted by perpetrators for TFGBV due to their public leadership, public roles, and participation in decision-making, truth telling, and advocacy which are seen by some to challenge traditional gender norms and roles, or to challenge the political and social status quo.

Globally, women in all their diversity continue to be underrepresented in leadership, decision-making, and other public roles. Without women's participation in politics and other forms of public life such as journalism, advocacy, and as recognized experts on matters of public importance, the diversity of women's views and issues are not represented in legal frameworks, policy making, holding governments accountable, or promoting truth.

Women in public and political life increasingly rely on online and digital resources for their work and to achieve their professional goals, such as women politicians engaging with constituents through social media, journalists promoting their reporting across media platforms, and women human rights defenders (WHRD) using online tools to amplify their advocacy.

When women in public and political life are targeted by perpetrators of TFGBV, they must cope with the professional repercussions as well as with effects on their well-being, mental health, and safety. TFGBV is also often directed at the families and communities of women in public and political life, which magnifies the impact created by this form of harassment and violence.



Women in public and political life are targeted with TFGBV at a higher rate than their male peers or women not in public roles (see Box 2: *Women in Public and Political Life Experience Higher Rates of TFGBV*). Attacks often include more than one type of TFGBV from multiple perpetrators, are recurring, and take forms that extend consequences to multiple parts of survivors' lives (such as the circulation of manipulated sexualized images). TFGBV can also be used by perpetrators as coordinated and overwhelming attacks against women in public and political roles (such as **cybermobbing** or **gendered trolling** storms). This can intensify survivors' need for multiple kinds of quality support services to address the professional and personal impact of attacks (see Box 3: *TFGBV Frequencies and Intensity*).



Because of the public nature of these public and political roles, women often hesitate to seek services and support, report TFGBV, or take other types of action. For example, women politicians who build professional reputations as strong leaders for their constituents may have concerns about the media, the public, or TFGBV perpetrators manipulating their attempts to report TFGBV or to seek services to suggest that they are weak, to blame, or no longer worthy of the public's confidence. Women in public and political life must contend with the risk of being identified when seeking services or reporting TFGBV and facing additional scrutiny, **victim blaming**, gossip, or other negative repercussions. Women in the public or political sphere are also frequently targeted for TFGBV by people they know or are associated with through their professional connections, such as rival political candidates, members of women's own political parties, members of the same human rights organizations, or family and community members who do not endorse women holding public roles. Due to these factors, when providing services to women in public and political life, service-providing organizations should consider the different types of support these women might need, the additional privacy or data security precautions they may want to take, and how services can be coordinated or synchronized to address the intensity and frequency of the TFGBV women in public roles experience.



TFGBV Frequency and Intensity

Especially for women who work in the public domain, TFGBV is often not an isolated occurrence. Forms of TFGBV can reoccur over time by the same or different perpetrators, can vary in intensity and violence at different times including instances of coordinated attacks, and can range from being harassing to aggressively threatening a woman's safety or that of people close to her.

When service providers make referrals for women in public or political life to help them address TFGBV, the frequency and intensity of TFGBV that a woman might experience at different times or simultaneously from different perpetrators should be considered.

How to Use this Toolkit

This Toolkit is designed to be used as a standalone resource. However, there are three supplemental resources that can be used along with this Toolkit. These include:

TFGBV and Women in Public and Political Life

- Provides an overview of how TFGBV is used against women in public roles and presents three illustrative profiles of how TFGBV is perpetrated against women in politics, media jobs, and human rights advocacy.

Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals and Case Management

- Gives general tips for integrating these three approaches into an organization's referral process.
- If organizations also offer existing case management services, this document provides some ideas for how to integrate TFGBV into these processes using the three highlighted approaches.

Additional Resources for TFGBV Referrals

- Contains checklists, sample scripts and questions, and other templates that service-providing organizations can use when integrating TFGBV into their referral systems.

Organizations with strong referral pathways may wish to use this Toolkit for integrating TFGBV services into existing referral directories. Organizations that do not consistently use a referral pathway or do not use a referral pathway that incorporates the type of services needed by TFGBV survivors, can use this toolkit for developing a referral pathway that includes multisectoral resources and services for TFGBV survivors. Organizations should review the content in this Toolkit to identify, tailor, and use what is most relevant for their purposes.

As service-providing organizations may have different levels of experience creating and using referral pathways, the Toolkit includes brief overviews for creating or updating a referral directory with services specific to TFGBV, examples of services that TFGBV survivors commonly need, and how to develop a TFGBV referral pathway that is adapted to each country and service context. Additional resources can be found in the three supplemental resource documents that support the content in this Toolkit.

For service providers who do not have experience delivering services and referrals to women in public and political life, providers should familiarize themselves with how and why perpetrators target women in public and political life to understand the type of services that these women may seek and their heightened concerns about data management, privacy, and coping with multiple forms of TFGBV at once. More information can be found on informed consent, data management, and the types of TFGBV that women in public roles experience in the Toolkit's supplemental documents.

Step One: Create or Update a Referral Directory for TFGBV Services



Referral pathways help service-providing organizations offer referrals in a systematized manner, based on the services that are available in a given location. These available services are documented in a referral directory (see Box 4: *Definition of Referral Directory and Referral Pathway*).

Adding TFGBV to an existing referral directory requires not only identifying relevant service providers, but understanding what they offer, the limits of the support they can provide, and how that support is provided.

Identify and Build from What Already Exists

Many services that GBV and TFGBV survivors seek are similar or overlap, yet, existing GBV referral pathways very likely do not respond to specific needs often associated with TFGBV, and particularly for survivors who are women in public and political life. Some service-providing organizations may already have an effective referral pathway in place for GBV services that includes a referral directory which can be expanded to include services that respond to TFGBV. Conversely, other service-providing organizations may need to create a formal referral system with a directory and pathway for the first time (see *Additional Resources for TFGBV Referrals* for a template and other resources for creating a referral directory).

Identify Services that Address TFGBV Survivors' Needs

To integrate services that make a referral pathway responsive to the needs of TFGBV survivors, service-providing organizations should understand the types of services that TFGBV survivors may request, and which among these services are available in their location.

Service providers also should consider how compounding forms of discrimination or exclusion based on a person's identity can inform the services that survivors request. For

Definition of Referral Directory and Referral Pathway

A **referral directory** lists organizations or services providers that are accessible, known or verified, and provide quality services that are relevant to a survivor's needs.

A **referral pathway** identifies a survivor's needs and matches them with relevant services to help meet or manage those needs. Some referral pathways provide recommendations for sequencing referrals for services (e.g., making a report to the police before seeking additional services) or ways to streamline or coordinate access to services.

example, a woman in public and political life who is from an ethnic or religious group that is discriminated against, lives with a disability, and/or who is gender diverse, may seek services that address the compounding harm inflicted by TFGBV perpetrators. An example of compounding forms of harm is when a TFGBV perpetrator uses misogynistic speech along with hate speech based on the survivor's ethnic identity, sexual orientation, gender identity, disability status, and so forth.

Anticipating which services TFGBV survivors may request, including survivors who are women in public and political life, should evolve from identifying the multiple forms of harm TFGBV survivors may wish to address (e.g., social, economic, professional, reputational, psychosocial), the services that can help survivors to address those harms, and the different types of support that a survivor might want. The requested forms of support may also extend to services for their families or other social or professional connections.

Review Existing Service Directories or Lists

Service-providing organizations may consider if there is a national referral pathway for GBV that is inclusive of the services that TFGBV survivors may request. This may provide an existing set of pre-vetted resources to refer survivors to, or a place to start when looking for resources to add to the service provider's TFGBV referral pathway.



When reviewing the national referral pathway, service providers should consider if the referral services are suited for TFGBV survivors, and also for the additional needs of women in public and political life. For example, do national referral systems offer survivors sufficient data protection and privacy for women in public roles to feel comfortable using them?



Include Services for Survivors Who are Women in Public and Political Life

When expanding on an existing GBV referral pathway or creating a new pathway specific to TFGBV, service-providing organizations should identify and add services that respond to the needs of survivors who are women in public roles. At times, these services may have already been identified and/or vetted by existing GBV referral systems, or by professional organizations or networks. For example, political parties or NGOs that focus on elections and political systems, journalists' associations or media organizations, and organizations that support activists or advocacy may have available lists of services for GBV survivors, such as support for mental health, digital security, or legal services. These lists may contain services that are also relevant for survivors of TFGBV that service-providing organizations can include in their own referral directories. Similar to national GBV referral systems or pathways, these existing referral pathways should be reviewed for relevance, quality, and safety, and then incorporated into TFGBV referral pathways.

Call Out Box 2: Supportive Resources for Women in Public and Political Life

In general, survivors of TFGBV may seek support in multiple places, including from friends, family, the police, employers, professional associations, GBV hotlines, NGOs or civil society organizations (CSOs) such as women's groups, or from service-providing organizations. They may also seek information from social media platforms on their policies on TFGBV and how to report it.

Women in public and political life may have access to resources associated with their job or public role that can help them address the specific kinds of TFGBV they are experiencing, such as resources available through workplaces, gender focused task forces within political parties, political and electoral institutions, or professional associations such as journalists' unions. For example, an electoral management body (EMB) may be able to enforce a policy that prohibits TFGBV as a strategy for attacking rival candidates. In some countries (e.g., Georgia and Kenya), political parties may have gender committees or task forces that can provide resources or assistance to women politicians who are experiencing TFGBV. Similarly, some countries may have NGOs that protect human rights defenders from violence which can include TFGBV (see *Additional Resources for TFGBV Referrals* for an illustrative list of where women in public and political life may seek support).

Survivors who are women in public and political life may wish to find support through a professional association or institution that offers resources best suited to addressing TFGBV (such as using an official complaint or reporting mechanism). In best-case scenarios, these institutions will offer quality, confidential support, and will have an awareness of other services that a survivor may want or need, such as mental healthcare services or legal aid. However, women in public and political life may not trust the confidentiality of services or reporting through these professional channels, and instead seek alternative reporting mechanisms or service options available through service-providing organizations.

Include Services that Respond to TFGBV Survivors' Common Needs

In many cases, TFGBV is still not fully integrated into GBV service provisions offered to survivors. GBV referral directories can offer relevant service options for TFGBV survivors, but there may be other services that TFGBV survivors are also seeking. While the list below is not exhaustive, it includes services that TFGBV survivors may request during a referral

process that overlaps with common GBV services and which may be more specific to TFGBV survivors.

Table 1: Example of Services TFGBV Survivors May Request

Type of Service	Example of Service Type
Legal Services	<ul style="list-style-type: none"> Legal aid, including responding to strategic lawsuits against public participation (SLAPP), defamation, identity theft, and addressing retaliatory legal action such as accusations of violating internet communication laws or libel. Assistance with the cost of legal representation or services.
Digital Services	<ul style="list-style-type: none"> Digital security strengthening training and services. Digital security solutions, such as removing viruses, surveillance software, and other malware from computers and phones, and installing security software onto digital devices.
Health and Psychosocial Support Services	<ul style="list-style-type: none"> Health/medical services, including mental health or psychosocial support for the survivor and/or their family. Access to support groups, including identity-based groups such as women’s groups, faith-oriented groups, professional associations, ethnic or regional groups, and/or LGBTQI+ community groups.
Privacy and Security Services	<ul style="list-style-type: none"> Protective security services (e.g., a police officer patrolling a politician’s or an activist’s neighborhood). Training in physical safety skills or providing on-demand security assistance. Identity recovery or private data recovery services. Documentation services that support reporting or other legal recourse.
Professional Support Services	<ul style="list-style-type: none"> Workplace services to provide assistance for reporting or addressing harassment. Workplace peer support programs to address TFGBV (e.g., colleagues monitoring online accounts where TFGBV is occurring).

There are also resources that TFGBV survivors may find helpful that are accessible on the internet. At times, survivors do not know that these resources exist, or are not sure which are safe to use. Service providers can offer a list of vetted resources to TFGBV survivors to support their efforts accessing support (see *Additional Resources for TFGBV Referrals* for information on Transform’s Digital Resource Catalogue [<https://learnwithspark.org/women-catalog/>], and a checklist for vetting online tools and resources for a survivor-centered approach).

Some resources available online to help TFGBV survivors provide the following:



- Information and advice about strengthening digital security and hygiene practices.

- Identifying and using online tools to screen and/or block types of TFGBV content.

- Information about reporting TFGBV on digital platforms.

- Information and resources for requesting the removal of personal data from internet sites, including manipulated images or images shared without the survivor's consent.

- Information about economic hardship funds for journalists and activists.

- Recommendations for documenting TFGBV to support filing complaints or reports.

Reviewing Services in an Existing Referral Directory

Organizations with existing referral directories (e.g., GBV directories) should first review the referral services already included. The services that are applicable to TFGBV survivors should be noted. Service providers should make note of any gaps within the existing directory where services that TFGBV survivors may need are not already included and research any available local services that can be integrated into the directory to fill the gaps. This may include considering if the legal aid services available to GBV survivors can also support TFGBV survivors in addressing legal concerns such as defamation, responding to SLAPP suits, addressing identity theft, and so forth.

Call Out Box 3: Connections with Relevant Organizations and Institutions

Services may be available for women in public and political life to address TFGBV that are offered through their employers, professional associations, or NGOs working in the same sector. Service-providing organizations who provide support to women in public and political life should be aware of these resources, and when possible, establish points of contact with these specialized support options. Developing relationships with points of contact associated with these support options allow providers an opportunity to build a nuanced understanding of what benefits these resources can offer, their shortcomings, or their requirements.

Verifying New Services

New services options that have been identified should be reviewed and verified to ensure that they offer the anticipated services, that the quality of the services is good, and that the organizations use **survivor-centered**, **trauma-informed**, and **rights-based** approaches. Other useful information that can be collected include the times that survivors can access services (e.g., on weekends, in the evenings, when referred by the police, or if there is a waitlist), under what conditions, and whether they will be required to present any documents (see Box 5: *Elements of a TFGBV Referral Directory*).

Once verified, these services can be integrated into an existing referral directory or a new directory (see *Additional Resources for TFGBV Referrals* for a referral directory template and a checklist for vetting online resources for survivor-centered approaches).

Services providers should consider the needs of TFGBV survivors who are women in public and political life when reviewing and vetting new services. For example, if the referral services have strong data security policies, make provisions for ensuring the confidentiality of their clients when arriving or leaving the service location, and/or offer alternative service provision options for survivors who do not wish to receive referrals.

Many service-providing organizations may not have immediate resources in their professional networks to make referrals to meet the specific needs of TFGBV survivors who are women in public and political life. This is especially relevant when multiple perpetrators simultaneously or sequentially attack women in public and political life with online or digital violence. Service providers can make inquiries with NGOs who support politicians and elections about independent ethics points of contact within political parties or EMBs, with media associations about their services for journalists, or human rights groups about

Elements of a TFGBV Referral Directory

- Known points of contact at the organization
- Preferred method of contact (e.g., phone, emails, web-based chat service, SMS)
- Hours and days of operation
- Location
- Description of service offerings and the quality of services
- Required or associated fees
- Government sponsorship or oversight of the organization
- Known wait times or other considerations

available services to protect WHRD and other activists (see illustrative examples in the *Additional Resources for TFGBV Referrals*).

Call Out Box 4: Maintaining a Referral Directory

Referral directories must be regularly maintained to ensure at a minimum that the organizations are still open, providing the identified services, and that the contact information is correct. When possible, it is recommended to keep the referral “warm” by maintaining a professional relationship with a contact person at the organization. Additionally, new service-providing organizations that are relevant to TFGBV survivors should be added on a regular basis. As the referral pathway is used, service providers should keep notes on the services that survivors request, but are not in the referral directory. When the directory is regularly reviewed and updated, providers should try to add these missing services. A schedule should be developed for updating the referral directory and the referral pathway, such as every six to twelve months.

Step Two: Develop the TFGBV Referral Pathway

An effective referral pathway is informed by the referral directory. Referral pathways will look different based on the relevant, available services, and contextual factors such as if the services are networked or otherwise coordinated, and/or if available services address the needs of survivors who are women in public and political life.

