

*DRAFT FOR REVIEW*

Ethical and Safety Recommendations  
for  
Researching, Documenting, and Monitoring  
Sexual Violence in Emergencies

**DRAFT FOR REVIEW**  
12 March 2007

## **Foreword**

Growing concern about sexual violence in conflict and disaster settings has led to increased interest in understanding the issue, its context, prevalence, risk and preventive factors, links to HIV infection and how to prevent and respond to it. To obtain this information, researchers, journalists, human rights monitors, protection officers, humanitarian actors and service providers interview women about their experiences of sexual violence. There is also a growing interest in using information already gathered from women, including that recorded by service providers in incident reports, to monitor and track sexual violence trends.

If not conducted with proper attention to ethical and safety safeguards, both direct interviewing and use of existing records can have harmful impacts on the physical, psychological and social well-being of women and can even put lives at risk.

In order to respond to these challenges, WHO hosted an expert consultation in December, 2006 to develop recommendations for addressing the complex safety and ethical issues associated with researching, monitoring and documenting sexual violence in emergencies. At that meeting, experts from humanitarian, health, and human rights organizations; academic and research institutions; and donors discussed a range of field experiences, issues, lessons, and good practices related to sexual violence inquiries in emergency (and post-emergency) settings. By the end of the three day expert meeting, the group identified a set of recommendations which then became the first draft of this document.

The December 2006 consultation was part of a number of related efforts to identify issues that must be considered to design ethically sound data collection activities. At the time of this publication, efforts are underway to develop an agreed upon systematic process for documenting and monitoring sexual violence. In addition, there will be more in-depth discussions in the future on methodologies for research and documentation.

This guide was developed through a consultative process which included the expert meeting and broader consultations with practitioners, activists, researchers, and donors. The guide builds on two previously published ethical and safety recommendation documents developed by WHO:

- *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, 2003
- *The WHO Ethical Recommendations for Interviewing Trafficked Women*, 2003.

For more information, please contact WHO's Gender, Women & Health unit.

[Once approved, this document, meeting documents, and other relevant documentation will be posted online somewhere and URL cited here]

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*Sexual violence in emergencies is a complex, sensitive, and dangerous problem. Increasingly, humanitarian and human rights actors, researchers, donors, governments, civil society, and others are supporting or engaging in activities to collect information about sexual violence, which is used to inform prevention and response efforts as well as advocacy.*

*Regardless of the purpose of the inquiry, there are many serious ethical and safety issues that must be addressed when collecting and documenting information about sexual violence in emergency and humanitarian settings. It is essential that under no circumstances should any such data collection activities put survivors or others at risk.*

*Anyone involved in or supporting collection of information about sexual violence in these settings should use the information and recommendations in this document as a guide for all phases of this work.*

## Introduction

Sexual violence in humanitarian emergencies, such as armed conflict, natural disasters, and resulting population displacement, is a serious life threatening public health, security, protection, and human rights issue primarily affecting women and girls. It is well documented that sexual violence is a widespread public health problem worldwide. It is generally under-reported even in well resourced settings; and adequate, appropriate, and comprehensive prevention and response are lacking in most countries.

Sexual violence is especially problematic during armed conflict, disasters, and in displaced settings, where civilian women and girls are often targeted for abuse. They comprise the greatest numbers of displaced people and are the most vulnerable to exploitation, violence, and abuse simply by virtue of their sex, age, and status in society. Evidence exists that men and boys are also targets of sexual violence in these settings and may face particular problems as a result. More work is needed to understand sexual violence against men and boys in emergencies and how to prevent and respond to it. While this document is based on experiences of those working with women and children, the principles herein may be taken to generally also apply to data collection efforts on sexual violence against men and boys in these contexts (although, again, not enough is known).

Reports of rape, sexual assault, sexual exploitation, sexual bartering, intimate partner violence, and other forms of sexual violence are increasingly surfacing in emergencies, although actual numbers are not known. Sexual slavery and trafficking of displaced women and girls is gaining attention, and is generally believed to be a growing problem. Again, little actual data is available. Lack of available published data should not be viewed as an indication that sexual violence is a small problem. Rather, it is an indication of the difficulties in gathering information.

***Sexual violence inquiries are extremely sensitive and can be dangerous, even life threatening to participants, communities, and those involved in collecting the information. Gathering information about this is, therefore, extremely challenging, and there are many ethical and safety issues that must be considered and planned for in advance.***

Sexual violence is under-reported worldwide due to survivors' well founded fears of harmful social, physical, psychological, and legal consequences. Emergency settings, characterized by lack of stability, breakdown of law and order, disruption of community and family supports, insecurity, fear, dependence and loss of autonomy, as well as ongoing threats to the human rights and well being of the population, present even more risks and dangers. In some emergency settings, simply participating in data collection efforts on sexual violence can result in serious harm to anyone involved.

***It is essential to ensure that the case for collecting information is proven and that when we are collecting and using information about sexual violence is done in a way that does not cause further harm to those who are part of the process. This includes victims/survivors, families and supporters, communities, organizations working with survivors, and those involved in gathering the information.***

## **Ethics and Safety**

Collecting information about sexual violence requires individuals and groups to confront, admit to, and discuss an extremely sensitive topic that is culturally and socially highly sensitive and often taboo, and involves complex ethical dilemmas. When collecting this information we often ask survivors to disclose difficult and painful experiences; we ask community members to talk about their views on the subject. While doing this, the priority is to protect survivors, communities, and those who collect information from harm.

Ethics can be defined as a system or code of moral values that provides rules and standards of conduct. There are established codes of ethics that offer guiding principles for a range of ethical and safety issues in research and documentation with human subjects. There are not, however, clear and specific ethical and safety recommendations that reference the particular issues that arise during collection of information about sexual violence in emergencies.

Three primary ethical principles<sup>1</sup> that should guide all inquiries, including the selection of methods, involving human beings are:

- 1) Respect for persons, which relates to respecting the autonomy and self-determination of participants, and protecting those who lack autonomy, including by providing security from harm or abuse.
- 2) Beneficence, a duty to protect the welfare of people/communities involved.

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<sup>1</sup> Ethical guidelines from: Council for International Organizations of Medical Sciences (CIOMS) 2002 *International Ethical Guidelines for Biomedical Research Involving Human Subjects*.  
[http://www.cioms.ch/frame\\_guidelines\\_nov\\_2002.htm](http://www.cioms.ch/frame_guidelines_nov_2002.htm)

3) Justice, a duty to distribute benefits and burdens fairly.

In emergency settings, dependency, loss of individual and group autonomy, breakdown of community/social systems, and ongoing security threats are the norm. Sexual violence inquiries in these settings must therefore take special care to understand and meet the obligations in the “respect for persons” and “beneficence” principles.

Concerning the principle of “justice”, there are implications for how the investigator frames the inquiry. This includes the purposes and uses of the information; how information will be used and who will see it; and how information will be reported, to whom, and for what purposes.

## **How to Use This Guide**

The guide is designed for use by anyone involved in planning, conducting, funding, approving, or supporting information collection on sexual violence in humanitarian settings. Some examples of this are:

- ◆ Needs assessments, rapid assessments, situation analyses
- ◆ Collecting testimonies for human rights documentation and/or criminal justice
- ◆ Human rights monitoring and protection
- ◆ Collecting data and researching sexual violence in emergencies
- ◆ Collecting (documenting) sexual violence incident data in the context of providing direct services for survivors
- ◆ Program monitoring and evaluation of program results
- ◆ Health surveys, including those focusing on reproductive health or HIV

The guide is targeted at (but not limited to) researchers, program planners, funders, ethics review committees, managers and staff of humanitarian and human rights organizations, translators and interpreters, and all staff involved in sexual violence inquiries (including data entry staff, drivers, and others).

Collecting information in emergency settings about sexual violence may involve one time data collection (such as surveys or other research, program assessments, or human rights documentation) or ongoing information gathering in the context of service provision. This guide applies to all types of information gathering on sexual violence.

The document contains key ethical and safety recommendations for collection of information on sexual violence in emergencies, based on good practices and lessons learned in the field in both emergency and non-emergency settings. It lays out the issues that must be considered and questions that must be asked for any information collection exercise. It also addresses uses of information collected and other forms of existing data.

The guide is intended to compliment and add to any existing standards of practice, guidelines, or other practice and oversight tools. When using this guide, please note that the specific issues in the setting must always be taken into account and that, when they are available, it is essential to refer to local security protocols and other established guidance.

## **Terms and Definitions Used in this Guide**

### **Sexual Violence**

Sexual violence is defined as: "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work.

Sexual violence includes but is not limited to rape, which is defined as "physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape. Rape of a person by two or more perpetrators is known as gang rape. Sexual violence can include other forms of assault involving a sexual organ, including coerced contact between the mouth and penis, vulva or anus."<sup>2</sup>

A wide range of sexually violent acts can take place in different circumstances and settings. These include, for example:

- rape within marriage or other intimate relationships
- rape by strangers
- systematic rape during armed conflict
- unwanted sexual advances or sexual harassment
- demanding/exchanging sex for favours, food, or other goods and services
- sexual abuse of mentally or physically disabled people
- sexual abuse of children
- forced marriage, including the marriage of children
- denial of the right to use contraception or to adopt other measures to protect against unwanted pregnancy and/or sexually transmitted diseases
- forced pregnancy
- forced abortion
- violent acts against the sexual integrity of women, including female genital mutilation and virginity checks
- forced prostitution and trafficking of people for the purpose of sexual exploitation

#### **Some examples of sexual violence in emergencies**

- Sexual exploitation by anyone who can provide safe passage, food, or other basic needs – sex with women and children “in exchange” for goods and services
- Rape of civilian women and girls by soldiers or armed factions, to brutalize and humiliate the perceived “enemy” - as a weapon of war and political power, as a tactic in ethnic cleansing.
- Violence against women by a husband or intimate partner in refugee or IDP camps.

### **Humanitarian Emergency or Emergency Setting**

The term “emergencies” refers to situations of armed conflict or disaster and usually include displacement of populations. Any inquiry into sexual violence in these settings

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<sup>2</sup> Definition of sexual violence is from World Health Organization, World Report on Violence and Health (2002), Chapter 6.



must be designed and carried out with an understanding of the nature of emergencies as well as the specific context in which the inquiry will take place.

For the purposes of these guidelines, humanitarian “emergencies” include the period of instability which may lead up to acute crises and ends at some point after return (or resettlement) when individuals and families have returned to a “normal life” by rebuilding and restoring their communities.

Emergencies often shift in and out of phases, with periods of stability followed by recurrent violence and instability. In some emergencies, populations flee, find refuge that later becomes unsafe, and are forced to flee again to another location. This cycle can repeat itself multiple times throughout an emergency. In many emergencies, there is very little stability even in sites of refuge, and risks and dangers are high for all sorts of abuses, including sexual violence.

## Recommendations

1. The benefits of documenting sexual violence must be greater than the risks to survivors and communities.
2. Information gathering and documentation must be done in the manner that presents the least risk to survivors/participants, is methodologically sound, and builds upon current experience and good practices.
3. Ensure the availability of minimum services for survivor/victim support before asking any questions about sexual violence in a community.
4. The safety and security of survivors, respondents, participants, the community, and the information collection team is paramount and requires monitoring and attention in emergency settings.
5. Protect the confidentiality of all survivors, respondents, and participants.
6. Each survivor/respondent/participant must give her/his informed consent before participating in the data gathering activity.
7. All team members must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional policies, practices, and safeguards must be put into place if children (anyone under age 18) are to be involved in information-gathering.

<b>Risks and Benefits</b>
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# 1. The benefits of documenting sexual violence must be greater than the risks to survivors and communities.

Before embarking on any inquiry into sexual violence in communities affected by armed conflict, disaster, or other emergency, those involved in collection (and use of) information must first ensure that the information gathering activity is necessary, justified, and will benefit the community.

**Necessary** The purposes, rationale, methodology, planned use of data, and audience for the information collection activity should be clearly defined and justified. It should be demonstrated as thoroughly as possible that the information is not already available and/or does not exist in another form. Some questions that may be useful when designing the data collection activity are:

- What is the purpose of the data collection activity?
- How likely is it that collecting this information in this way from this group will achieve the purpose?
- What are the (physical, psychological, social, legal) risks related to the collection of this information? (to survivors, their families and supporters, communities, those involved in collection of the data)
- How can the above risks be minimized?
- Is it fair to these individuals or communities to ask them to do this?

**Justified** If the activity involves direct interviews of survivors or those who may have experienced sexual violence, can the desired outcome be achieved without gathering this information in this way? If information is needed and not otherwise available, can it be obtained in a less invasive way (other methods, different community, different time, different context with lower risk)? Why here, why now?

**Benefit** The direct benefits to the community and to individuals must be greater than the risks to participants, respondents, the community and those collecting the information.

- The information collection activity should be designed in a way to maximize benefit to survivors, participants, and the community. The results of information collection should be made available to programs in the community to prevent and respond to sexual violence.
- If you are interviewing women who have suffered sexual violence, the results should be of direct benefit to the participants (and the community) in terms of new or improved interventions to prevent sexual violence in that community and/or assist the survivors.

<p>Carefully consider whether results of the information collection activity should be publicized in order to inform public advocacy and policymaking. Each situation presents specific risks, and those collecting the information must evaluate those risks in comparison to any potential benefit of publicizing data. Anyone documenting sexual violence should also consider carefully before posting any information on the Internet, as it is completely available to the public and potentially dangerous to the individuals and communities who participated in the information collection activity in ways that may not always be anticipated.</p>
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- 1.1 Communicate and coordinate with other organizations or individuals collecting information about sexual violence in the setting to avoid duplication and confusion, and to maximize the usefulness of existing information. Work within networks of NGOs and other humanitarian and women's organizations.
- 1.2 Understand any risks involved in reporting results back to the community. If it is safe and appropriate, report information to the community in a timely and sensitive manner.

***Good practice***

**Involving the Community**

The benefits of the documentation/intervention could be determined through a process of consultation with the participants/community. In advance of one-time information collection activities (such as research or human rights inquiries), a consultation should take place on all aspects of the proposed activity, including safety issues and risks. Consultation should include opinion leaders, traditional leaders, teachers, women leaders and other key leaders of community groups. If it is determined that the activity should go forward, maintain the lines of communication during the process of the information collection. It may be useful to establish a local advisory committee composed of local experts and key community leaders, especially women.

Those collecting the information must:

- Understand the human rights, legal, and security context and determine appropriate community involvement based on the risks, dangers, and benefits.
- Ensure that the interviewees and direct participants in the information collection activity are consulted on an ongoing basis in the process, with opportunities to feed back their views and influence the process.
- Work with local leaders, including women's leaders, to determine the most appropriate methods and venues for reporting findings and sharing information. Enlist their participation in the report-back.
- In some settings, it may be inappropriate and unsafe to publicly share findings. Seek advice from the community in these situations.

**Methodology**

2. **Information gathering and documentation must be done in the manner that presents the least risk to survivors/participants, is methodologically sound, and builds upon current experience and good practices.**
  - 2.1 Collection of information about sexual violence must be informed by a good understanding of both culture and context, as well as standards and principles for working with survivors. Consult with local actors familiar with the situation.
  - 2.2 Ensure you have a plan for analysing and using your data before collecting it. Seek expert advice (e.g. of a statistician, M&E expert, etc) as appropriate.

