

**WHO Ethical and safety
recommendations for researching,
documenting and monitoring sexual
violence in emergencies**

ISBN 978 92 4 159568 1



9 789241 595681



**World Health
Organization**

**WHO Ethical
and safety
recommendations
for researching,
documenting and
monitoring
sexual violence in
emergencies**



**World Health
Organization**

WHO Library Cataloguing-in-Publication Data

WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.

1.Sex offenses. 2.Data collection – ethics. 3.Ethics, Research. 4.War. 5.Natural disasters. 6.Safety. I.World Health Organization.

ISBN 978 92 4 159568 1

(LC/NLM classification: HV 6556)

© World Health Organization 2007

All rights reserved. Publications of the World Health Organization can be obtained from WHO Press, World Health Organization, 20 Avenue Appia, 1211 Geneva 27, Switzerland (tel.: +41 22 791 3264; fax: +41 22 791 4857; e-mail: bookorders@who.int). Requests for permission to reproduce or translate WHO publications – whether for sale or for noncommercial distribution – should be addressed to WHO Press, at the above address (fax: +41 22 791 4806; e-mail: permissions@who.int).

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Designed by minimum graphics
Printed in Switzerland

Contents

Acknowledgements	v
Part I About these recommendations	1
Introduction	1
Background	2
Scope and structure of this guide	2
Who should use this document	4
Part II Key Concepts	5
Sexual violence	5
Humanitarian emergency or emergency setting	6
Ethics	7
Part III The recommendations	9
1. Risks and benefits	10
2. Methodology	12
3. Referral services	15
4. Safety	16
5. Confidentiality	18
6. Informed consent	22
7. Information gathering team	24
8. Children	27
References	30
Annex. Recommended resources and suggested further reading	31

Acknowledgements

The World Health Organization would like to thank all those who contributed their knowledge, experience and time to the development of these recommendations. In particular, WHO acknowledges the contributions of those individuals who took part in the December 2006 Expert Consultation on Ethical, Safety and Methodological Issues in Researching, Monitoring and Documenting Sexual Violence in Emergencies:

Meeting participants: Gloria Atiba Davies, International Criminal Court, the Netherlands; Véronique Aubert, Amnesty International, England; Leith Baker, The International Rescue Committee, USA; Megan Bastick, Geneva Centre for the Democratic Control of Armed Forces, Switzerland; Clara Elena Cardona-Tamayo, Casa de la Mujer de Bogotá, Colombia; Sibinty Conteh, The International Rescue Committee, the Sudan; Francoise Duroch, Médecins Sans Frontières, Switzerland; Florence Duvieusart, Belgian Directorate-General for Development Cooperation, Switzerland; Karin Griese, Medica Mondiale, Germany; Michelle Hynes, Centers for Disease Control and Prevention, USA; Peggy Jennings, Women's Rights International, USA; Nancy Kass, Johns Hopkins Bloomberg School of Public Health, USA; Ben King, AllianceDARC/IOM, Switzerland; Alena Koscalova, Médecins Sans Frontières, the Democratic Republic of Congo; Christopher McDowell, City University (London), England; Tegan Molony, American Refugee Committee, Pakistan; Klaudia Porten, Epicentre, Switzerland; Jan de Preter, Mission de Belgique à Genève, Switzerland; Shana Swiss, Women's Rights International, USA; Florence Tercier, International Committee of the Red Cross, Switzerland; Beth Vann, GBV consultant, USA; Gurcharan Virdee, Medica Mondiale, Afghanistan; Karin Wachter, The International Rescue Committee, Burundi; Chantale Walker, Foreign Affairs and International Trade Canada, Canada; Anthony Zwi, University of New South Wales, Australia.

Representatives of other organizations: Hodan Addou, UNIFEM, Kenya; Miriam Azar, UNICEF, Switzerland; Kate Burns, OCHA, USA; Karl Dehne, UNAIDS, Switzerland; Wilma Doedens, UNFPA, Switzerland; Joanina Karugaba, UNHCR, Switzerland; Betsy Lippman, UNDP, Switzerland; Sophie Read-Hamilton, UNICEF, Uganda.

From WHO: Micheline Diepart, HIV/AIDS; Claudia Garcia-Moreno, Department of Gender, Women and Health; Anayda Gerarda-Portela, Making Pregnancy Safer; Henrica Jansen, Department of Gender, Women and Health; Shawn Malarcher, Reproductive Health and Research; Alison Phinney-Harvey, Injuries and Violence Prevention; Chen Reis, Department of Gender, Women and Health; Abha Saxena, Research Policy and Cooperation; Raffaella Schiavello, Department of Gender, Women and Health; Tanja Ellen Sleuwenhoek, Health Action in Crises.

Additional reviewers: The World Health Organization would also like to thank all those who reviewed draft versions of the present document, including: Linda Bartolomei, University of New South Wales, Australia; Chris Beyrer, Johns Hopkins Bloomberg School of Public Health, USA; Awa Dabo, UNDP, Switzerland; Dutima Bhagwandin, OHCHR, New York; Michael Bonser, Foreign Affairs and International Trade Canada, Canada; Robin Coupland, International Committee of the Red Cross, Switzerland; Catharine Evans, UNHCR, Switzerland; Alan Fleischman, The New York Academy of Medicine, USA; Elissa Golberg, Foreign Affairs and International Trade Canada, Canada; Naroesha Jagessar, Permanent Mission of the Kingdom of the Netherlands, Switzerland; Connie Kamara, American Refugee Committee, USA; Erin Kenny, UNFPA, USA; Mary P. Koss, Mel and Enid Zuckerman College of Public Health, University of Arizona, USA; Lynn Lawry, International Medical Corps, USA; Vivian Lee, UNHCR, Switzerland; Helen Liebling-Kalifani, Coventry University, England; Julie MacCormack, Canadian International Development Agency, Canada; Dyan Mazurana, Tufts University, USA; Barbara O'Dwyer, AusAID, Australia; Eileen Pittaway, University of New South Wales, Australia; Susan Purdin, the International Rescue Committee, USA; Mathijs le Rutte, UNHCR, Switzerland; Marian Schilperoord, UNHCR, Switzerland; Marcus Stahlhofer, Department of Child and Adolescent Health, WHO, Switzerland; Aisling Swaine, Irish Aid and the Irish Joint Consortium on GBV, Ireland; Mark Van Ommeren, Department of Mental Health and Substance Abuse, WHO, Switzerland; Jeanne Ward, independent consultant, Kenya; Anna Whelan, University of New South Wales, Australia. WHO is also grateful to the members of the Inter-Agency Standing Committee Sub Working Group on Gender and Humanitarian Action for their inputs.

Special thanks go to Beth Vann, consultant to the Department of Gender, Women and Health of WHO for her invaluable input to the consultation meeting and also for her work on the present document.

Finally, WHO wishes to acknowledge the United Nations System-Wide Work Programme on Scaling-Up HIV/AIDS Services for Populations of Humanitarian Concern (which is managed by UNAIDS and funded by the UK Department for International Development), without whose support neither the Expert Consultation nor the publication of this document would have been possible.

We invite users to provide feedback on these recommendations.

If you are interested in doing so or in more information please contact the WHO Department of Gender, Women & Health.

Gender, Women and Health
Family and Community Health, World Health Organization (WHO)
Avenue Appia 20, 1211 Geneva 27, Switzerland
Fax: (41) 22 791 1585
E-mail: genderandhealth@who.int

The text of this document can be downloaded from: <http://www.who.int/gender>

About these recommendations

Introduction

Sexual violence in humanitarian emergencies, such as armed conflict and natural disasters, is a serious, even life-threatening, public health and human rights issue. Growing concern about the scale of the problem has led to increased efforts to learn more about the contexts in which this particular form of violence occurs, its prevalence, risk factors, its links to HIV infection, and also how best to prevent and respond to it. Recent years have thus seen an increase in the number of information gathering activities that deal with sexual violence in emergencies. These activities often involve interviewing women about their experiences of sexual violence.

