



# THE ETHICAL STORYTELLING ROADMAP

A practical framework for ethical, trauma-informed storytelling in HCV, HIV, and drug user health.

*Co-designed with people who use drugs, peer organisations, researchers, and practitioners.*



# THE ETHICAL STORYTELLING ROADMAP



## CONSENT

- Use plain-language consent forms; allow ample time to consider participation
- Discuss purpose, audience, platforms, and risks
- Check readiness — emotional, psychological, social, cultural
- Identify supports: peer support, counselling
- Decide together how the storyteller wants to be named, shown, styled, and described
- Discuss and confirm any compensation



## RECORDING

- Never rush interviews
- Build time for relationship (eat, talk, not just record & leave)
- Let storytellers lead what is shared
- Ask “Is it okay to continue?” regularly
- Allow breaks or stops without question
- Record in a setting that feels private and calm
- Have peer support available during and after
- Capture the storyteller’s key message — their words, not yours



## PUBLISHING

- Reconfirm consent before editing and again before publishing
- Show drafts and edit together — collaborative review
- Use voiceover, blurred faces, or alternative visuals if anonymity is needed
- Prepare a plan for online harm (trolling, doxxing, backlash)
- Use non-stigmatising, humanising language that reflects dignity
- Only work with trusted publications partners who align with trauma-informed values
- Check accuracy if translating



## AFTERCARE

- Check-in soon after sharing — and again four weeks later
- Offer ongoing counselling and peer support if needed
- Create a clear withdrawal or revision pathway
- Manage long-term consent and legacy — including cases where someone dies
- Always have budget contingency for future edits and changes
- Capture lessons learned and update organisational practices regularly

**At every step, always follow the 3 T's of Ethical Storytelling (Time, Transparency and Trauma-Informed)**



# WHAT IS THE ROADMAP FOR?

This Roadmap applies to storytelling in video, written, spoken, photographic, artistic, journalistic, research, and digital media formats — including personal narratives, advocacy content, interviews, case studies, and public speaking engagements.



# THE 3 Ts OF ETHICAL STORYTELLING

**These are the cornerstones of ethical storytelling. They ground every stage of the process — from the first conversation to long after a story is shared.**

## TIME

Slow storytelling is ethical storytelling. People need time to understand the process, weigh up the risks, and emotionally prepare to share. Rushing undermines consent, safety, and authenticity.

Build spacious timelines — allow days, not hours, for consent and reflection. Schedule breaks during interviews. Delay publication if someone needs more time. Recognise that healing, reflection, and readiness don't run on deadlines.

## TRANSPARENCY

Trust comes from transparency. Storytellers must know exactly why their story is being shared, who will see it, and what control they hold over it — from recording to release.

Explain the purpose of the project. Show draft versions for review. Discuss potential benefits and risks, including where stories will live online. And always make it clear that some things (such as media and social media reach) are not in your control.

## TRAUMA-INFORMED

Storytelling can be powerful — but also painful. A trauma-informed approach recognises that distress may arise and plans for emotional safety, support, and choice at every step.

Create calm, private recording spaces. Offer peer or professional support before, during, and after storytelling. Ask "How can we make this feel safe for you?" Let people pause, stop, or withdraw at any time. Care for facilitators too — secondary trauma is real.

## ETHICAL STORYTELLING VALUES (SUPPORTING THE 3 Ts)

The Three Ts sit within a broader ethical foundation – values that define respectful, community-led storytelling.

Value	What it means in practice	How can this be achieved?
<b>Autonomy &amp; Agency</b>	Storytellers control their own narratives. Consent is ongoing, informed, and reversible. Every use or adaptation requires renewed agreement.	<ul style="list-style-type: none"> <li>• Use plain-language consent processes and revisit consent at every stage (recording, editing, publishing)</li> <li>• Ask storytellers how they want to be represented – including names, images, language and level of disclosure</li> <li>• Offer clear options to pause, stop, or withdraw, and make sure these are real, not symbolic</li> <li>• Share drafts for review and edit collaboratively, not after the fact</li> <li>• Track where stories are shared and renew consent for any future use</li> </ul>
<b>Reciprocity</b>	Storytelling must give back – to the storyteller, their peers, and their community. The process should build capacity, visibility, or wellbeing, not extract or exploit.	<ul style="list-style-type: none"> <li>• Pay people for their time, labour, and expertise at fair rates</li> <li>• Make the project beneficial: skills-building, creative development, leadership, or advocacy impact</li> <li>• Provide opportunities for storytellers to lead – not just participate</li> <li>• Share outcomes back to the community: screenings, local events, capacity-building, peer showcase</li> <li>• Avoid “drop in and extract,” always check back in afterwards</li> </ul>