- 2.3 In the case of research and other one-time inquiries, carefully consider how to frame the study in order to maximize safety and for participants to be able to answer safely any questions that others may have about the study. For example, a study on sexual violence might be presented to the community as a study of women's health, well being and life experiences.
- 2.4 Women (i.e., those who *may* be survivors of sexual violence) should not be interviewed unless the information cannot be gained in any other way. Explore and consider all possibilities for using existing records to reveal the scope and characteristics of sexual violence, recognizing that there are ethical and safety issues with use of this data as well. For example, analyses of existing legal, medical, and social service records could in some cases be done by supporting local organizations and institutions to use their existing documents in a safe and ethical manner to generate de-identified data and to share that data with other organizations. If it is determined that women will be interviewed, extra care is needed as summarized in the box below.
- 2.5 Interviewers should be of the same sex as interviewees/participants.
- 2.6 Involving local women's rights advocates or direct service groups, when it is safe to do so, is a good way to ensure that the methodology used is based on a sound understanding of the local context, is relevant and appropriate for the setting. This can also help ensure in practical ways that referral systems are in place (see recommendation #3) and the information collected is relevant and useful.
- If local groups are to be consulted in this way, be careful to learn something about the group(s) in advance. Remember that emergency and displaced settings are characterized by complex political issues; take care not to be perceived as "choosing sides". For example, it is important to know about any political affiliation, as well as types and amount of activity (whether they do, in fact, provide direct services to the community). Be aware that there are local groups whose involvement could do harm. "Local" does not necessarily always equal "good".

#### Useful Resources

Existing research instruments, documentation tools, protocols, and guides may be helpful in designing your study or documentation effort. These tools should be evaluated with reference to the particular context.

- *GBV Tools Manual for Assessment, Program Design, Monitoring and Evaluation* (RHRC Consortium 2004)
- *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women.* (WHO 2002)
- *WHO Ethical and Safety Recommendations for Interviewing Trafficked Women* (WHO 2003)
- *Researching Violence Against Women: A practical guide for researchers and activists* (WHO and PATH 2005)

**Special considerations for interviewing women (who may be survivors of sexual violence)**

It is important to remember that most survivors are silent about their sexual violence experiences for well-founded reasons. Asking about these experiences presents serious risks and needs for additional protections. Any information collection must not be harmful or result in harmful consequences.

- ☐ Ensure that appropriate interviewers are recruited (according to age, sex, religion, ethnicity and political affiliation).
- ☐ Ensure that all interviewers receive training and support as described in recommendation #6 below and also have the following knowledge, skills, and qualities, at minimum:
  - Interviewing skills (appropriate questioning skills; non-judgemental language, tones, and attitudes)
  - Communication skills (listening skills, and non-verbal (facial expressions, body language) and verbal responses)
  - Empathy
  - Ability to note accurately what the participant is saying (rather than hearing what you want to hear)
  - Understanding of the health, social, economic, emotional and psychological consequences of sexual violence
- ☐ Ensure that the objectives of the information collection activity are clear and understood so as not to create unrealistic expectations among participants or in the community. It is crucial to be as transparent as possible and clear up any expectations or misunderstandings that interviewees may have.
- ☐ Ensure there are at least minimum survivor support services in place in the setting (health care and emotional support) and establish procedures for making confidential referrals for follow up care and support of participants (with participant consent).
- ☐ For surveys involving interviews with women, be familiar with and abide by the ethical and safety recommendations from the WHO guide *Putting Women First* (see additional references in annex), which is specifically aimed at survey research.

**Referral Services**

**3. Ensure the availability of minimum services for survivor/victim support before asking any questions about sexual violence in a community.**

Asking about sexual violence will result in some interviewees disclosing previous sexual violence experiences. For some, this will be the first time they have told anyone about the incident and they may want and need health care, emotional support, and help with security/safety concerns. For others, the questions and discussion may bring forth emotional responses that require follow up and assistance beyond the scope of the interviewer's work.

For these reasons, it is an ethical imperative that at least a minimum of services be available in the setting when asking about sexual violence.

It is often the case that there are no services available at all in the community, especially with research or assessments in fairly isolated locations, or early in the crisis before humanitarian relief efforts are fully operational. Nevertheless, anyone gathering information about sexual violence must be prepared to work with local actors, such as midwives, traditional birth attendants (TBAs), women leaders or women's groups, and local security actors to ensure the availability of some basic follow up support. The plan for the information gathering activity should include some time to work with local actors, provide a minimum of training and information about how to provide basic follow up support. There are implications for time, logistics, human resources, and funds– all of which should be planned in advance.

- 3.1 Minimum services include, at least, health care, emotional support, and security.
- 3.2 In some settings, there may be no formal services available. If this is the case, trusted women in the community should be found. With a minimum of training, these women can provide emotional support when needed. A sympathetic local health provider such as a TBA or midwife can be trained to provide a minimum level of health care support and provided essential treatments.
- 3.3 Establish mechanisms for making confidential referrals to these services when needed, and do so only with the individual's consent.