Table 2 provides illustrative examples of components of a TFGBV-informed referral pathway. The steps are presented as questions to guide the service-providing organizations to conceptualize the referral pathway as flexible, and with many potential options for how the pathway can be followed based on the survivor’s needs, requests, and preferences.

Table 2: Illustrative Components of a TFGBV-Informed Referral Pathway

Referral Pathway Step	Questions to Guide Progress Through the Referral Pathway
Understanding the Survivor’s Needs	<ul style="list-style-type: none"> ▪ Is the survivor requesting services that relate to TFGBV, and which services or support are they seeking?
Communicate Information on Mandatory Notifications	<ul style="list-style-type: none"> ▪ Are there mandatory notification requirements an organization must adhere to if a survivor requests TFGBV services? <ul style="list-style-type: none"> ○ If yes, inform the survivor of these requirements and give them the option to end the interaction.

Communicate Potential Legal Risks	<ul style="list-style-type: none"> ▪ Are information and internet communication laws, libel suits, or other legal actions likely to be used against the TFGBV survivor if they pursue actions against their perpetrators, including reporting or other legal actions? <ul style="list-style-type: none"> ○ If yes, inform the survivor of these requirements and give them the option to end the interaction.
If Applicable, Start Organizational Case Management Processes	<ul style="list-style-type: none"> ▪ Does the service-providing organization offer case management relevant to TFGBV, or does the organization solely provide referrals to other services in the referral directory? <ul style="list-style-type: none"> ○ If case management is a service the provider offers, then the survivor should be informed of the process and, if they consent, the official process should be started. ○ If case management is not a service the organization offers, proceed with the referral process the organization follows.
Conduct a Formal or Informal Needs Assessment	<ul style="list-style-type: none"> ▪ Does the organization have staff with the necessary training to conduct a formal or semi-structured needs assessment, such as through an in-take process or a discussion of the survivor’s TFGBV experiences and the services they want? ▪ Does the organization have resources or referrals to help survivors manage the current context in which they are experiencing TFGBV? <ul style="list-style-type: none"> ○ If not, the referral process can continue, but organizations should not assume that they can provide an accurate needs assessment. Instead, the organization should focus on responding to the survivor’s interest in accessing specific services. ▪ Is this the first service-providing organization that the survivor accessed, or were they referred by another organization or provider? <ul style="list-style-type: none"> ○ The survivor may already be receiving guidance from another organization that has its own referral pathway. If this is not the survivor’s first point of engagement with service providers, consider coordination options with other service providers, and how that impacts the referral pathway (e.g., duplication of what the survivor is already receiving). ▪ What is the intensity and frequency of the TFGBV the survivor experienced, and is it still happening? ▪ What are the survivor’s immediate needs, and does the organization have services or referrals to assist the survivor in meeting those needs?
Utilize Streamlined or Coordination Services	<ul style="list-style-type: none"> ▪ Are there coordinating institutions that streamline services for GBV survivors that are also able to meet the needs of TFGBV survivors? <ul style="list-style-type: none"> ○ For example, one-stop shops, gender units in police stations, cybercrime police units, mental health support units, independent case management services, NGOs, or GBV advocates.

	<ul style="list-style-type: none"> ▪ Are the coordination services able to provide relevant support for TFGBV survivors? Are these services adequately funded, of good quality, and run by staff with relevant training? <ul style="list-style-type: none"> ○ If yes, contact these services with the survivor’s consent. ▪ Are advocate services for GBV survivors available, either through government services or a local NGO? ▪ Are the services an advocate provides relevant for TFGBV survivors? ▪ Are the available advocates strong resources for helping a survivor navigate the different services they may want to access? ▪ See additional information on the reasons to streamline services, when possible, in Box 6: <i>Streamlining Services</i>.
Use Available E-Referral Services	<ul style="list-style-type: none"> ▪ Are electronic referral services available, such as through a national GBV referral system? ▪ Consider available electronic referral systems that may exist to track cases of GBV and to help coordinate services for survivors, and to collect documentation for legal cases or other formal actions.
Steps to Take if the Survivor is a Woman in Public and/or Political Life	<ul style="list-style-type: none"> ▪ If the survivor is a woman in public or political life, does she have preferences for receiving referrals in ways that will protect her identity? ▪ Are there additional steps the organization or provider can take to help the survivor manage safety, data security, or other concerns when making referrals? ▪ Is the survivor aware of professional resources available for reporting and managing TFGBV? <ul style="list-style-type: none"> ○ If yes, is she comfortable contacting and/or using those resources?
Discuss a Well-being or Safety Plan	<ul style="list-style-type: none"> ▪ Is the survivor concerned about her well-being or safety? <ul style="list-style-type: none"> ○ If yes, consider making a well-being and/or safety plan with the survivor, with information about safe places to go, trusted contacts from whom to request support, and activities to help reduce stress and manage anxiety. ○ These plans will be tailored to the individual survivor depending on their resources and social networks, but the service-providing organization should consider having information available on managing stress and if there are protection services available for survivors of TFGBV. ○ Protection services might include options for preventing online violence, as well as in-person violence, as TFGBV perpetrators can also threaten, harass, or attack survivors in person.
Confirm Requested Referrals	<ul style="list-style-type: none"> ▪ Does the survivor confirm the agreed upon referrals, or are there referrals they would like to add or remove? <ul style="list-style-type: none"> ○ Survivors may change their minds about the services they would like referrals for over the course of the interaction. Asking

for their confirmation ensures clarity and gives the survivor additional control over the decision-making process.

