



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

Context

Prevalence about sexual violence is generally underreported, and more so in emergency situations, where instability, insecurity, fear, dependence, loss of autonomy and the breakdown of support systems are additional barriers.

In some emergency settings, participating in sexual violence inquiries carries additional risks for survivors, community members and those collecting the information.

The sensitive nature of sexual violence brings unique challenges for data gathering. Various ethical and safety issues must be addressed to avoid harm to the physical, psychological and social wellbeing of those who participate in data gathering and sharing.

This document offers guidance on the specific issues that arise during collection of information about sexual violence in emergencies. It includes eight recommendations to ensure the necessary safety and ethical safeguards are in place before data gathering begins, supported by examples of good practice in emergency and non-emergency settings.

Only those with 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 researchers, programme planners, funders, ethics review committees ethicists, those working in humanitarian and human rights organisations, all teams involved in sexual violence inquiries.

Sexual violence is “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.” It includes forced marriage or cohabitation, including child marriage.

Forms of sexual violence against girls and women – in all their diversity – that are more widespread in emergency settings include:

- Sexual exploitation by anyone who can provide safe passage, food or other basic needs. This is when sex is “traded” for goods and services.
- Sexual violence, including sexual slavery, used as a strategy of war and a means to gain political power, or as a tool of ethnic cleansing.
- Intimate partner violence, including in camps for refugees or internally displaced persons.

Humanitarian emergency: situations of armed conflict or natural disaster, including the period of instability before acute crisis, and after return or resettlement. Emergencies are often cyclical, and there may be little stability even in sites of refuge; risks of all sorts of abuses are high. The risks of sexual violence will change according to setting and over time, so any inquiry must be designed

according to the nature and phases of the emergency, and taking into account the context and purposes of the inquiry.

The primary **ethical principles** that should guide all inquiries involving human beings are:

1. Respect for persons – the autonomy and self-determination of participants, and protecting those who lack autonomy.
2. Beneficence – safeguarding the welfare of people/communities involved and ensuring benefits outweigh risks.
3. Justice – distributing the benefits and burdens fairly.

In emergencies, additional care is needed to understand how to apply these principles.

Need to consider: how information will be used, who will see it, how the information will be reported/to whom, for what purposes it will be reported, who will benefit from it and when. Is the information really needed? Avoid duplication, and therefore additional harm to girls and women.

Eight safety and ethical recommendations

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

- Clearly define and justify the purpose, methodology and audience, and ensure the information is not already available.
- Give special attention to activities that involve interviewing those who may have experienced sexual violence – only use personal interviews after all other options have been considered.
- Conduct activities to maximise benefits to survivors, participants and the community. This may include making results available to prevention and response programmes, or providing training in human rights and gender-based violence prevention strategies.
- Promote communication and coordination between those working on sexual violence to avoid duplication and maximise utility of existing data.
- Report results back to the community in a timely manner, if safe to do so, and considering culture, environment and culture.

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.

- Include local women's rights advocates or service groups to ensure the methodology is based on understanding of context, is relevant and appropriate. This can help ensure referral pathways are in place. Research and select them carefully to avoid harm.
- Plan the analysis before gathering information.
- Consider how to frame the study to ensure participants' safety in one-off studies – it could be framed as a study of women's health, wellbeing and life experiences, for example.

- Only interview those who have experienced sexual violence if the information cannot be gathered in any other way.
- If interviews are necessary, they should be done in safe, secure and private surroundings; female interviewers and translators are generally preferred.

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.

- In isolated areas or early stages of a humanitarian crisis there may not be sexual violence case services in place – work with local actors to ensure access to basic follow-up care and support. This requires time, planning and resources.
- Basic care and support should include medical care, emotional support and protection from further violence.
- For children, basic care and support must be designed to meet their needs.
- Referrals and follow-up must be confidential and only made with the individual's consent.

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.