## **Safety**

### **4. The safety and security of survivors, respondents, participants, the community, and the information collection team is paramount and requires monitoring and attention in emergency settings.**

- 4.1 Understand and be sensitive to risks in relation to the political, socio-cultural, security, and economic environment, with a particular focus on the human rights and humanitarian context, as well as the nature of the emergency and the applicable formal and informal legal context.
- 4.2 If they are considered appropriate methods in the setting, all individual interviews and group discussions should be held in safe settings (so as not to draw unnecessary attention, not to be overheard, and not to raise suspicion).
- 4.3 Protect the identity of those who have provided information about sexual violence.

#### **De-identified data**

Data is “de-identified” when it contains no information that can identify individuals or specific groups of people in a community. All personal identifiers are removed, including name, location, date of the incident, and any characteristic or type of incident that is rare in the community; e.g., if there are few women in that particular age group or from that particular region.

Under no circumstances use names or other identifying information about survivors or participants.

- 4.4 Ensure regular monitoring of the safety of survivors, participants, respondents, partners, and the information collection team. Take action in response to any safety issues. Assess risks around reporting results and/or disseminating (de-identified) data.
- 4.5 Identify protection and security mechanisms which can be used in the event of security threats to those involved in the information collection process.
- 4.6 Monitor and evaluate the data collection activity on an ongoing basis and if it is deemed that safety is compromised, stop or restructure the activity.
- 4.7 Ensure the safety of all people working on the data collection activity, including interviewers, translators and drivers.
- 4.8 Before undertaking the information collection, develop a data security plan. This is a set of specific procedures and practices for protection of data, including agreed-upon principles and specific practices under which data can be shared – and with whom – without compromising the safety of individuals.
- 4.9 If de-identified data is shared, it should be done according to the utmost consideration for protecting the safety of those who could be comprised by the provision of the sexual violence information. This includes the individual, the person collecting the information, community members, service providers, and NGO and humanitarian staff).

**Good practice**

Include sexual violence interviewing/documentation in the context of other activities that draw less attention. For example, in women's centres or reproductive health centres that offer a variety of services and activities for females of all ages.

**Good practice**

Sexual violence information gathering activities routinely include mechanisms for ensuring the safety and security of the team collecting the information. Where local security guidelines do not exist or do not sufficiently address the added security risks in sexual violence inquiries, some strategies to consider include:

- Provide means of communication to all information collection team members, with a back-up plan in case these communications can be intercepted or disrupted
- Take into consideration the composition of the information collection team, number of people, appropriate male-female mix, and reflect a sensitive understanding of the political and cultural context
- Ensure secure transportation to and from the research/work site(s), and at the research/work site(s)
- Establish daily itineraries with locations, timelines, and check-in times for all members of the information collection team
- Establish alternative plans to address changes in safety environment. This requires appropriate and sufficient logistical support.



<b>Confidentiality</b>
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**5. Protect the confidentiality of all survivors, respondents, and participants.**

When an individual discloses information in a relationship of trust, “confidentiality” means that there is an understanding that the information will not be shared with others (without permission). Confidentiality is a fundamental principle when you are collecting sensitive information about people. When individuals provide private information, there is a duty to respect that information by keeping it confidential. In the context of sexual violence in emergencies, the stakes are very high. A breach of confidentiality is not only disrespectful, but can lead to extraordinary harm for the survivor and for her community. Asking her to disclose information leads to the responsibility to safeguard that information.

Confidentiality can be protected both through how the data are *collected* (e.g., finding a private space for conducting an interview), through how the data are *stored* (e.g., without names and other identifiers) and whether and how data are shared.

- 5.1 All individuals involved in data collection, documentation, and/or research, including interviewers, translators, drivers, and others should receive training in the need for strict confidentiality, including an opportunity to discuss practical applications of confidentiality principles in the setting. As part of this training, all team members should understand, agree to, and sign confidentiality agreements.
- 5.2 Confidentiality policies should include consequences for any breach of confidentiality and these should be enforced.
- 5.3 People collecting data should look at the pros and cons of identifying the source (e.g., region, ethnic group, village or camp) of the information when sharing it with others or publicizing it because it could have consequences for those people even if individual identities are not disclosed.
- 5.4 Programs could consider varying levels of access to sensitive and identifying information, with public reports representing the most vague and non-identifying representation of the data.
- 5.5 When interviewers/staff are from the community or are living in the community, confidentiality and safety may be particularly important to emphasize. Training should stress the challenges local staff will face in maintaining confidentiality when they interact with the community on a day to day basis.

**Good practice**

When using focus groups or other group discussions or activities, special attention should be given to a discussion about confidentiality among all participants. This should be done at the beginning of the meeting, repeated at the conclusion, and should include acknowledgement that confidentiality is the responsibility of all group members. One strategy that has been used is instructing focus group participants not to share personal experiences on sensitive issues, but rather to present the experience of unnamed others or impressions of trends in the community. Confidentiality should relate to both nature of the discussion (what was discussed) as well as what was said and who was present.