Making Referrals	<ul style="list-style-type: none">▪ Does the service provider have the survivor’s consent to make referrals?▪ Does the survivor understand the organization’s referral process, and what the service provider can and cannot do in that process?
Providing Additional Information or Resources	<ul style="list-style-type: none">▪ Are there external or additional resources that the service provider can offer to help the survivor navigate the impact of TFGBV on them and their lives?
Concluding the Interaction	<ul style="list-style-type: none">▪ Does the survivor have a clear idea of the next steps discussed in the interaction, including how to access the identified referral services?▪ If there is a formal case management or coordination system, is the survivor clear about who the point of contact is and how communication will be structured?▪ If discussed during the interaction, does the survivor have their well-being and safety plan?

Additional Considerations

While creating the referral pathway or updating an existing referral pathway, a service-providing organization may wish to also consider the following points:

- **Flexibility:** Referral pathways should be flexible to accommodate the different experiences that survivors have with TFGBV, including the frequencies and intensities of the attacks, their personal preferences for how to cope with situations of TFGBV, as well as how survivors may prefer to receive services (e.g., as they balance seeking services with managing aggressive online attacks and heightened personal security concerns).

- **Availability of External Service**

Coordination Resources:

In some countries, national governments or large international non-governmental organizations (INGOs) manage systems for GBV survivors that may also be useful for TFGBV survivors. In some cases, the structures for coordination among government offices and CSOs are structured through legal documents, such as the revised Law on Combating Domestic Violence in Georgia which specifies the roles that different state agencies should play in service coordination. In other cases, there are systems with defined entry points

(usually police stations or hospitals) that initiate the survivor's guided progression through needs assessments, accessing services, and reporting violence. Other coordination mechanisms can be through legal or health services, advocacy services to help survivors access resources and navigate systems such as reporting to authorities, as well as national GBV referral systems managed by government ministries. Some NGOs or NGO networks will offer social and legal advocacy services that can help a survivor coordinate the services they need, but the service-providing organization should make sure that survivors understand what kind of coordination services these NGOs offer (e.g., coordinating different kinds of legal

Streamlining Services

Frequently, TFGBV survivors must go to multiple services providers to access the range of services they need. This can entail survivors having to repeatedly recount their TFGBV experiences to each service provider without knowing if they will be believed, discredited, dismissed, ridiculed, or harassed further. TFGBV survivors are also often asked to share the violent or harassing content, which can require them to revisit harmful or upsetting material. These exchanges can leave survivors discouraged, frustrated, and without the support they require. Survivors can be re-traumatized having to go through these experiences every time they try to access services, and they can potentially be exposed to additional harm. By organizing and streamlining services, the survivor's safety can be prioritized, and efforts can be made to connect survivors to services without re-traumatization, additional harm, or creating unnecessary burdens for the survivor.

services or streamlining services similar to case management processes). Service-providing organizations making referrals should also vet external resources for the quality of services, follow-up or responsiveness, how the systems protect survivors' privacy, and if the systems are designed to be survivor-centered.

- **Legal Requirements:** As noted above, service-providing organizations should also be aware if they are legally required to register TFGBV survivors in referral databases, or report certain information provided by a survivor by law to the police or to health authorities. Similarly, it is important to be aware of when the courts, government, or other institutions can requisition survivor information that is collected and held by service-providing organizations. These legal requirements should be integrated into referral pathways, such as whether filing incident reports with the police is a required step for a survivor to access certain services. This might be the case if a survivor must use the judicial system to find redress for how a perpetrator of TFGBV propagated disinformation, threatened, or defamed them. Furthermore, TFGBV survivors should be made aware, such as through legal aid services, if they are at risk of retaliatory legal actions or perpetrators weaponizing laws to bring criminal charges against them, such as libel or defamation suits, if they report TFGBV or pursue other actions. If service providers are unaware whether these requirements apply to TFGBV survivors, they should consult with GBV organizations, legal aid organizations, human rights NGOs, or women's rights organizations.

Call Out Box 5: Survivor-Centered Approaches and Mandatory Reporting Laws

In some countries, service providers are required to report cases of GBV into a national registry or to a specific office or ministry. The intent is to help survivors gain access to services and case management, to have support when reporting GBV, and to improve the national data on GBV. However, these systems can remove choices from survivors, including who to tell about their experience, how they wish to access services, and if they wish to report. Additionally, some survivors may not wish to be included in a GBV registry or database. For these reasons, it is critical to inform survivors of any mandatory reporting laws *before* they disclose any information about their experiences.

Step Three: Making Referrals and Considerations for Reporting TFGBV

Making Referrals

Interactions with survivors should focus on providing information, resources, and referrals specific to the survivor's expressed interests in the services they would like to receive. Depending on the frequency and intensity of current or prior TFGBV attacks, survivors may focus on accessing specific services and deferring referrals for other services. For example, survivors who are experiencing a coordinated, intense series of TFGBV attacks may prioritize their mental health needs, while in other instances a survivor may prioritize finding legal services or assistance for documenting and reporting the abuse.

Additionally, it is vital that the service provider protect the survivor's privacy preferences to the extent possible. Service providers should be as transparent as possible about what kinds of services and referrals they can offer, and what is beyond their remit. Below are general tips to follow when making service referrals.

Tips for Making Referrals

- Prioritize confidentiality of the survivor's information and their privacy when making referrals. For all survivors, but particularly for women in public and political life, be sure to ask if there are any steps for protecting their anonymity that they would prefer (e.g., not using their names).