## ETHICAL STORYTELLING VALUES (SUPPORTING THE 3 Ts)

Value	What it means in practice	How can this be achieved?
<b>Accountability</b>	Organisations, funders, and facilitators must take responsibility for outcomes — especially if harm occurs. Ethical practice means responding, learning, and improving.	<ul style="list-style-type: none"> <li>• Agree on roles, responsibilities, and risks before storytelling begins</li> <li>• Create a clear harm-response and debrief plan for storytellers and facilitators</li> <li>• Check in after sharing and continue support — don't disappear</li> <li>• When harm occurs, acknowledge it, respond, and document what needs to change</li> <li>• Build feedback loops — from storytellers, peers, and community partners — into every project</li> <li>• Keep budget available for editing and be prepared to remove someone / change their narrative</li> </ul>
<b>Representation &amp; Dignity</b>	People who use drugs deserve to be portrayed with respect, accuracy, and humanity. Avoid sensationalism, pity, or saviour narratives. Focus on strength, resilience, and context.	<ul style="list-style-type: none"> <li>• Frame stories in a way that highlights resilience, relationships, systemic barriers, and structural context — not shock value or personal failure</li> <li>• Avoid dehumanising language, imagery, and “poverty porn”</li> <li>• Give storytellers control over final wording and captions</li> <li>• Include lived experience advisors in creative decisions, editing, and approvals</li> <li>• Prioritise co-authorship, shared credit, and visibility of storytellers as experts, not subjects</li> <li>• When stories are translated into other languages, take care to preserve intent, tone, and cultural nuance. Work with bilingual reviewers or community translators to confirm that meaning remains accurate and respectful</li> </ul>



# HOW TO USE THE 3 Ts

## USING THE 3 Ts

When in doubt, return to the Three Ts. Ask:

- Are we giving enough Time for reflection and consent?
- Are we being fully Transparent about purpose and control?
- Are we acting with a Trauma-Informed mindset — for everyone involved?

If the answer to any of these is “no,” pause. Adjust. That’s ethical storytelling in action

# HOW THIS ROADMAP WAS CREATED

## Introduction

Stories are powerful. They can shape public understanding, shift policy, influence communities, and help people feel seen and heard. Within the context of HIV, hepatitis C, and drug user health, storytelling has played a critical role in advocacy, funding, research translation, and community leadership.

But storytelling also carries risk. When stories are rushed, extracted, sensationalised, or shared without proper care, the people at the centre can experience real harm — psychological distress, stigma, backlash, and loss of control. Too many people with lived and living experience of drug use have been asked to “be the story” without being offered adequate safety, consent, support, or care.

The Ethical Storytelling Roadmap was developed to change that. It was co-designed through panel discussions and workshops with people who use drugs, peer workers, advocates, health and community organisations, and researchers who are actively working in HIV, HCV, and harm reduction. It reflects lived experience knowledge, peer wisdom, trauma-informed practice, and the realities of frontline work.

This framework provides a practical, human-centred approach to storytelling. It is not about telling fewer stories — it is about telling stories in ways that do not cause harm, that build power rather than extract it, and that respect the agency of the people whose stories are being shared.

## Background

The Roadmap was designed following facilitated sessions at two International Conferences on Health and Hepatitis in Substance Users (INHSU 2024 and 2025) where participants identified common risks in storytelling processes, as well as the safeguards and supports needed to protect storytellers, organisations, and communities.