It is generally accepted that the prevalence of sexual violence is underreported almost everywhere in the world. This is an inevitable result of survivors' well-founded anxiety about the potentially harmful social, physical, psychological and/or legal consequences of disclosing their experience of sexual violence. In emergency situations, which are characterized by instability, insecurity, fear, dependence and loss of autonomy, as well as a breakdown of law and order, and widespread disruption of community and family support systems, victims of sexual violence may be even less likely to disclose incidents.

Obtaining information about sexual violence requires individuals to confront, admit to and discuss an issue that is extremely sensitive, both culturally and socially. In particular, survivors are often asked to describe difficult and painful past or recent experiences, which may result in distress. Community members may be asked to talk openly about their views on a matter which, in many societies, is taboo. In some emergency settings, simply participating in sexual violence inquiries can have serious, even life-threatening implications, not only for the participants themselves, but for the community and those involved in collecting information.

The highly sensitive nature of sexual violence poses a unique set of challenges for any data gathering activity that touches on this issue. A range of ethical and safety issues must be considered and addressed prior to the commencement of any such inquiry. Failure to do so can result in harm to the physical, psychological and social well-being of those who participate and can even put lives at risk. It is essential therefore to ensure that the case for collecting data is legitimate. Furthermore, when collecting and using information about sexual violence, it must be done in such a way so as to avoid further harm to those who are part of the process. This includes not just the victims and survivors and their families and supporters, but

also communities, organizations working with survivors, and those involved in gathering the information itself.

There are a number of established codes of practice that offer guidance in matters relating to the ethics and safety of research and documentation that involves human subjects (see annex p. 31). Ethical and safety guidelines (or recommendations) specific to the particular issues that arise during collection of information about sexual violence in emergencies, however, are lacking. The recommendations in this document have thus been developed in order to address this gap. They are not meant to replace but rather to complement existing internationally-agreed ethical guidelines for research and to inform ethics review processes.

Background

In December 2006, WHO hosted an Expert Consultation to develop recommendations for addressing the complex safety and ethical issues associated with researching, monitoring and documenting sexual violence in emergencies. At that meeting, representatives of humanitarian, health and human rights organizations, as well as members of academic and research institutions and donors, discussed a range of topics relating to sexual violence inquiries in emergency (and post-emergency) settings. The meeting also allowed participants to exchange field experiences, and share any lessons learned and examples of good practice in this field. The recommendations of the Expert Consultation formed the basis of the first draft of the present guidance document. It was subsequently refined through a consultative review process involving practitioners, activists, researchers and donors from a number of countries. This document also builds on two previously published WHO documents that deal with similar themes for different contexts, namely:

- *Putting women first: Ethical and safety recommendations for research on domestic violence against women*, published in 2001 and updated in 2003 (1).
- *The WHO ethical recommendations for interviewing trafficked women*, published in 2003 (2).

Scope of this guide

Information about sexual violence in emergency settings may be collected for a number of reasons and/or to support various activities including:

- needs assessments and situation analyses;
- to provide testimonies for human rights documentation and/or for criminal justice purposes;
- human rights monitoring and protection;
- research on sexual violence in emergencies;
- to document incidence of sexual violence in the context of providing direct services for survivors;

- monitoring and evaluation of interventions; and
- health surveys (especially those focusing on reproductive health or HIV/AIDS).

Data gathering can be either a one-time activity (e.g. some surveys, programme assessments, human rights documentation) or it can be repeated or ongoing (e.g. in the context of providing and/or monitoring services for survivors). As previously mentioned, information about sexual violence has typically been obtained by interviewing individuals who may have had personal experience of sexual violence. In order to avoid what for many will be a distressing experience, ways of using existing information, for instance, hospital records and incident reports, to monitor and track sexual violence trends are increasingly being explored as well (3).

This document applies to all forms of inquiry about sexual violence in emergencies. In total, eight recommendations are offered (see Part III). Collectively, these recommendations are intended to ensure that the necessary safety and ethical safeguards are in place prior to commencement of any information gathering exercise concerning sexual violence in emergencies. In each case, accompanying text sets out key safety and ethical issues that need to be addressed and the questions that must be asked when planning any information collection exercise involving sexual violence. These should also inform decisions about whether such an exercise should be undertaken. Wherever possible, the discussion is supported by boxed examples of good practice drawn from experience from the field in both emergency and non-emergency settings. For further information on a range of topics, users are referred to the list of additional resources and suggested further reading which is included as an Annex to this document.

This document is not intended to be an all-inclusive or stand-alone guidance document for information gathering about sexual violence in emergencies. Rather, it is designed to complement and add to existing professional standards, guidelines and other practice and oversight tools and guides governing research and documentation more broadly in these settings, which include (but are not limited to):

- institutional research protocols and policies;
- protocols and practices for providing direct services to survivors;
- locally established procedures for obtaining consent, documenting sexual violence incidents, and referring to others for assistance and services;
- standards and policies for human rights investigations;
- organizational policies for staff recruitment, hiring, training and supervision: and
- internationally agreed standards for research involving human subjects

When using this guide, please note that any specific issues relating to a given setting must always be taken into account and that, where they are available, it is essential to refer to local security protocols and other established guidance.

Who should use this document

Only those with the appropriate training should engage in the collection of information on sexual violence in emergencies.

This document is designed to inform those involved in planning, conducting, funding, reviewing protocols for, approving or supporting information collection on sexual violence in humanitarian settings. This includes (but is not limited to):

- researchers,
- programme planners,
- funders,
- ethics review committees,
- ethicists,
- managers and staff of humanitarian and human rights organizations,
- all staff involved in sexual violence inquiries (including translators and interpreters, data entry staff, drivers and others).

Key Concepts

Sexual violence

For the purposes of the present document, the definition of sexual violence given below is adopted to provide clarity while also allowing flexibility for inclusion of a wide range of acts. This WHO definition was adopted by the Inter-Agency Standing Committee (IASC), and used as the basis for its guidelines on gender-based violence interventions in emergency settings, which were published in 2005 (4)(5). It is important to note that it is not a legal definition.

Sexual violence is defined as (4)(5):

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 rape, 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.

A wide range of sexually violent acts can take place in different circumstances and settings. These include, but are not limited to:

- *rape within marriage or dating relationships;*
- *rape by strangers;*
- *systematic rape during armed conflict;*
- *unwanted sexual advances or sexual harassment, including demanding sex in return for favours;*
- *sexual abuse of mentally or physically disabled people;*
- *sexual abuse of children;*
- *forced marriage or cohabitation, including the marriage of children;*
- *denial of the right to use contraception or to adopt other measures to protect against sexually transmitted diseases;*
- *forced abortion;*
- *violent acts against the sexual integrity of women, including female genital mutilation and obligatory inspections for virginity;*

BOX 1

Forms of sexual violence that may be especially widespread in emergency settings

- Sexual exploitation by anyone who can provide safe passage, food or other basic needs. In other words, sex with women and children is “traded” for goods and services.
- Sexual violence, including sexual slavery, against civilian women and girls by soldiers or members of armed factions seeking to brutalize and humiliate the perceived “enemy”; used as a strategy of war and as a means to gain political power. Also may be a tool of “ethnic cleansing”.
- Violence against women by a husband or intimate partner, including in camps for refugees or internally displaced persons (IDPs).

- *forced prostitution and trafficking of people for the purpose of sexual exploitation.*

Other terms that are often used to describe many of these same kinds of acts are *gender-based violence (GBV)*, *sexual and gender-based violence (SGBV)* and *violence against women (VAW)*.