- Be cognizant that TFGBV survivors who experience multiple forms of discrimination, stigma, or structural violence may prioritize different configurations of services or seek different types of support than other TFGBV survivors.

- Be clear about what can and cannot be offered by the service providers themselves, and where additional support might be available from other providers.

- To the extent possible, make referrals based on an updated Referral Directory (see Step One in this Toolkit).

- Be transparent about the kinds of referrals the service provider can offer, and the level of involvement the service provider will have when making referrals (e.g., only providing the information vs. taking additional steps such as helping the survivor to make an appointment).

- Provide the survivor with information about referrals in a format they prefer (e.g., verbally, written on paper, or sent digitally) to help the survivor recall the information after the meeting ends.
- For survivors who are uncertain or concerned about contacting referral organizations, the service provider can suggest types of questions the survivor might ask (e.g., asking for more information about the services the referral organization provides, or what the organization’s privacy practices are).
- When making referrals, convey to the survivor that seeking support is a form of strength, but reinforce the survivor’s own decision-making power.
- If the service-providing organization offers follow-up after referrals are made, organizations can ask the survivor if (and how) they would like to be contacted regarding the referral services at a later date.

Reporting TFGBV

Survivors may not immediately know if they can or should report TFGBV, and to whom, where, or how to report it. Some survivors may want to report TFGBV to the police. However, a survivor may have concerns about whether the police will take their report seriously, accuse the survivor of violating a law or social norm in their use of digital technology or online spaces, inform the survivor’s family, employer or others which could lead to further harm, or leak the report to the media or others for monetary or political gain.

Additionally, survivors who are women in public or political life may be stigmatized if they are publicly “outed” as reporting TFGBV and/or seeking services, including psychosocial support services, which could have consequences related to their work. Survivors may want to seek legal aid for assistance reporting TFGBV to the police or other authorities.

Reporting TFGBV to the Police

TFGBV survivors may wish to report TFGBV to the police, particularly if there are laws that criminalize TFGBV. However, not all police are trained in how to properly respond to TFGBV. Depending on the available services within police stations, survivors may request to talk to an officer from a gender unit or women’s desk, from a cybercrimes unit, from a human rights protection unit, or other officers trained in responding to GBV. In some countries, the police will coordinate with NGOs that specialize in GBV response and services, who may offer survivors additional options for reporting or seeking additional services.



Survivors can also report TFGBV on social media or other online platforms, via GBV hotlines or to women’s organizations that focus on addressing GBV. For women experiencing TFGBV in the context of their work, they may consider reporting to a supervisor or manager, a lead editor if they work in a newsroom, a human rights organization, a professional association or union, or through political parties or an independent electoral monitoring organization for women who work in politics.

When survivors document the details of TFGBV through a log, screen shots, or other methods, their reports of TFGBV to the police, online platforms, or other authorities are stronger. However, even if a survivor has not documented the TFGBV they experienced at the time, they can retroactively record the details they remember or look back at social media posts for abusive comments. Documentation can include saving screen shots or using a log or journal that records details such as the date, what happened, the online or digital space where it occurred, if the perpetrator was known, and so forth. When TFGBV survivors experience a “storm” of online attacks, they may want to ask a friend, family member, colleague, or other supportive person to help complete the documentation. The supplemental *Additional Resources for TFGBV Referrals* includes resources that a survivor or a service-providing organization can reference to help inform documentation practices, including a form that can be tailored to a survivor’s specific documentation needs.

It is ultimately the survivor’s choice if they would like to report TFGBV. Reporting TFGBV can involve a long process that does not always result in the desired outcomes for the survivor. The process of reporting can also feel intrusive, onerous, or at times risky for the survivor and/or their family members. Whether survivors choose to report the TFGBV or not, the survivor’s safety and respect for their decisions should be the main considerations for service-providing organizations.

A service-providing organization can help survivors consider if reporting would put the survivor at risk of harm in their workplace, from the authorities, and/or from other forms of retaliation, and if there are ways to manage those risks. Service-providing organizations can also help the survivor use tools to document TFGBV and consider if there are organizations or institutions that are accessible to the survivor to help them with the process of reporting, if the survivor wishes.



Additional Considerations for Making TFGBV Service Referrals for Women in Public and Political Life

There are similarities in how women in public and political life are targeted by perpetrators of TFGBV, and in the complexities they navigate when trying to address the negative consequences of TFGBV. Table 3 provides illustrative examples of some of the impact TFGBV has on women working in public and political life. These examples illustrate what factors may influence how women in public and political life seek specific service referrals, including support for family or community members, as well as for their own needs. These examples also highlight how women in public and political life may cope with forms of online and in-person violence simultaneously, and reasons why they may be hesitant to request referrals for services.

More information on how women in public and political life are targeted for TFGBV is included in the supplemental document *TFGBV and Women in Public and Political Life*.