Photo: Matthew Bonn, advocate and journalist at the Ethical Storytelling workshop at INHSU 2025



# IMPLEMENTATION

These discussions highlighted that:

- Storytelling can be empowering when people maintain control of their voice and narrative
- Harm occurs when stories are rushed, shaped to fit a funder or media agenda, or shared without adequate support or care
- Some things are out of the control of organisations and individuals and this must be acknowledged (such as media reach)

This Roadmap translates those learnings into a clear, structured format that can be used in health services, advocacy projects, peer work, research, journalism, and community campaigns.

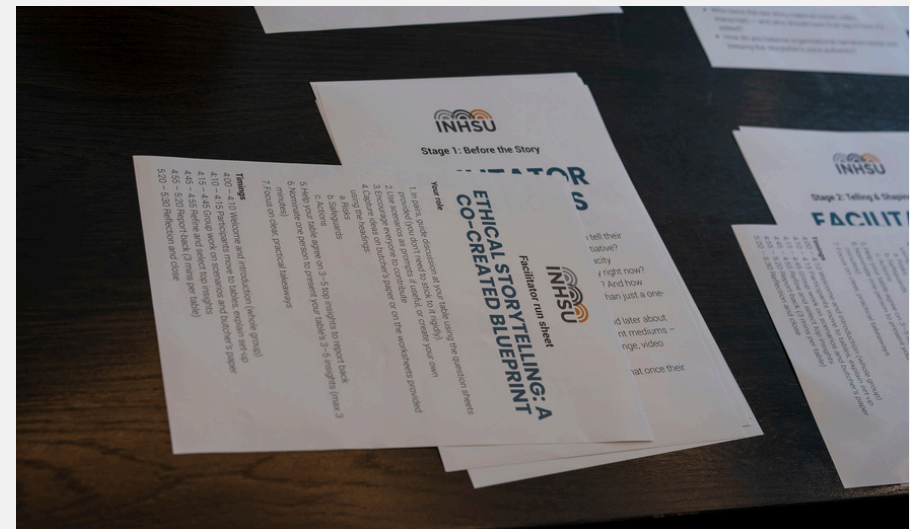
## A note on practical implementation

This Roadmap represents best practice. Not all organisations will have the time, staff, funding, or capacity to implement every part of it perfectly — especially small, peer-led and under-resourced organisations.

That's not a failure. The aim is to:

- Do what you can, with what you have, without compromising safety or dignity
- Make conscious, transparent choices about what is possible
- Prioritise the parts that protect storytellers' agency, wellbeing, and consent

This is not a checklist to be “completed.” It is a framework to guide decision-making, reduce harm, and support more ethical practice — wherever you are starting from.



Photos: Activities at the INHSU 2025 Ethical Storytelling workshop

# ACKNOWLEDGEMENTS

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We gratefully acknowledge the following facilitators and panel contributors from INHSU 2024 and 2025, who generously shared their expertise, lived experience, and time:

## Workshop Facilitators & Panel Contributors (Alphabetical Order)

- Conor Ashleigh – Filmmaker, INHSU, Australia
- Matthew Bonn – harm reduction knowledge broker for CATIE, Canada
- Jane Dicka – Health Promotion Coordinator, Harm Reduction Victoria, Australia
- Phumlani Malinga – Communications Consultant / Strategist, South Africa
- Annie Madden – Project Lead, International Network of People Who Use Drugs (INPUD), Australia
- Angela McBride – Executive Director, South African Network of People Who Use Drugs (SANPUD), South Africa
- Phumzile Cynthia Mngomezulu – District Manager, TB HIV Care, South Africa
- Scientia Professor Carla Treloar – Centre for Social Research in Health, UNSW Sydney, Australia
- Sarah Whipple – Community Engagement Co-Director, Yuba Harm Reduction Collective, United States

And sincere thanks also to all workshop participants and attendees who shaped this Roadmap by sharing their stories, insight, and wisdom. This work exists because of your leadership and the knowledge you shared.

Workshop delegates included representatives from Elton John AIDS Foundation, Hep C U Later, Burnet Institute, Municipality of Athens, UNSW Sydney, KP Consortium Kenya, Lace Boot Initiative For Women Who Use Drugs and others.



Photo: Participants at the INHSU 2025 workshop