- All members of the information collection team should understand the political, sociocultural, security and economic factors affecting the safety and security of those involved in the process.
- Protect the identity of those who provide information.
- Consider the safety of those who could be put at risk by sharing data.
- Hold interviews and group discussions in a safe place, that does not draw unnecessary attention or raise suspicion, where participants cannot be overheard.
- Monitor and evaluate safety and security aspects of any data collection activity on an ongoing basis. Stop or restructure the activity if anyone's safety is put at risk.
- Formulate strategies to respond to security threats in advance.
- Develop a data security plan before beginning data collection.

5. The confidentiality of individuals who provide information about sexual violence must be protected at all times. This covers how the data are collected, stored and shared.

- Develop clear standard operating procedures (SOPs) as part of planning phase. These should outline steps to take and consequences if confidentiality is breached.
- For children, seek guidance from child rights, ethics or protection experts when establishing the SOPs. If immediate protection needs become apparent, confidentiality may come second to serving the best interests of the child.

- Ensure everyone involved in data collection, documentation or research is trained and signs a confidentiality agreement.
- This is especially important where the research team are drawn from or living with the community. Training should include strategies for addressing these concerns.
- Do not use the names of survivors, interviewees or translators on materials. Any case index should be kept in a separate and secure location.
- Audio/video should be justified, anonymised and/or destroyed after use.

6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity. The *process* is key.

- Consider issues of power and control in how information is given – information gatherers should ensure they are not overly influencing participants or making unrealistic promises.
- Participants need information on the reason for the interview, subject matter, nature or questions, risk/benefits, precautions taken, sharing of information, rights to refuse to take part/answer/restrict use of information.
- General approach:
 - Read the consent statement aloud to the participant, allowing time for questions and clarifications.
 - Ask participant to repeat back in their own words why the interview is being done, what they think they will gain, what they have agreed to, what the risks might be, and what would happen if they refuse.
 - Gaining consent can be done verbally or in writing.
- Signatures might not be appropriate – interviewer can sign for participant, or respondent can sign a separate form giving consent to “an interview” without specifying the topic.
- Offer several opportunities for participants to decide whether to continue.

7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialised training and ongoing support.

- Consider candidates’ age, sex, ethnicity and language skills, security factors (e.g. if team members should be from the community).
- Complete and evaluate training before final selection of the team.
- Training should include opportunities for team members to recognise and overcome their own prejudices about sexual violence. They should be made aware they can withdraw from information collection at any time.
- Training should align with the role of the person.
 - All should cover: basic information on the purpose and design of the study; background on sexual violence (especially health, psychological, social and legal consequences, availability of prevention measures and support services, rights of the population in the setting;

arrangements ensuring security of data; confidentiality; safety and security risks; tools, instruments, documents and forms.

- For interviewers, translators and others directly involved, it should cover: more details on sexual violence; good practice in conducting interviews; strategies for negotiating informed consent; strategies for engaging and developing rapport to minimise distress; referral options; professional boundaries; self-care strategies.
- Provide ongoing support for team members, including technical debriefings, oversight, feedback; additional training; opportunities to discuss concerns; access to psychosocial support; practical suggestions for self-care strategies; recognition and appreciation of work.

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

- Consider whether children should be included in information gathering and seek specialist technical advice and support on if and how to do this.
- Design child-specific consent procedures, accounting for their age and level of understanding: comply with existing national laws and policies; provide context-appropriate information to child and their guardian; clearly explain potential risks without frightening children; develop information tools with trusted community members and design them for specific age groups; seek consent from parent/guardian and the child; for older adolescents, parental consent may not be required; information on mandatory reporting must be shared with the parent/guardian and child during consent process; if immediate protection issues arise, it may not be possible to maintain confidentiality and serve the best interests of the child – seek expert advice.
- Do not include children where there is any doubt about the protection provided by a parent/guardian during or after information collection.
- Put in place clear measures for if/when children disclose they are in danger from family or people they are living with.
- Only select interviewers with specialised training (and experience) in working with children.
- Ensure at least basic care and support services for children are in place before undertaking information collection.
- Only include unaccompanied children/those who have lost their families if the results will directly benefit them.