Table 3: Impact of forms of TFGBV used against Women in Public and Political Life

Type of Threat	Description of Impact
Threats Made to Family Members	Perpetrators of TFGBV may threaten the families of women in public and political life as a means to coerce them to leave the public sphere.
Family and Community Reputation	When women talk about or report TFGBV, they can also be targeted for further TFGBV from family and community members who see their work as bringing “shame.” For example, when women in public life are targeted for TFGBV, family members may pressure women to leave their roles in public life because of concerns about family reputation and honor, at times threatening women with divorce or taking custody of their children.
Insinuations of Being Incompetent or Weak	When women in public and political life report TFGBV or talk about it with peers, colleagues, or supervisors, they are frequently told to “toughen up” or to assume that violence is the “cost” of doing work in the public sphere.
Online Violence that Becomes In-Person Violence	The continuum of violence, or the fluidity of violence from TFGBV to in-person harassment, abuse, and violence, puts women, their families, and their social connections at multiple forms of risk of harm including transitioning to in-person stalking.
Continued Workplace Violence	Women in public or political life often experience in-person violence in their workplaces, including sexual harassment, groping, gender-based exclusions, belittling, etc. This creates an environment where reporting TFGBV is difficult as women already experience gender inequity and toxic workplaces that are unlikely to provide support for addressing TFGBV. If women do report or discuss TFGBV, they may be targeted for additional workplace violence as retaliation or as punishment for being “disloyal.”
Sexualized Abuse	Pornographic images, AI deepfakes , nonconsensual image sharing, and graphic language used in threats posted to women’s online accounts can result in site owners taking punitive action against the women, such as suspending or closing a survivor’s account rather than taking action against perpetrators.
Isolation and Being Singled Out for Abuse	When women are targeted with intense, coordinated, and/or high frequency harassment and violence, they can be left feeling isolated from support.





Definitions

The definitions below provide additional information about TFGBV and the terms and concepts discussed in this Toolkit.

Table 4: Terms and Definitions Used in the Toolkit

Term	Definition
GBV	The United States Agency for International Development (USAID) defines GBV as “any harmful threat or act directed at an individual or group based on actual or perceived sex, gender, gender identity or expression, sex characteristics, or sexual orientation, and/or lack of adherence to varying socially constructed norms around masculinity and femininity.” ³
Referral	Providing a survivor with information about available services, and/or helping the survivor contact referred service providers to receive assistance and/or services. ⁴
Referral Pathway	Defined by the United Nations Population Fund (UNFPA) as a “flexible mechanism that safely links survivors to services such as health, psychosocial support, case management, safety/security, and justice and legal aid.” ⁵ Furthermore, survivor-centered referral pathways are intended to coordinate service delivery, improve survivors’ access to information about available services, prioritize safety and confidentiality, create points where survivors can make independent decisions, and reaffirm survivors’ role in deciding their own needs and how to best meet those needs.
Rights-Based	Actions that prioritize the promotion and protection of survivor’s rights and empower survivors to use and advocate for their rights.
Service-Providing Organization	An organization that provides services to TFGBV survivors, either through focused service provision (e.g., legal aid) or across multiple sectors (e.g., one-stop shops).
Survivor-Centered	Putting the rights, decision-making, and dignity of the survivor at the forefront of all interactions.
TFGBV	A threat or act of violence committed, assisted, aggravated, and amplified in part or fully by using information and communication technologies or digital media that is disproportionately targeted at women, girls, and gender non-conforming individuals. It is a continuum of multiple, recurring, and interrelated forms of gender-based violence that takes place both online and offline. Examples can include online harassment and abuse; non-consensual distribution of intimate digital images; cyberstalking; sextortion; doxing; malicious deep fakes; livestreamed sexual violence of children, youth, and adults; rape

³ <https://www.usaid.gov/what-we-do/gender-equality-and-womens-empowerment/reducing-gender-based-violence#:~:text=GBV%20is%20any%20harmful%20threat,norms%20around%20masculinity%20and%20femininity>

⁴ <https://makingcents.com/wp-content/uploads/2021/01/CARE-GBV-08-Referral-Networks-accessible.pdf>

⁵ https://www.unfpa.org/sites/default/files/pub-pdf/19-200_Minimun_Standards_Report_ENGLISH-Nov.FINAL_.pdf

and death threats; disinformation; intimate partner violence; and recruitment into trafficking and abusive labor.”⁶

**TFGBV
Survivor**

In many cases, individuals who experience GBV are referred to as victims. For legal, judicial, and other processes, the concept of a victim has specific importance for accessing services and justice. Additionally, some individuals who experience GBV see themselves as the victim. However, the use of the term survivor prioritizes the person’s strength and ability to respond to the GBV they experienced and refocuses the attention away from the power that the perpetrator holds to enact violence and instead onto the power of the survivor to address GBV based on their own decisions, needs, and desires.

**Trauma-
Informed**

Recognizing the role that trauma has in interactions for individuals who have experienced trauma recently or in their past. A trauma-informed approach seeks to recognize the individual’s strengths, dignity, and resilience while preventing additional trauma or harm during interactions.

**Victim
Blaming**

When a victim or survivor of a crime or violence is held responsible, in part or entirely, for the wrong that was committed against them. This can occur through negative responses from law enforcement, social, legal, or medical professionals, the media, family and community, and others. It results in devaluing the severity of the wrong done to a victim or survivor and creates an incorrect assumption that the victim or survivor does not “deserve” justice in its entirety as they somehow brought the harm upon themselves.

Other terms and concepts that users of this Toolkit may find useful are included in Table 5 below.

Table 5: Additional Terms and Concepts Related to TFGBV

Term	Definition
Cyberbullying	Umbrella term that refers to a “willful and repeated harm inflicted through the use of computers, cell phones and other electronic devices”, usually using textual or graphical content and with the aim of frightening and undermining someone’s self-esteem or reputation. ⁷
Cybermobbing	Consists of organized, coordinated, and systematic attacks by a group of people against particular individuals or issues, such as by groups that target feminists or individuals who post about racial equality issues online. Outrage or shame mobs are a form of “mob justice” focused on publicly exposing, humiliating, and punishing a target, often for expressing opinions on politically charged topics or ideas the outrage mob disagrees with and/or has taken out of context in order to promote a particular agenda. ⁸
Cyberstalking	A severe form of an online obsessional pursuit, motivated by relational control or destruction, that consists of the use of technology to repeatedly stalk and monitor

⁶ https://www.state.gov/wp-content/uploads/2022/12/GBV-Global-Strategy-Report_v6-Accessible-1292022.pdf

⁷ <https://cyberbullying.org/what-is-cyberbullying>

⁸ <https://onlineharassmentfieldmanual.pen.org/>

	someone’s activities and behaviors in real-time (or historically) and that causes the survivor to feel fear. ⁹
Deepfakes	Digital images and/or audio that are artificially altered or manipulated by AI and/or deep learning to make someone appear to do or say something he or she did not actually do or say. Pictures or videos can be edited to put someone in a compromising position or to have someone make a controversial statement, even though the person did not actually do or say what is shown. Increasingly, it is becoming difficult to distinguish artificially manufactured material from actual videos and images. Deepfakes are increasingly being used to create non-consensual sexual imagery that depict the target in a sexual way, for example, by placing women’s faces on pornographic images or videos. ¹⁰
Defamation	Defamation involves the public release and spreading of exaggerated or false information that damages a person’s reputation and that has the intention of humiliating, threatening, discrediting, intimidating or punishing the survivor and, in particular, public figures (e.g., public officials, activists and journalists). ¹¹
Doxing	A gendered form of online harassment that consists of non-consensual disclosure of personal information involving the public release of an individual’s private, personal, and sensitive information, such as home and email addresses, phone numbers, employer and family member’s contact information, or photos of their children and the school they attend with the purpose of locating and causing physical harm. ¹²
Gendered Disinformation	False or manipulative information that: 1) attacks or undermines individuals (particularly public figures) based on their gender, or 2) weaponizes gendered narratives and stereotypes to promote political, social, or economic objectives. ¹³
Gendered Hate Speech	Any kind of communication in speech, writing or behavior, that attacks or uses pejorative or discriminatory language with reference to a person or a group on the basis of who they are, their sex, gender, sexual orientation, or gender identity. Gendered and sexist online hate speech reinforces systemic sexism while dehumanizing and encouraging violence against women, girls, and LGBTQI+ persons. ¹⁴
Gendered Trolling	Online abuse or harassment for “fun”. Trolls deliberately post comments or messages, upload images or videos and create hashtags for the purposes of annoying, provoking, or inciting violence against women and girls. Many trolls are anonymous and use false accounts. ¹⁵
Hacking	Use of technology to gain illegal or unauthorized access to systems or resources for the purpose of attacking, harming, or incriminating another person or organization by stealing their data, acquiring personal information, altering or modifying information, violating their privacy, or infecting their devices with viruses. ¹⁶

⁹ <https://www.unfpa.org/publications/technology-facilitated-gender-based-violence-making-all-spaces-safe>

¹⁰ Ibid.

¹¹ https://www.cigionline.org/static/documents/SaferInternet_Paper_no_1_coverupdate.pdf

¹² <https://ir.lawnet.fordham.edu/flr/vol85/iss5/44/>

¹³ https://intgovforum.org/en/filedepot_download/248/21181

¹⁴ <https://www.un.org/en/genocideprevention/hate-speech-strategy.shtml>

¹⁵ <https://www.esafety.gov.au/women/why-women>

¹⁶ <https://onlineharassmentfieldmanual.pen.org/>

Image-Based Abuse	Using images to coerce, threaten, harass, objectify, or abuse a survivor. Includes a wide range of behaviors that involve taking, sharing, or threatening to share intimate images without consent. These images may be sexual in nature. ¹⁷
Impersonation	Process of stealing someone’s identity to threaten or intimidate, as well as to discredit or damage a user’s reputation. ¹⁸
Online Gendered Harassment	Online gendered harassment is a course of conduct that involves the use of technology to repeatedly contact, annoy, threaten, or scare another person through unwelcome, offensive, degrading or insulting verbal comments and often images, and that is committed by single individual or mobs of male perpetrators, on the basis of the target’s gender, sexuality, or sexual orientation. ¹⁹
Sextortion	Occurs when an individual has, or claims to have, a sexual image of another person and uses it to coerce a person into doing something they do not want to do. ²⁰
Swatting	Placing a hoax call to law enforcement detailing a completely false threatening event taking place at a target’s home or business, with the intention of sending a fully armed police unit (i.e., special weapons and tactics [SWAT] team) to the target’s address. Harassers will report a serious threat or emergency, eliciting a law enforcement response that might include the use of weapons and possibility of being killed or hurt. Swatting is rare, but extremely dangerous, and a clear example of how online harassment has the potential to cause harm in offline life. ²¹

¹⁷ <https://www.unfpa.org/publications/technology-facilitated-gender-based-violence-making-all-spaces-safe>

¹⁸ <https://op.europa.eu/en/publication-detail/-/publication/1ccedce6-c5ed-11e8-9424-01aa75ed71a1>

¹⁹ <https://www.unfpa.org/publications/technology-facilitated-gender-based-violence-making-all-spaces-safe>

²⁰ https://www.cigionline.org/static/documents/SaferInternet_Paper_no_1_coverupdate.pdf

²¹ <https://onlineharassmentfieldmanual.pen.org/>