



SUMMARY OF ETHICAL AND SAFETY RECOMMENDATIONS FOR RESEARCHING, DOCUMENTING AND MONITORING SEXUAL VIOLENCE IN EMERGENCIES

Due to the highly sensitive nature of sexual violence, those responsible for collecting, documenting and monitoring data face a unique set of challenges. A range of ethical and safety issues must be considered before commencing any inquiry, in order to protect individuals participating and their families and communities. Researchers/interviewers must make every effort to avoid re-victimizing survivors while fulfilling their objective to collect reliable data.

A major challenge in combating sexual violence is the absence of information to qualify and quantify the nature and extent of the problem. Even in well-resourced and stable situations sexual violence is underreported. The problem is exacerbated during emergency situations, especially in armed and post-conflict situations, where the collection of reliable data is even more difficult. While reported data has limitations for understanding the full nature and extent of sexual violence in emergencies, it can serve to support prevention and response strategies.

In an effort to assist and inform all those involved in sexual violence inquiries (including funders, data collectors, researchers, programme planners, interpreters, data entry staff, drivers, users of data and others) and to ensure that the necessary safety and ethical safeguards are in place before any inquiry, the WHO developed *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*¹. This information sheet summarizes the eight recommendations.

1. RISKS & BENEFITS: The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.

Those involved in the collection and use of information must first ensure that the information gathering activity is necessary, justified and that benefits to respondents or communities are greater than the risks to them.

Questions that project planners should consider in advance include:

- What is the purpose and intended use of the data collection?
- Is this information already available and/or does it exist in another form?
- How likely is it that collecting this information will achieve the intended purpose?
- What are the possible physical, psychological, social and legal risks to survivors, their families and communities? What are the risks for those involved in the data collection? How can risks be minimized?
- Is it fair to the individuals and the community to involve them in this activity? Must this population be used? How will they benefit directly?
- Have all identifiers that could link the data back to the individual survivors (e.g. the person's name, place of residence and location/date of the incident) been removed from the dataset or record?
- Is the methodology proposed for collecting the data sound and appropriate?

2. METHODOLOGY: Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.

The collection of information about sexual violence must be informed by a sound understanding of the context where it will take place. It must always be conducted in accordance with prescribed standards, principles and recommended good practices for working with survivors of sexual violence.

3. REFERRAL SERVICES: Basic care and support to victims/ survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.

At a minimum, survivors must have access to medical care (treatment for injuries, prevention of disease and unwanted pregnancy), emotional support (as outlined in the *IASC Guidelines for GBV Interventions, Action Sheet 8.3, 2*) and protection from further violence (e.g. provision of options for safe shelter, police investigation if so desired). Researchers engaging in sexual violence data collection should ensure links with a service-providing agency. If the information collection involves children, basic care and support must include services designed to meet the special needs of children (see 8, below).

4. SAFETY: The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be monitored continuously.

Safety and security considerations apply not just to participants, but extend to all those involved in the data collection activity, including the members of the information collection team and the community.

5. CONFIDENTIALITY: The confidentiality of individuals who provide information about sexual violence must be protected at all times.

Any personal information that an individual discloses should be considered confidential and not be shared with others, unless the person concerned gives explicit and informed consent. The requirement to maintain confidentiality governs how data are collected (e.g. ensuring a private space in which to conduct an interview), how data are stored (e.g. without names and other identifiers) and how, if at all, data are shared.

6. INFORMED CONSENT: Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.

The informed consent process ensures that respondents understand the purpose of data collection exercises, the procedures that will be followed, the risks and the benefits to themselves in participating, and their rights to refuse to answer specific questions or to take part in the data collection exercise. Informed consent is a process, involving more than a form for participants to read and sign.

7. INFORMATION GATHERING TEAM: All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.

Members of the information gathering team may encounter a range of safety and ethical issues throughout the process and must be prepared and trained to respond accordingly.

8. CHILDREN: Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Particular care should be taken when engaging in an information collection activity involving children. Every effort must be made to anticipate and prevent, or minimize harmful consequences. Children must only be involved if their inclusion is the only way to get the needed information and referral services for children are in place. Consent procedures must be designed with children's specific needs and level of understanding in mind.

- Be aware of the relevant laws and policies regarding children (including consent and mandatory reporting).
- Seek advice on collecting information from experts and locals familiar with the inquiry setting.
- Consult with community and parents to anticipate consequences for children in the data collection process.
- Advise children, as well as their parents, guardians, or caregivers of the referral services and protection mechanisms available to them.
- Be prepared to deal with serious and complex issues and needs that may arise during the information gathering process.

ⁱ *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies*, Geneva. World Health Organization, 2007. http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf