

# Getting Data Right

## ► What's wrong with current practices in gender-based violence data collection and sharing?

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**D**ATA PLAYS A POWERFUL ROLE in quantifying an emergency, an epidemic or an inequality. It helps tell the story of injustice, violence or crisis and can determine the level of aid, attract advocates for a cause or structure program design according to a documented need. For this reason, data is constantly in demand: especially in humanitarian settings. Yet producing data in a safe and ethical manner is often difficult, particularly when it concerns survivors of gender-based violence (GBV).

For these survivors, the decision to take action and seek services following violence is a courageous one, often requiring them to overcome great trepidation. While their acts of courage should be met by service providers that protect them and their information, that is not always the reality. The information they share—the most sensitive information about the incident, the alleged perpetrator and their personal information—is not always handled in a safe or ethical manner.

In some cases, survivors' information is shared with local actors without their consent. In other cases, the details of a very personal experience of violence may be left in a case file on top of a desk—no lock or key, no protection at all. This can put clients at risk of retribution



if their information is leaked. This practice also breaches the most basic safety and ethical standards upheld in the social work and health fields about protecting client data.

How information is shared is not the only way the humanitarian community fails survivors. It also fails to use survivor information in a way that, while protecting survivors, utilizes their data to inform the humanitarian response to GBV. This data has the potential to inform service provision, prevention efforts, aid allocation and advocacy. As it stands now, the statistics generated from survivor data are usually unreliable, not comparable and difficult to compile and analyze. The way GBV data is classified makes analysis almost impossible, especially as it is based on manual calculation that is prone to error. Without the ability to collect quality data, the information shared is often unreliable and not comparable across agencies or contexts. It could just be sitting in that case file on top of a desk, not protected but also not utilized.

In place of the current poor practices in data collection and sharing, gender-based violence service providers and coordinating agencies could meet industry standards for safe and ethical data collection and sharing by adhering to a few core principles.

First, services for survivors should be available before survivors are asked to share information about violent incidents. Data collection should not be the sole purpose of interaction with GBV survivors. It should be collected only with, and conditional upon, service delivery. The data should be used first and foremost to inform the services provided to individual clients.

Second, survivors should maintain control of their information. To assist in this process, clients should be consulted about sharing their

information in the case of a referral for services *and* in sharing their anonymous information for the purpose of data sharing with local actors. It is only with their informed consent that their information should be shared. Case files, incident reports and intake forms should only be shared with the informed consent of the client and then *only* in the case of a referral for services. This practice is vital because it allows survivors to maintain control of their information and because sharing case files in the context of a referral can help avoid the need to restate their experiences multiple times.

Third, survivors' personal information or information about the incident that is shared beyond a referral must be anonymous or de-identified. Survivor confidentiality cannot be compromised as it breaches ethical standards and puts them at risk. To ensure survivor protection, shared data is safest and most useful when anonymous and in aggregate form.

Fourth, data should only be shared after an agreement is established between service providers and coordinating agencies or other local actors that details how data will be shared, protected and used. This will serve to ensure that data sharing on the local level is safe and well-coordinated.

The demand for data is great and with good reason: It has the power to attract aid, fuel advocacy and influence programming. In many humanitarian contexts now, survivors' rights are compromised as their data is shared; this must change. In pursuit of quality data, our commitment must be to respect survivors' rights by upholding safety and ethical standards. 

*This article was written with the assistance of Karin Wachter, Senior Technical Advisor, International Rescue Committee. For more information please visit [www.gbvim.org](http://www.gbvim.org).*