- 5.6 In settings with mandatory reporting laws and/or policies:
- Interviewers should inform potential participants about their duty to report certain incidents in accordance with laws and policies.
  - There should be a protocol and a carefully considered mechanism for reporting to handle situations expeditiously and fairly.
- 5.7 Names of survivors, interviewees, and translators should never be used on any forms, documents, or other written materials. If follow up is required, a system of case numbers should be implemented. The key linking names and case numbers should be kept in a separate and secure location.
- 5.8 All forms, documents, audiotapes and videotapes should be stored as soon as possible after completion in a secure location in locked cabinets. These should be accessible only by one or two senior managers who hold the keys. Code books for matching individual codes with identifying information/names should be located separately. Note that camp or field settings are rarely secure. If these materials are to be moved to other locations, security must be maintained throughout.
- 5.9 Audiotapes and videotapes created simply for recording an interview should be destroyed after the transcript is created. If audiotapes or videotapes are created for another purpose, the person creating the audio/video must justify why it must be kept longer and must describe thoroughly how confidentiality will be maintained.
- 5.10 Photographs and/or videotapes that provide images or voices of participants should not be used in any report, presentation, or publication (including on the Internet). If images are used in any way, they should not reveal the identity of any individual; instead, faces and voices should be blurred or changed so that individuals are unrecognizable.
- 5.11 Any public disclosure of findings, whether public presentations or publicly-available written reports or articles, should give only aggregated information that does not reveal any potentially identifiable information about individual participants or details of their experiences that can be linked to specific individuals or their communities.
- 5.12 Data sharing agreements describing the purposes for accessing the data, clear principles and procedures for data security, etc. should be created for data sharing. Any exchange of information about individual case reports should remove all personal identifiers (name, location, exact date of the incident, and any characteristic or type of incident that is rare in the community, e.g., if there are few women in that particular age group or from that particular region).
- 5.13 If case examples are to be used to illustrate findings, details should be removed to avoid any possible identification of individual participants.
- 5.14 In the case of a child participant/respondent, confidentiality should be breached if there are immediate protection needs. (See also 5.6 above and Recommendation 8 about children.) Seek guidance and advice as appropriate from others on the information collection team, advisory committee, and community members.

- 5.15 In the context of service provision for survivors of sexual violence, various forms and notes may be need to be completed, and they require careful protection and security. For example, if a medical certificate is completed, it should be given only to the survivor, or kept in a secure file in a secure location until such a time as it is safe for survivor to have it in her possession and she requests it. (National laws may require different handling of medical certificates; service providers should be familiar with relevant laws and policies.)

## **Informed Consent**

### **6. Each survivor/respondent/participant must give her/his informed consent before participating in the data gathering activity.**

The goal of informed consent is to have participants/respondents understand the purpose of the data collection, the procedures and content of the data collection, the risks and dangers, and their rights.

The informed consent process is crucial, and requires special attention and care. Informed consent is much more than simply reading a form and obtaining a signature.

Careful attention is required to how information is given, considering issues of power and control in the setting. Those collecting information about sensitive subjects like sexual violence must recognize that - especially in emergency settings - individuals contributing information may feel beholden to them or dependent on them as a possible route to services. Thus, individuals may feel compelled to answer all questions, submit to examinations, and/or agree to interview requests regardless of their own discomfort.

- 6.1 Elements of disclosure. It is critical that the interviewer clearly explains:
- the reason for the interview
  - the subject matters to be discussed
  - the potential risk and benefits involved in participating. Be particularly mindful that respondents may misinterpret the possibility of personal benefit that may come to them if they agree to participate in an interview or other form of data collection.
  - the personal, and possibly upsetting, nature of questions that may be asked
  - the precautions being taken to protect confidentiality
  - how and with whom information will be shared. If identifiable information ever will be shared with other parties, with

#### **Using Information for Advocacy**

Organizations who collect sexual violence data may wish to conduct advocacy using aggregate (and de-identified) data. Advocacy of this sort is often important and carried out for noble and worthy reasons. Nevertheless, the degree to which even non-identifiable, aggregate information can – or should - be shared publicly must be determined on a case by case basis and must be evaluated in coordination with local actors as safe and appropriate in relation to the risk posed to individuals, community, staff, and programs as a result of sharing and publicizing the aggregate data.

whom it will be shared must be disclosed.

- The respondent's right to refuse the interview and/or answer any particular sections of the interview and her right to put restrictions on how information is used.

6.2 Process of consent, or appropriate ways of interacting: Go through the statement verbally with her/him allowing time to ask questions or clarify individual points.

6.3 Experience shows that respondents often misunderstand why we are doing interviews and/or misunderstand whether interviews directly will lead to an increase in or personal access to services. Ask the participant to repeat back in her own words why she thinks the interview is being done, what she will gain by doing it, what she has agreed to, and what she thinks would happen if she refused, in order to assess understanding. Explain as many times as required.

**Good practice**

Individual respondents or participants should never be asked to agree to have their identifiable information disclosed publicly in the future, or their images used on videos. After careful assessment and consideration, there might be an effort to create an informational video or collect testimony that *will* be widely publicized. If this is the case, make a public announcement inviting volunteers to come forward to share their stories. Only appropriate communication channels should be used, such as announcements at women's centres. The announcement must incorporate messages that are appropriate and acceptable for the setting and culture.

6.4 In their attitudes and demeanour, information gatherers need to make sure they are not overly influencing participants with their authority or even their heartfelt conviction that the information collection is worthwhile, that it won't hurt the participants, and that professionals know best. Those collecting information also should be very mindful to not unrealistically promise any benefits as this might unduly influence someone to agree to an interview.

6.5 During the course of an interview, interviewers should give participants a number of clear decision points where they can decide whether or not to go on. For instance, a researcher could say, "The next few questions concern the most recent violent incident. May I continue?"

6.6 Signatures for informed consent may not be appropriate. In many situations, there is the risk that a signature will identify someone. Thus, it may be better to not require signatures of respondents agreeing to interviews on this topic. Two alternative strategies include having the interviewer sign a form that voluntary consent was given or having the respondent sign a paper that is *separate* from the interview form that simply says she agrees to the interview but doesn't mention the topic. Thumbprint or X signatures may not be appropriate for respondents who are illiterate as they cannot read what they are "signing".

<b>Information Gathering Team</b>
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**7. All team members must be carefully selected and receive relevant and sufficient specialized training and ongoing support.**

The information gathering team includes, but is not limited to the leaders or supervisors, interviewers, researchers, translators, information-gatherers, drivers, data entry staff, members of advisory or oversight committees, and individuals involved in disseminating and publicizing results.

- 7.1 Selection of interviewers/information collection team members
  - Consider sex, ethnicity, language, age, security issues, including whether they are from the same or other community. This applies to all staff, including drivers and other support staff.
  - Interviewers must speak the same language as the persons being interviewed
  - Training precedes the final selection of the interviewers/information gatherers. Not all those who have been trained may be qualified to participate in the information gathering and this should be assessed after training and before the final hiring decisions are made.
- 7.2 For all members of the information gathering team, training should include, at least:
  - Information about the purposes and design of the study, including how findings will be reported and used
  - Introduction and overview of sexual violence, including the health, emotional, social, and legal consequences to survivors and their families: knowledge of prevention and support services and protection guidelines, rights and entitlements in place in the setting.
  - Detailed training in the use of tools, instruments, documents, forms and the data safety and monitoring plan
  - Confidentiality, including definition, practical application, agreement to confidentiality, and consequences for any breaches of confidentiality. This includes confidentiality about the data gathering activity itself (content, scope, purposes).
  - Training and awareness on safety and security risks and issues, guidelines and mechanisms specific for the setting. This should include a discussion of individual safety planning.
- 7.3 For interviewers and others involved in information gathering including translators, who will be directly interviewing women, men, and/or children who may be victims of sexual violence and/or witnesses of such violence, training should include, at least:
  - Introduction and overview of sexual violence, including the health, emotional, social, and legal consequences to survivors and their families: knowledge of prevention and support services and protection guidelines, rights and entitlements in place in the setting.

- Opportunities to recognise, think about and overcome their own biases, fears and stereotypes about sexual violence to avoid judgmental attitudes and behaviours. Team members who, upon end of training evaluation appear to remain judgmental/biased should not be retained on the team, and should not be allowed to participate in the information collection activity.
- Opportunities to recognize and come to terms with their own experiences of trauma, violence, human rights violations, and sexual violence
- Strategies for negotiating and gaining informed consent with survivors/participants/respondents. This includes how to recognize whether consent is, indeed, informed (in terms of full understanding of purpose, risk and benefit); and whether they have the ability to freely give it (autonomy).
- Strategies for engaging and developing rapport with participants and for minimizing participant distress
- Knowing how to give information about their choices for support, including the possibility for referrals for follow up support and how to recognize when to offer those referrals.
- Candid and honest discussions about the potential for those collecting the information to experience emotional harm due to the nature of the information they may hear/read and social harm where stigma is associated with the issue; and how to minimize those effects through self care strategies
- How to recognize, establish, and keep appropriate boundaries
- Information that they can withdraw from the information collection activity without prejudice

7.4 Ongoing training, regular debriefings and support to information collection team members should include, at least:

- Frequent opportunities to discuss within the team and resolve issues, problems, and dilemmas that come up during the information collection activity.
- Access to a trained counsellor (culturally appropriate) for private discussion and emotional support
- Reminders and practical suggestions about self care strategies, including rest and social activities
- Opportunities for recognition and appreciation of their work

Children
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## 8. Additional policies, practices, and safeguards must be put into place if children (anyone under age 18) are to be involved in information-gathering.

As children are among the most vulnerable of groups, determining whether to involve children directly in collection of information on sexual violence in emergencies (including interviews, focus groups, and other participatory activities) requires strict consideration of ethical and safety issues. There must be sound justification for including children, given the greater risks of harm as compared to adults. Every effort should be made to determine whether these children have already participated in other interview processes. If they have and the information was collected ethically and safely, the existing information should be used if there is no risk of harm from using the information.

- 8.1 Seek specialized and appropriate technical support to determine if - and how - children are to be involved in inquiries into sexual violence.
- 8.2 Incorporate existing recommendations and guidance about relevant good practices for collecting information about sensitive issues from children, especially those specific to humanitarian emergency settings.
- 8.3 Interviewers should have experience working with children and be trained to respond to children's needs.
- 8.4 Conduct consent and interviewing procedures with sensitivity to children's specific needs and in accordance with specialized guidance from knowledgeable sources, such as the key resources listed on this page.
- 8.5 Anticipate and prevent or minimize harmful consequences
  - Seek advice from experts in collecting information from and working with children as well as people familiar with the culture and the setting.
  - Consult with community members and

### Key Resources

Anyone considering including children in a sexual violence inquiry should be familiar with the following resource materials:

- *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources* by Schenk, K., Williamson, J. (Population Council 2005).
- *So You Want to Involve Children in Research: A toolkit supporting children's meaningful and ethical participation in research relating to violence against children* (Save the Children 2004)
- *Children Participating in Research, Monitoring And Evaluation (M&E) – Ethics and Your Responsibilities as a Manager* (Evaluation Technical Notes No. 1, 2002. UNICEF Evaluation Office)

### Good practice

Unaccompanied children, those who have lost their families, should participate in information collection only if the results will directly benefit unaccompanied children. If the inquiry is related to children in general, the risks and dangers for participation by unaccompanied children are too great and not equalized by potential benefits to this vulnerable group.

parents, guardians or caregivers to anticipate all possible consequences for children involved in the information gathering process.

- Be prepared for serious or complex needs.
- Children, as well as their parents, guardians or caretakers should be informed of services and protection mechanisms.



## Additional Resources

### Children

Save the Children and UNHCR (2000) *Action for the Rights of Children(ARC): A rights based training and capacity building initiative*. Geneva: UNHCR.  
<http://www.icva.ch/doc00000773.html#1>

Schenk, K., Williamson, J. (2005). *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources*. Washington, DC: Population Council. <http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf>

*So You Want to Involve Children in Research: A toolkit supporting children's meaningful and ethical participation in research relating to violence against children* (2004)  
[http://www.savethechildren.net/alliance/resources/So\\_you\\_want\\_to\\_research\\_apr2004.pdf](http://www.savethechildren.net/alliance/resources/So_you_want_to_research_apr2004.pdf)

UNICEF (2002) *Children Participating in Research, Monitoring And Evaluation (M&E) –Ethics and Your Responsibilities as a Manager*. Evaluation Technical Notes No. 1, 2002. UNICEF Evaluation Office. [http://www.unicef.org/evaluation/files/TechNote1\\_Ethics.pdf](http://www.unicef.org/evaluation/files/TechNote1_Ethics.pdf)

### Ethics

Council for International Organizations of Medical Sciences (CIOMS) (2002) *International Ethical Guidelines for Biomedical Research Involving Human Subjects*. Geneva: CIOMS c/o WHO.  
[http://www.cioms.ch/frame\\_guidelines\\_nov\\_2002.htm](http://www.cioms.ch/frame_guidelines_nov_2002.htm)

Council for International Organizations of Medical Sciences (CIOMS) (2005 draft) *Special Ethical Considerations for Epidemiological Research*. Geneva: CIOMS c/o WHO.  
[http://www.cioms.ch/special\\_ethical\\_consideration.pdf](http://www.cioms.ch/special_ethical_consideration.pdf)  
(to replace 1991 International Guidelines for Ethical Review of Epidemiological Studies  
[http://www.cioms.ch/frame\\_1991\\_texts\\_of\\_guidelines.htm](http://www.cioms.ch/frame_1991_texts_of_guidelines.htm))

### **Gender-based violence and sexual violence information, interventions, standards, program tools for humanitarian emergencies**

Inter-Agency Standing Committee (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies*.

RHRC Consortium (2004) *GBV Tools Manual for Assessment, Program Design, Monitoring and Evaluation*. <http://www.rhrc.org/resources/gbv/>

UN High Commissioner for Refugees (2003). *Sexual and Gender-based Violence Against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response*. Geneva: UNHCR.

WHO, UNHCR, UNFPA (2004). *Clinical Management of Survivors of Rape*. Geneva: WHO.  
[http://www.unfpa.org/upload/lib\\_pub\\_file/373\\_filename\\_clinical-mgt-2005rev1.pdf](http://www.unfpa.org/upload/lib_pub_file/373_filename_clinical-mgt-2005rev1.pdf)

World Health Organization (2002). *World Report on Violence and Health*. Geneva: World Health Organization.

### **Sexual violence research**

*Researching Violence Against Women: A practical guide for researchers and activists* (2005). Geneva: World Health Organization and Appropriate Technology in Health (PATH).

RHRC Consortium (2004) *GBV Tools Manual for Assessment, Program Design, Monitoring and Evaluation*. <http://www.rhrc.org/resources/gbv/>

World Health Organization (2002). *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*.

Zimmerman, C. , Watts, C. (2003). *WHO Ethical and Safety Recommendations for Interviewing Trafficked Women*. Geneva, Switzerland: World Health Organization.

### ***Training manuals***

RHRC Consortium (2004). *Training Manual, Facilitator's Guide: Multisectoral and Interagency Prevention and Response to Gender-based Violence in Populations Affected by Armed Conflict*. <http://www.rhrc.org/resources/index.cfm?sector=gbv>

RHRC Consortium (2004). *Communication Skills Manual*. RHRC/IRC/FHI. <http://www.rhrc.org/resources/index.cfm?sector=gbv>