Although it is generally recognized that sexual violence is prevalent worldwide (5), many countries lack appropriate prevention and response measures. Indeed, some countries or communities do not acknowledge sexual violence as a problem that merits attention or response. This can be especially problematic in times of armed conflict and natural disaster, both situations which result in social and economic disruption, and often the displacement of large numbers of people. Reports of rape, sexual assault, sexual exploitation, sexual bartering, intimate partner violence and other forms of sexual violence are increasingly surfacing in emergency settings, although the true extent of this is not known. The lack of concrete data should not, however, be taken to mean that sexual violence is a minor problem in emergency settings. The absence of solid statistics is rather an indication of the difficulties in gathering information about the prevalence and nature of sexual violence under such circumstances.

Civilian women and girls are often targeted for abuse, especially during armed conflicts (see BOX 1). In emergencies, trafficking and sexual slavery among displaced women is generally believed to be a significant problem, although again, few data are available. In most emergency settings, women and children account for the greatest numbers of displaced people, with women and young girls being the most vulnerable to exploitation, violence and abuse simply because of their sex, age and status. There is some evidence to suggest that men are also targets of sexual violence in conflict settings and may face specific health-related problems as a result. More work is needed, however, to understand the problems associated with sexual violence against men and boys in emergencies and how to prevent and respond to it. While this document is based on experiences gained from working with women and girls, the principles herein can, in general terms, be applied to data collection efforts on sexual violence against men and boys in these contexts.

Humanitarian emergency or emergency setting

The term “emergencies” is generally used to refer to situations of armed conflict or natural disaster, often involving the displacement of populations, sometimes as refugees, other times as internally displaced people (IDPs). For the purposes of these recommendations, humanitarian “emergencies” include the period of instability which often leads up to an acute crisis and ends at some point after “return” or “resettlement”.

Emergencies are often cyclical, with periods of stability followed by recurrent violence and/or instability. In some emergencies, populations flee, find refuge that later becomes unsafe, and are thus 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 for all sorts of abuses, including sexual violence, are high.

The nature of sexual violence is likely to vary according to the type of emergency and also with the phase of any given emergency. For instance, the risks and perpetrators will be different in different emergency settings, and will almost certainly change over time.

Any inquiry into sexual violence must be designed and carried out with an understanding of the nature of the emergency, the specific context in which the inquiry will take place, and bearing in mind the purposes of the inquiry. The type of information collected and the methods used will vary depending on the purpose of the exercise and the phase and the type of emergency.

Ethics

“Ethics” can be defined as a system or code of moral values that provides rules and standards of conduct. The three primary ethical principles that should guide all inquiries involving human beings (including methods used to collect information) are as follows (6):

- 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 safeguard the welfare of people/communities involved, which includes minimizing risks and assuring that benefits outweigh risks.
- 3) Justice, a duty to distribute benefits and burdens fairly.

In emergency settings, dependency, loss of 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 how best to meet the obligations contained in these principles.

These principles have several important implications for sexual violence information gathering. The obligation to distribute the benefits of information gathering, for instance, requires careful consideration of:

- how information will be used,
- who will see it,
- how the information will be reported and to whom,
- for what purposes will it be reported, and
- who will benefit from it and when.

An equally important question is whether the information that is being sought is truly needed. This may be especially pertinent, given that, in some situations, there is a risk that sexual violence is being “over-researched”. This risk arises when multiple sexual violence inquiries are conducted in the same place, by different organizations or individuals, with little or no information sharing or coordination.

In some cases, this has resulted in potentially avoidable harm to women in the community, while not yielding new or additional information or understanding about the problem.

Given that sexual violence is known to be prevalent in all settings, including in emergencies, a lack of specific data about sexual violence in a specific setting is not sufficient justification in and of itself for the collection of information about sexual violence.

The recommendations

The following set of interrelated ethical and safety recommendations apply specifically to the collection of information on sexual violence in emergencies. They set out the ethical and safety issues that are typically associated with planning and conducting information collection activities about sexual violence in emergencies as well as those associated with the uses of that information. They do not intend to give general guidance or recommendations on the planning, methodology or logistics of research on this topic, or on issues associated with the ethical conduct of research in general. As stated above (see page 3), **these recommendations are intended to complement and add to existing professional standards, guidelines, and other practice and oversight tools and guides and processes**, and should not be viewed as an all-inclusive or stand-alone guide for information gathering about sexual violence in emergencies.

The eight safety and ethical recommendations addressed here are:

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. 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.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. 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 continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

1. Risks and benefits

Recommendation: The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.

BOX 2

Questions to answer when planning and designing information collection activities

- What is the purpose of the proposed data collection activity?
- How likely is it that collecting information in a given way from a given group will achieve the intended purpose?
- What are the likely physical, psychological, social and legal risks to survivors, their families and supporters, and to communities?
- What are the likely physical, psychological, social and legal risk to those involved in collection of the data of the proposed data collection activity?
- How can the above risks be minimized?
- Is it fair to the individuals and the community to ask them to be involved in this activity? Must this population be used? Will they benefit directly?

Before embarking on any inquiry into sexual violence in communities affected by armed conflict, natural disaster or other form of 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.

- 1.1 The purpose of, the rationale for, and the intended end use of the data to be collected, as well as the methodology and target audience, should always be clearly defined and justified in any proposal to conduct an information gathering exercise. It should also be demonstrated that the information to be gathered is not already available and/or does not exist in another form. In this regard, questions that project planners might wish to consider when planning and designing a data collection activity are listed in BOX 2. These questions should also guide those responsible for oversight and approval of these activities.
- 1.2 Special attention should be paid to activities that involve the interviewing of survivors or those who may have experienced sexual violence. Personal interviews should only be used to obtain information after all other options have been considered (see also section 2.4). The case for direct interviewing must thus demonstrate:
 - that the desired outcome cannot be achieved without gathering information in this way,
 - that the information is needed and is not otherwise available,
 - that information cannot be obtained in a less invasive manner (e.g. by using other methods, or by involving a different community, in a different time, or a different context with lower risk), and
 - that the welfare of respondents can be properly protected.
- 1.3 Information collection activities should be conducted in such a way so as to maximize benefit to survivors, participants and the community. For example, results should be made available in safe and ethical ways to community programmes that help prevent and respond to sexual violence. Results of activities that involve interviewing women who have suffered sexual violence, in particular, should be used to benefit the participants (and the community), for instance, to support the case for new or improved interventions to prevent sexual violence and/or assist the survivors in that community (see also BOX 3). In order to ensure that some benefit is provided to the community

more directly and immediately, information gathering activities may include, for example, providing training for military forces in human rights and gender-based violence prevention strategies.

- 1.4 Communication and coordination between organizations or individuals working on sexual violence should be promoted in order to avoid duplication of effort and to maximize the utility of existing data. Collaborative networks of nongovernmental organizations (NGOs) and other humanitarian and women's organizations should be established wherever possible. It is unfair to ask women and communities to undergo repeated interviews and, potentially, repeated risks, for the convenience of multiple organizations and researchers.
- 1.5 Results of information gathering should be reported back to the community in a timely manner if it is safe and appropriate to do so (see also BOX 3). Any report-back should be carefully planned and methods (i.e. oral, written or a combination of the two) should be chosen with sensitivity to the culture, environment and context. The risks associated with reporting results back to the community must be considered carefully.

BOX 3

Special considerations for publicizing information about sexual violence

Organizations who collect sexual violence data may wish to use such data for advocacy. Although advocacy is often important and carried out for noble and worthwhile reasons, careful consideration must be given to the use of data about sexual violence to support such activities.

The degree to which even non-identifiable aggregated information can – or should – be shared publicly (including on the Internet) must be determined on a case-by-case basis. It is important to evaluate, in coordination with local actors, any risks to individuals, the community, staff and programmes that may arise as a result of the sharing and publicizing of data and to ensure that it is both safe and appropriate to do so.

The recommendations in this document should be used to help decision-makers identify when and how data may be publicized in a safe and ethical manner.

2. Methodology

Recommendation. 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.

BOX 4

De-identified data

Data are described as “de-identified” when they cannot be linked to a specific individual or group of individuals. To this end, all personal identifiers, such as person’s name, place of residence, and location and date of the incident, are removed from a data set or record.

It may be necessary to consider removing other details to avoid possible identification of a specific individual or group of individuals. For example, if there were only a small number of women in a given age group in a given region, it might be possible to link data records which include age to individuals in this group. In this case, age should be removed from a data set or record.

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

- 2.1 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 proposed methodology is based on a sound understanding of the local context, is relevant and is appropriate for the setting. This can also help to make sure that the required referral systems are in place (see Recommendation no. 3) and that the information collected is both relevant and useful. If local groups are to be approached and consulted in this way, it is advisable to learn something about the group(s) and their activities in advance; for example, whether or not the group provides direct services to the community. It is especially important to be aware of their political, religious, ethnic or other affiliations. In some settings, especially emergency and displaced settings which are characterized by complex political issues, there are likely to be some local groups whose involvement could result in harm to respondents and/or others involved in information collection activities. “Local” does not necessarily always equal “good”. Caution should be exercised at all times to avoid being perceived as “choosing sides” and to maintain a position of neutrality.
- 2.2 It is essential to draw up plans for analysing and reporting data at the design stage of the information gathering activity, i.e. **before** gathering any information. If necessary, project planners are advised to seek expert advice, for example, from a statistician or a monitoring and evaluation expert, as appropriate.
- 2.3 In the case of one-off research or other inquiries, careful consideration should be given to the question of how to frame the study so as to ensure participants’ safety. A study on sexual violence, for instance, could be presented to the wider community as a study of women’s health, well-being and life experiences.
- 2.4 Individuals who have been or *may* be survivors of sexual violence should not be interviewed unless the required information cannot be obtained in any other way (see also section 1.2). Alternative methods and approaches, in particular, the use of existing records (3) to reveal the scope and characteristics of sexual violence in a given setting, should always be explored,

bearing in mind that there are also ethical and safety issues associated with the use of this type of data. Access to existing de-identified (see also BOX 4) legal, medical and social service records, for instance, could in some cases be facilitated by supporting the local institutions and organizations that hold these records to share their information, in a safe and ethical way.

- 2.5 If it is deemed necessary to interview survivors, additional precautions and safeguards will be necessary to ensure their safety. The information collection should take place in safe, secure and private surroundings (see Recommendation no. 4). Experience has shown that women and girls tend to prefer talking to other women and as far as possible, female interviewers and translators (if used) should be selected. The experience of asking men about sexual violence is more limited, but given that the perpetrators of sexual violence against them are often male, or because of cultural considerations, men or boys may prefer to speak to a woman. If men or boys are to be interviewed, they should be given the choice of a male or female interviewer, if available. Special considerations that apply to interviews with anyone who has experienced sexual violence are summarized in BOX 5.

BOX 5

Special considerations for interviewing women or other persons who may have experienced sexual violence

It is important to recognize that many women will be reluctant to disclose details of their experience of sexual violence to interviewers for well-founded reasons. It is often the case that even survivors who want to denounce the sexual violence and the perpetrator(s), are prevented from doing so for fear of reprisal and recriminations, as well as stigma and shame. Asking about these experiences may put the interviewee at risk for further harm and thus additional safeguards are called for. In these circumstances, careful attention to ethical and safety issues is imperative, but above all, those collecting the information must take steps to ensure that the information collection is neither harmful, nor results in harmful consequences, to anyone who participates. Such steps might include:

- Ensuring that interviewers and translators (if used) are carefully selected.
- Ensuring that interviewers and translators (if used) are appropriate to the context (including their

age, sex, religion, ethnicity and political affiliation).

- Ensuring that all interviewers receive proper training and support (see Recommendation no. 7) and also have, as a minimum, the following knowledge, skills and qualities:
 - interviewing skills (i.e. appropriate questioning skills, including an ability to use non-judgemental language and tone and to generally present a non-judgemental manner and attitude);
 - communication skills (i.e. listening skills, coupled with appropriate non-verbal (facial expressions, body language) and verbal responses);
 - empathy;
 - ability to record accurately what the participant is saying (as opposed to noting what one might expect to hear or wish to hear);
 - an understanding of the health, social, economic, emotional and psychological consequences of sexual violence.

- Ensuring that the objectives of the information collection activity are clearly understood so as not to create unrealistic expectations among participants or in the community. It is important that interviewers are as transparent as possible and able to clear up any expectations or misunderstandings that interviewees may have.
- Ensuring that there are support services available for both medical care and psychosocial support. Establish procedures for making confidential referrals for follow-up care and support of participants (with participant consent) when such referrals are needed (see also Recommendation no. 3).
- Ensuring that all interviewers are familiar with, and abide by, the ethical and safety recommendations included in the WHO guide, *Putting women first: Ethical and safety recommendations for research on domestic violence against women (1)*, when carrying out survey research.

3. Referral services

Recommendation. 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.

Asking questions 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 emotional support and help with any security and safety concerns that they may have. For others, the questions and discussion may bring forth emotional responses that require follow up and psychosocial assistance or health care beyond the scope of the interviewer's work. For these reasons, it is an ethical imperative that when conducting data collection activities that involve interviewing individuals about sexual violence, at least basic care and support services to which survivors may be referred are available.

- 3.1 In relatively isolated locations, or in the early stages of a humanitarian crisis (i.e. before relief efforts are fully operational), it is quite likely that no sexual violence care services whatsoever will be available. Under such circumstances, anyone gathering information about sexual violence must be prepared to work with local actors (e.g. midwives, women leaders or women's groups, local security officers) to ensure access to a basic level of follow-up care and support. This requirement has logistical and resource implications, which must be considered at the planning phase of the proposed data collection activity. For instance, plans for proposed information gathering activities should allow sufficient time to identify potential local actors with whom it is going to be possible to develop a mechanism for providing a minimum level of follow-up care. This might include providing local actors with training and information about how to provide basic follow-up support to survivors of sexual violence.
- 3.2 "Basic care and support" should comprise medical care (i.e. treatment for injuries, prevention of disease and unwanted pregnancy, mental health assessment), emotional support (as outlined in the IASC guidelines for GBV interventions, Action Sheet 8.3, number 2) (4) and protection from further violence (e.g. provision of options for safe shelter, police investigation).
- 3.3 If the information collection involves children, basic care and support must include services designed to meet the needs of children (see Recommendation no. 8).
- 3.4 Referrals for follow-up services must be confidential and only made with the consent of the individual.

4. Safety

Recommendation. 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 continuously monitored.

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 (see BOX 7) and the wider community.

- 4.1 All members of the information collection team should understand, and be sensitive to the political, sociocultural, security and economic factors that may affect the safety and security of those involved in the data collection process. They should take particular account of the nature of the emergency, any human rights and humanitarian concerns, as well as the prevailing formal and informal legal environment.
- 4.2 The identity of those who have provided information about sexual violence must be protected. Under no circumstances should names or other identifying information about survivors or participants be used, for instance, in documents, tapes or conversation (see also Recommendation no. 5).
- 4.3 If data are to be shared, this should only be done with the utmost consideration for the safety of those who could be put at risk by the dissemination of such information. This includes the individual providing the data, the person collecting it, community members, service providers, and staff of nongovernmental and humanitarian organizations (see also section 5.11).
- 4.4 All individual interviews and group discussions should be held in a safe place, somewhere that does not draw unnecessary attention and does not raise suspicion, and where participants cannot be overheard.
- 4.5 The safety and security aspects of any data collection activity should be monitored and evaluated on an ongoing basis. If it is deemed that the safety of the participants or the information gathering team (see BOX 7) is compromised in any way, the activity must be stopped immediately or steps taken to

Good practice: providing a safe location for conducting interviews

Some data collectors have found that obtaining information about women's experience of sexual violence can be done discreetly by arranging to conduct interviews in the context of other activities that draw less attention, for example, in women's centres or reproductive health centres that routinely offer a variety of services and activities for females of all ages.

Good practice: protecting the data collection team

Where local security guidelines do not exist, or do not sufficiently address the security risks associated with sexual violence inquiries, strategies for ensuring the safety and security of the team collecting the information might include:

- Furnishing all members of the information collection team with means of communication, and preferably a back-up system in case the original lines of communication are intercepted or disrupted.
- Careful consideration of the composition of the information collection team including, in terms of the optimum number of people, the male-to-female mix and the age of interviewers, always bearing in mind any security concerns and the politics and culture of the setting.
- Providing secure transportation to and from the research/work site(s), and at the research/work site(s).
- Providing and circulating daily itineraries (detailing locations, timelines and check-in times) for all team members.
- Establishing alternative plans to respond to security changes (this will require appropriate and sufficient logistical support).
- Devising team strategies for dealing with a range of scenarios that might arise.

Please note that it is important to understand the local context before determining the appropriate safety measures. Not all actions in the above list may be appropriate in all settings.

restructure the activity to address any safety concerns. The risks associated with reporting results and/or disseminating data should also be subject to the same process of continuous review and evaluation.

- 4.6 Strategies for responding to potential security threats to those involved in the information collection process must be formulated in advance.
- 4.7 Before initiating data collection, a data security plan should be developed.¹ Key elements of any such plan would be agreed procedures for ensuring that data are protected and principles governing any sharing of data.

¹ Data security and monitoring plans (DSMPs) are discussed by Swiss and Jennings (3). A sample DSMP is available to download from the web site of Women's Rights International (<http://womens-rights.org>).

5. Confidentiality

Recommendation. The confidentiality of individuals who provide information on sexual violence must be protected at all times.

Good practice: maintaining confidentiality

When using focus groups or other group discussions as a means of collecting information about sexual violence, participants should be briefed about the need for confidentiality and the safeguards that will be adopted to protect their privacy. This is best done at the beginning of the meeting, repeated at the end, and should include acknowledgement that confidentiality is the responsibility of all group members.

Focus group participants should be instructed 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 (i.e. what was discussed) as well as to what was said and who was present.

Preserving the confidentiality of personal information is one of the fundamental principles governing the collection of data about individuals. Every person has a right to privacy, and this right imposes an obligation on those collecting personal data to keep this information confidential.

Any personal information that an individual discloses in an information collection exercise should be considered to be confidential. This means that there is an implicit understanding that the disclosed information will not be shared with others, unless the person concerned gives explicit and informed consent to do so (see Recommendation 6).

In the context of sexual violence in emergencies, the stakes can be very high. In such circumstances, a breach of confidentiality does not only represent a breach of ethics, but can also lead to harm for the survivor and for the community. Therefore, anyone asking someone to disclose information bears a responsibility to safeguard that information.

The requirement to maintain confidentiality governs not only how the data are *collected* (e.g. private space in which to conduct an interview), but also how the data are *stored* (e.g. without names and other identifiers) and how, if at all, the data are *shared*.

- 5.1 Standard operating procedures (SOPs) which clearly describe the arrangements for maintaining confidentiality should be developed as part of the planning phase of the information gathering activity.
- 5.2 Confidentiality SOPs should specify the steps that should be taken in the event of a breach of confidentiality and also the consequences. Penalties for breaches of confidentiality should be enforced.
- 5.3 In the case of children, if immediate protection needs become apparent, it may not be possible to honour confidentiality and also serve the best interests of the child. Further guidance and advice on this issue should be sought from child rights, ethics or protection experts when establishing SOPs for confidentiality (see also section 5.13 and Recommendation no. 8).
- 5.4 All individuals involved in data collection, documentation and/or research relating to sexual violence should receive training in the need for strict confidentiality (see Recommendation no. 7). As part of this training, team members should be afforded the opportunity to discuss practical applications of confidentiality principles in the setting in which they will be working. All

team members should understand, agree to, and sign confidentiality agreements.

- 5.5 It is especially important to highlight confidentiality and safety issues in settings where the interviewers and other team members are drawn from the community or are living within the community that is part of the planned investigation. Under these circumstances, training programmes should stress the challenges local staff are likely to face in maintaining confidentiality when they interact with the community on a day-to-day basis, and provide strategies for addressing these concerns (see Recommendation no. 7). Careful consideration should be given as to whether interviewers should work within their own communities.
- 5.6 The names of survivors, interviewees and/or translators should not be used on forms or case records, or in documents or other types of written materials generated as part of the investigation (see also section 4.2). If, for whatever reason, follow up is required, a system of case numbers could be implemented. The index linking names with case numbers must be kept in a secure location, and separately from the material to which it refers.
- 5.7 All completed forms, case notes and records, as well as any photographs, audiotapes and videotapes should be stored as soon as possible after use in a secure location, ideally in locked cabinets. Only one or two senior managers should have access to these secured storage facilities. As camp or field settings are rarely secure, additional measures may be needed to ensure the personal safety of those staff with access to the data storage areas (i.e. the key holders). Suitable arrangements must also be made if, at any time, materials have to be moved to other locations. As mentioned in the preceding paragraph, indexes for matching code numbers with identifying information/names should always be stored separately and securely.
- 5.8 Audio and video recordings of interviews should be destroyed once a transcript of the interview has been created. If audiotape or videotape is made for purposes other than simply recording an interview, the person responsible must not only justify why it needs to be made but also make provision for preserving the confidentiality of those featured in the recording, especially if it is to be kept for any length of time.
- 5.9 Participants in an information collection activity should never be recognizable through photographs, and/or audio or video recordings. Only images or recordings that have been blurred or changed (so that individuals are totally unrecognizable) may be used in reports, presentations or informational materials, or displayed on the Internet. If case histories are used to illustrate general findings, the content should be edited to remove any identifying details and thus avoid any possible identification of individual participants.

BOX 6

Mandatory reporting of sexual exploitation or abuse

The United Nations Secretary-General's *Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse* establishes minimum standards for staff conduct in matters relating to sexual abuse and sexual exploitation (8). The Bulletin applies to all staff of the United Nations, including its separately administered organs and programmes, as well as to staff of organizations (or individuals) entering into cooperative agreements with the United Nations. Violations can result in disciplinary action, including summary dismissal, repatriation and/or criminal prosecution, as appropriate.

The Bulletin contains six specific standards for staff conduct, one of which stipulates that:

Where a ...staff member develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not ...he or she must report such concerns via established reporting mechanisms (8).

Many nongovernmental organizations have adopted standards of staff conduct that are in line with the Secretary-General's Bulletin. So too have many donors, thereby obligating recipients of funding to adhere to these standards.

- 5.10 Those responsible for collection of information must have a clear plan regarding the permitted level of access to potentially sensitive information. The relative merits of identifying data sources (e.g. the region, ethnic group, village or camp) when sharing or publicizing information must be carefully weighed, bearing in mind the risk of potentially serious consequences to those who supplied data, even when individual identities are not disclosed. It is generally recommended that any public disclosure of findings, either in public presentations or publicly-available written reports or articles, should provide only aggregated, de-identified information (see BOX 4).
- 5.11 There are particular confidentiality issues that arise in the context of service provision. Caution must be exercised when sharing service data with others. It is advisable to stipulate conditions for sharing data and to put into place procedures for ensuring that the confidentiality of shared data is maintained (3). When exchanging information about individual case reports, all personal identifiers (name, location, exact date of the incident) should be removed. In order to provide services to survivors of sexual violence, it may be necessary to complete various medical forms and case notes. The confidentiality and security of these records must be maintained. A medical certificate, for example, should be given only to the survivor, or kept in a secure location until such a time as it is safe for the survivor to take possession of it and/or it is requested by the survivor. Note that the procedures for handling of medical records/certificates may be prescribed by national laws and policies. In this case, the information gathering exercise should comply with the laws and must consider, when planning, how such reports and documentation will be managed.
- 5.12 There may be mandatory reporting laws and/or policies in the setting that require certain individuals or professionals to report certain types of sexual violence cases. An example is given in BOX 6. Reporting requirements of this nature can create a dilemma for collectors of information about sexual violence because of the potential for conflict with key ethical principles, namely, respect for confidentiality, respect for autonomy and the need to protect the vulnerable. Given the very real risks that can arise, it is the responsibility of anyone planning to engage in collection of information about sexual violence in emergencies to:
- Obtain information about, and understand, any mandatory reporting requirements, including reporting mechanisms and investigation procedures **before** undertaking any collection of information. In some cases, such requirements and the prevailing local situation may lead to a decision not to undertake the information collection, or not to ask certain types of questions, because of the potential risks to participants and/or researchers.

- Formulate a strategy for addressing any issues relating to mandatory reporting that could conceivably arise.
- Inform potential participants about the information collector’s duty to report certain incidents in accordance with laws or policies. This must be done as part of the informed consent process (see also Recommendation 6).
- Explain the reporting mechanism to the participant and what they can expect after the report is made.

In addition, researchers should ensure that these issues are discussed and procedures agreed with the relevant institutional, international and/or national ethics review bodies.

5.13 Mandatory reporting requirements in cases of child victims of sexual violence raise additional ethical and safety concerns. Children are more vulnerable and less able to act autonomously than adults. In the context of emergencies, there may be no effective services to help such children or reporting may start a chain of events that might put the child at even greater risk (such as being separated from his/her family or placed in an institution). In the absence of international consensus about how to handle mandatory reporting requirements in cases of sexual violence against children, investigators are advised to refer to the guiding principle of acting in “the best interests of the child.” The appropriate and required actions will differ depending on the conditions at the site where the information collection will take place (see also Recommendation 8).

6. Informed consent

Recommendation. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.

The role of informed consent is to ensure that respondents are aware of, and *understand*, the purpose and content of the data collection exercise, the procedures that will be followed during the course of the exercise, the risks and the benefits to themselves of participating, and also their rights.

The informed consent *process* is crucial. It is much more than simply providing a form for participants to read and sign.

6.1 Careful attention must be paid 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, risk or preference.

6.2 Information gatherers need to make sure they are not overly influencing participants with their authority, attitude, or demeanour, for example, their heartfelt conviction that the information collection is worthwhile, that it will not hurt the participants, and that professionals know best. Those collecting information should also be mindful of not making any unrealistic promises, in terms of benefits of participation, as this might unduly influence someone to agree to an interview.

Experience shows that respondents may misunderstand the purposes of interviews and/or misunderstand whether interviews will lead directly to an increase in or personal access to services. After working through the steps outlined in section 6.4 below, the interviewer should ask the participant to repeat back in her/his own words why she/he thinks the interview is being done, what she/he will gain by doing it, what she/he has agreed to, what the risks might be, and what would happen if she/he refuses. In other words, the interviewer must carefully assess each aspect of the participant's understanding and explain or rephrase the information as many times as required.

6.3 As part of the informed consent process, it is critical that participants are given information about each of the following (all of these should be communicated to the potential participant in what is often called a “consent statement”):

- the reason for the interview;
- the subject matter(s) to be discussed;
- the personal, and possibly upsetting, nature of questions that may be asked;

- the potential risk and benefits involved in participating (bearing in mind 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 precautions being taken to protect confidentiality;
 - whether information will be shared, and if so, how and with whom (if identifiable information is going to be shared with third parties, the identity of these third parties must be disclosed);
 - their rights to refuse to take part in the interview and/or to answer any particular questions or parts of the interview and also their right to put restrictions on how the information they have given is used.
- 6.4 The generally accepted approach to obtaining informed consent is as follows:
- Read aloud to the interviewee the consent statement (see section 6.3 above), allowing time for questions and clarifications of individual points.
 - Having explained the key points, the interviewer should ask the participant to repeat back in their own words why they think the interview is being done, what they think they will gain from doing it, what they have agreed to, what the risks might be, and what would happen if they refuse. This will allow the interviewer to assess the participant's understanding of each issue, and if necessary, reinforce anything that was not clearly understood and correct any misunderstanding.
 - The last step, obtaining consent, can be done either verbally or in writing (see section 6.5).
- 6.5 Given the sensitive nature of the issue, asking for a signature to confirm that informed consent has been given may not always be appropriate. A signature will identify someone and possibly place that individual at risk. Two alternative strategies are:
- the interviewer can sign a form to confirm that consent was given by the respondent;
 - the respondent can sign a *separate* form which simply states that informed consent is given to participate in an interview (or other activity) but does not specify the topic.
- Thumbprint or X signatures may not be appropriate for respondents who are illiterate as they cannot read what they are "signing".
- 6.6 As previously mentioned (see section 6.3), respondents have a right to refuse to answer specific questions or to take part in sections of the interview. During the course of an interview, interviewers should therefore offer participants a number of opportunities to decide whether or not they wish to go on. For instance, a researcher could say, "The next few questions concern the most recent violent incident. May I continue?"

Good practice: obtaining consent for public disclosure of personal information

Individual respondents or participants in a study or other such activity should never be asked to agree to have their identifiable information disclosed publicly, or their images used on videos.

Those wishing to create an informational video or to collect testimony that *will* be widely publicized, for example for the purposes of awareness-raising and advocacy, are advised to make a public announcement inviting volunteers to come forward to share their stories. Such announcements should be confined to appropriate communication channels (e.g. at women's centres), and must incorporate messages that are appropriate and acceptable for the setting and culture.

It is important to make sure that even those volunteering are fully informed of the possible risks and benefits of participating in this activity and given the option to stop their participation at any point.

7. Information gathering team

Recommendation. All members of a data gathering team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.

BOX 7

Information gathering team

The composition of the information gathering team in any sexual violence inquiry will vary depending on many factors, including the purpose of the activity, the setting/context and the available resources. The team might include, but is not limited to, a team leader, supervisors, interviewers, researchers, translators, information-gatherers, drivers, data entry staff, members of advisory or oversight committees, and individuals involved in the dissemination and publication of results. In some cases, there may be only one person involved in the information collection exercise.

Every aspect of information collection about sexual violence in emergencies is sensitive. All members of the information gathering team (see BOX 7) may encounter a range of safety and ethical issues throughout the process. It is important, therefore, that all team members, regardless of position or role(s), be carefully selected, trained and supported.

- 7.1 The selection process and criteria for information collection team members should include (as a minimum) due consideration of candidates' age, sex, ethnicity and language skills. Whenever possible, interviewers should speak the same language as the persons being interviewed. If this is not possible, then appropriately selected and trained translators must be used (see also section 7.5). Factors likely to have an impact on security issues should also be taken into account when deciding on the composition of the team, for example, whether team members should be drawn from the same community as the one in which the activity will take place. These considerations apply to all team members, including drivers and other support staff.
- 7.2 Training should be completed and participants evaluated prior to the final selection of the team. Not all those who have been trained may qualify to participate in the information gathering exercise itself. Candidates' suitability for the task ahead should be assessed on completion of their training period and before the final hiring decisions are made.
- 7.3 Training programmes should provide potential team members with opportunities to recognize and overcome their own prejudices about sexual violence. Team members who, at the end of the training period appear to remain either judgemental or biased in their attitudes and behaviour should not be retained on the team, and should not be allowed to participate in the information collection activity. Training should assist members who have experienced sexual violence to understand the impact of the violence on themselves and how this may be the same or very different for other survivors. All team members should be made aware that they can withdraw from the information collection activity at any point.
- 7.4 The content of training programmes for **each** member of the information gathering team should be consistent with the role of the individual. It should cover, as a minimum, the following topics:
 - basic information on the purpose and design of the planned study, including how findings will be used and reported;

- background on the problem of sexual violence, in particular, the health, psychological, social and legal consequences for both survivors and their families, availability of prevention measures and support services (including protection) in the setting, and rights and entitlements of the population in the setting;
- arrangements (including monitoring) for ensuring the security of gathered data;
- confidentiality, in particular, the need for confidentiality, definition of confidentiality, practical application, confidentiality agreements and consequences for any breaches of confidentiality (the need for confidentiality extends to details of the data gathering activity itself, including its content, scope and purpose);
- safety and security risks and other related issues, including guidelines and mechanisms specific to the setting, as well as individual safety planning; and
- any tools, instruments, documents and forms pertinent to the specific role(s) of the team member.

7.5 In the case of interviewers, translators and other team members who will be directly involved in interviewing people who may have experienced or witnessed sexual violence (see also BOX 5), training programmes should cover, in addition to the topics listed in section 7.4, the following:

- more detailed information on sexual violence, including the health, emotional, social and legal consequences to survivors and their families;
- good practice in conducting interviews, both alone and in cooperation with translators;
- strategies for negotiating and obtaining informed consent from participants (team members must be able to recognize whether consent is, indeed, informed (i.e. in terms of full understanding of the purpose, risks and benefits of the activity) and freely given);
- strategies for engaging and developing a rapport with participants in order to minimize participant distress;
- referral options for survivors of sexual violence (team members must be able to judge when it would be appropriate to offer advice and information about the options for victim support and know how to refer participants to follow-up support services);
- how to recognize, establish and keep appropriate professional boundaries;
- strategies for self-care. Given the potential for emotional or social harm to those collecting the information, as part of the training programme, team members should engage in candid and honest discussions about this and develop strategies to minimize such effects.

7.6 Ongoing support should be provided to information collection team members. As a minimum this support should comprise:

- technical debriefings, oversight, supervision and feedback on performance (it may be necessary to remove some team members from the activity if their performance does not conform to the prescribed standards or to reassign them to other tasks if the effects of the work on their emotional well-being require it);
- additional training if necessary;
- frequent opportunities to discuss within the team any problems and dilemmas that might emerge during the course of the information collection activity;
- access to a worker appropriately trained in providing psychological support for private discussion, if required;
- practical suggestions for self-care strategies, including reminders to rest and engage in social activities; and
- opportunities for recognition and appreciation of their work.

The IASC Guidelines on mental health and psychosocial support in emergency settings, published in 2007 (7) include an action sheet on staff support. These actions should also be considered.

8. Children

Recommendation: Additional safeguards must be put into place if children (i.e. those under 18 years)¹ are to be the subject of information gathering.

The involvement of children demands even stricter and more rigorous consideration of ethical and safety issues than working with adults, as children are among the most vulnerable population sub-groups. Nevertheless, involving children and young people in sexual violence information gathering may be necessary and appropriate in order to understand better their unique needs and strengths, and thereby improve sexual violence programs and services for children. Deciding whether and how to involve children requires consultation with people who are experienced in working with children on sensitive topics such as sexual violence.

- 8.1 There must be a strong case for including children in information collection about sexual violence in emergencies, given that the risks of harm to children may be even greater than for adults. Every effort should be made to determine whether the children selected for study have already participated in other studies or similar activities. If they have, and that information was collected in an ethical and safe manner, the existing information should be used if its use presents no additional risk or harm to those involved.
- 8.2 Specialist technical advice and support should be sought in order to ascertain whether it is acceptable to involve children in inquiries into sexual violence, and if so how. (See annex for further reference materials related to research with children.)
- 8.3 Consent procedures must be designed with children's specific needs, age and level of understanding in mind. In particular:
 - Consent policies and procedures relating to children should comply with existing local and national laws and policies.
 - Information about the activity should be provided to children and their parent or guardian in a manner that is appropriate to their culture, education and level of understanding.
 - Consent procedures, particularly how potential risks are described, will be different for parents and children. While it is important to clearly explain to children the potential risks, it is also important not to frighten them.
 - Consent forms and other informational tools (e.g. posters) should be developed in consultation with trusted community members and designed specifically for the age groups to be included in the activity.

¹ Article 1 of The UN Convention on the Rights of the Child (1990) defines a child as "every human being below the age of eighteen years unless under the law applicable to the child, majority is attained earlier." (9)

- Informed consent must be provided by a parent or guardian (see Recommendation no. 6), unless local laws state otherwise. In addition, children who are of an age to be able to understand the nature of the information gathering activity (i.e. are developmentally capable) must also give their consent to participate.
 - For older adolescents, if an activity is deemed by experts in child rights, ethics and/or protection to bear minimal risks (e.g. an interview in a fairly stable setting with appropriate safeguards to protect participant's safety and confidentiality), parental consent may not be required. It may be appropriate to offer the young person a consultation with an independent advisor (i.e. someone who is independent of the information collection team). Their role is not to act in lieu of a parent/guardian (they cannot provide permission), but rather to serve as a source of information and to respond to any questions and concerns the young person might have about the activity and/or their participation.
 - Determining acceptable and appropriate ages when adolescents may be able to give consent without parental involvement requires understanding of the applicable laws, culture, and context as well as careful evaluation of security and other issues in the setting.
 - If there are mandatory reporting requirements in the setting, this information must be disclosed to parent/guardian and child during the consent process (see sections 5.12 and 5.13).
 - If immediate protection needs become apparent, it may not be possible to honour confidentiality and also serve the best interests of the child. Further guidance and advice on this issue should be sought from child rights, ethics or protection experts.
- 8.4 If there is any doubt about the protection provided by a parent or guardian either during or after participation of the child in the information collection activity, or whether the parent/guardian is acting the best interest of the child, that child should not participate in the activity.
- 8.5 During the planning stages of the information collection activity, clear measures should be put in place to identify what course of action will be taken if children disclose they are in danger from immediate family or people they are living with.
- 8.6 Only interviewers who have had specialized training (and, preferably, previous experience) in working with children should be selected to conduct interviews with children. Training should cover advice and good practice in responding to children's needs, in addition to the core training elements described in section 7.4. Interviewers must make sure that the children with whom they are working understand that they have the option to stop or withdraw from the activity at any time they wish without any negative consequences.

- 8.7 The ethical imperative to ensure the availability of at least basic care and support services to which survivors may be referred is especially important when working with children. If the information collection on sexual violence involves children, basic care and support must include services designed to meet the needs of children. If these services are not already available in the context, they must be provided before undertaking information collection involving children.
- 8.8 Unaccompanied children and those who have lost their families should participate in information collection only if the results will be of direct benefit to them. If the inquiry is related to children in general, the potential risks of participation for unaccompanied children are too great and are not balanced by the potential benefits to this specific group.

Good practice: working with children

Particular care should be taken when planning and designing an inquiry or information collection activity that involves children as respondents. Every effort must be made to anticipate and prevent or minimize harmful consequences. Project planners are advised to take note of the following suggested good practice guidance when planning their activity:

- Seek advice from experts in collecting information from and working with children, as well as people familiar with the culture and the setting in which the inquiry is to take place.
- Draw on the emerging body of literature and experience regarding how best to work with children and young people. There are many innovative and engaging means of working with them and where relevant these should be employed (see annex).
- Consult with community members and parents, guardians or caregivers to anticipate all possible consequences for children involved in the information gathering process.
- Advise children, as well as their parents, guardians or caregivers, of the referral services and protection mechanisms that are available to them (see also Recommendation no. 3).
- Be prepared to deal with very serious or complex issues and needs.

References

1. *Putting women first: Ethical and safety recommendations for research on domestic violence against women*, 2nd ed. Geneva, World Health Organization, 2003 (<http://www.who.int/gender/violence/en/womenfirtseng.pdf> accessed 22 June 2007).
2. Zimmerman C, Watts C. *Ethical and safety recommendations for interviewing trafficked women*. Geneva, World Health Organization, 2003 (<http://www.who.int/gender/documents/en/final%20recommendations%2023%20oct.pdf> accessed 22 June 2007).
3. Swiss S, Jennings PJ. *Documenting the impact of conflict on women living in internally displaced persons camps in Sri Lanka: Some ethical considerations*. Albuquerque, Women's Rights International, 2006. (http://www.womens-rights.org/Publications/Ethics_IDPSurvey.pdf, accessed 23 July 2007).
4. *Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies*. Geneva, Inter-Agency Standing Committee, 2006 (http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp, accessed 1 June 2007).
5. Krug EG et al., eds. *World report on violence and health*. Geneva, World Health Organization, 2002 (http://www.who.int/violence_injury_prevention/violence/world_report/en/index.html accessed 22 June 2007).
6. The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. *The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research*. Bethesda, MD, Office of Human Subjects Research, National Institutes of Health 1979 (<http://ohsr.od.nih.gov/guidelines/>, accessed 10 June 2007).
7. *Guidelines on mental health and psychosocial support in emergency settings*. Geneva, Inter-Agency Standing Committee, 2007 (<http://www.humanitarianinfo.org/iasc/content/products>, accessed 12 June 2007).
8. Secretary-General's Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse. New York, NY, United Nations, 2003 (document ST/SGB/2003/13; <http://www.peacewomen.org/un/pkwatch/discipline/SGreportsexexpApr2004.pdf>, accessed 20 May 2007).
9. *Convention on the Rights of the Child. Adopted and opened for signature, ratification and accession by General Assembly resolution 44/25 of 20 November 1989; entry into force 2 September 1990, in accordance with article 49*. Geneva, Office of the United Nations High Commissioner for Human Rights, 1990 (<http://www.unhchr.ch/html/menu3/b/k2crc.htm>, accessed 15 June 2007).

Recommended resources and suggested further reading

Sexual violence in emergencies (all recommendations)

The following are singled out as good sources of further information about sexual violence in emergencies. Topics covered include the nature, extent and gender dimensions of sexual violence in emergency settings, as well as its causes, risk factors and consequences. These resources also provide guidance on prevention measures and responses to sexual violence in emergency settings, including services for survivors.

Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons, revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004, http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf accessed 15 May 2007 (also available in Arabic and French)

Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies. Geneva, Inter-Agency Standing Committee, 2005. http://www.humanitarianinfo.org/iasc/content/subsidi/TF_gender/gbv.asp, accessed 1 June 2007 (also available in Arabic, Bahasa, French and Spanish)

The Reproductive Health Response in Conflict Consortium (RHRC) web site. A range of gender-based violence resources are available for download from <http://www.rhrc.org/resources/index.cfm?sector=gbv>. Accessed 6 June 2007

Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response. Geneva, United Nations High Commissioner for Refugees, 2003. http://www.womenwarpeace.org/issues/violence/GBV_nairobi/PR_UNHCRguide.pdf, accessed 6 June 2007

Safety and ethical principles (all recommendations)

The following resources cover topics such as ethical principles, confidentiality, informed consent and participant safety.

The Belmont Report: Ethical Principles and Guidelines for the Protection of Human Subjects of Research. USA, The National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research, 1979. <http://ohsr.od.nih.gov/guidelines/belmont.html>, accessed 10 June 2007

International ethical guidelines for biomedical research involving human subjects. Geneva, Council for International Organizations of Medical Sciences, 2002 http://www.cioms.ch/frame_guidelines_nov_2002.htm, accessed 15 May 2007

International Guidelines for Ethical Review of Epidemiological Studies. Geneva, Council for International Organizations of Medical Sciences, 1991. http://www.cioms.ch/frame_1991_texts_of_guidelines.htm, accessed 10 June 2007

International Ethical Guidelines for Epidemiological Studies. Geneva, Council for International Organizations of Medical Sciences, draft April 2007 to supersede the 1991 version above once finalized. http://www.cioms.ch/070516april_epi_revisions.pdf. Accessed 10 June 2007

Research, documentation and monitoring methodologies (Recommendation 2)

The following resources provide useful guidance on all matters relating to the planning and designing of data collection activities.

Ellsberg M, and Heise L., *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, World Health Organization and Program for Appropriate Technology in Health (PATH), 2005. http://www.path.org/files/GBV_rvaw_complete.pdf accessed 10 June 2007

Gender-based violence tools manual for assessment, program design, monitoring and evaluation. The Reproductive Health Response in Conflict Consortium, 2004 http://www.rhrc.org/resources/gbv/gbv_tools/manual_toc.html, accessed 15 May 2007

Manual on the effective investigation and documentation of torture and other cruel, inhuman or degrading treatment or punishment: The Istanbul Protocol. New York, NY and Geneva, Office of the High Commissioner for Human Rights, 1999 <http://www.unhcr.ch/pdf/8istprot.pdf>, 14 May 2007

Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva, World Health Organization, 2002. <http://www.who.int/gender/violence/womenfirtseng.pdf> accessed 10 June 2007.

Training manual on human rights monitoring. New York, NY and Geneva, Office of the High Commissioner for Human Rights, 2001 (Professional Training Series, No. 7; (<http://www.ohchr.org/english/about/publications/training.htm> 14 May 2007).

Zimmerman C, Watts C. *Ethical and safety recommendations for interviewing trafficked women*. Geneva, World Health Organization, 2003. <http://www.who.int/gender/documents/en/final%20recommendations%2023%20oct.pdf> accessed 10 June 2007

Support and care for survivors and others affected by sexual violence (Recommendation 3)

Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons, revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004, http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf accessed 15 May 2007 (also available in Arabic and French)

Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies. Geneva, Inter-Agency Standing Committee, 2005. http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp, accessed 1 June 2007

Inter-Agency Standing Committee (IASC) (2007). IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings. Geneva: IASC. <http://www.humanitarianinfo.org/iasc/content/products> accessed 12 June 2007

Training manuals and guides (Recommendation 7)

Facilitator's guide: training manual for multisectoral and interagency prevention and response to gender-based violence. The Reproductive Health Response in Conflict Consortium, 2004 http://www.rhrc.org/resources/gbv/gbv_manual/gbv_manual_toc.html, accessed 14 May 2007

Gender-Based Violence communication skills manual. The Reproductive Health Response in Conflict Consortium, 2004 http://www.rhrc.org/resources/gbv/comm_manual/comm_manual_toc.html, accessed 14 May 2007

Training manual on human rights monitoring. New York, NY and Geneva, Office of the High Commissioner for Human Rights, 2001 (Professional Training Series, No. 7; <http://www.ohchr.org/english/about/publications/training.htm>. accessed 14 May 2007

Children (Recommendation 8)

Anyone considering including children in a sexual violence inquiry is advised to consult experts as well as the following sources of information and guidance.

Action for the Rights of Children (ARC): a rights based training and capacity building initiative. Geneva, Save the Children and United Nations High Commissioner for Refugees, 2001. <http://www.icva.ch/doc00000773.html#1>, accessed 10 June 2007.

Children participating in research, monitoring and evaluation (M&E): ethics and your responsibilities as a manager. New York, United Nations Children's Fund, 2002 (Evaluation Technical Notes No. 1, 2002). http://www.unicef.org/evaluation/files/TechNote1_Ethics.pdf, accessed 14 May 2007).

Convention on the Rights of the Child. New York: United Nations General Assembly, 1989. <http://www.unhcr.ch/html/menu3/b/k2crc.htm> accessed 10 June 2007

Schenk K, Williamson J. *Ethical approaches to gathering information from children and adolescents in international settings: guidelines and resources.* Washington, DC, Population Council, 2005 <http://www.popcouncil.org/pdfs/horizons/childrenethics.pdf>, accessed 10 June 2007

So you want to involve children in research: a toolkit supporting children's meaningful and ethical participation in research relating to violence against children. Stockholm, Save the Children, 2004. http://www.savethechildren.net/alliance/resources/So_you_want_to_research_apr2004.pdf, accessed 6 June 2007

