

Safe and Ethical Data Sharing

What are the challenges GBV actors face with data sharing?

In humanitarian contexts, tensions around information-sharing on GBV are common and oftentimes seem to oblige GBV actors to share survivors' information, even without their informed consent. Poor communication and unmet expectations around GBV data sharing, on both sides, often results in a loss of trust and may lead to the complete cessation of information-sharing between GBV actors. The following assumptions are often heard when talking about GBV data sharing.

"We need to know what the magnitude of the problem is".

Challenge: Humanitarian actors, donors, the media and governmental authorities want to have GBV data in order to understand the magnitude of the problem, and particularly if it is exacerbated in the context of the emergency at hand. However, we know that GBV cannot be quantified in the same way that other sectors are, because we will never know the true extent of what is actually happening. The rate of reporting of GBV cases is markedly lower than the actual magnitude of the violence. Under-reporting can be explained by the stigma and shame faced by survivors of GBV if they disclose an incident, as well as risks of retaliation such as honor killing; the chronic lack of available services observed in most emergencies; or barriers to accessing services due to transportation costs, security concerns, or lack of physical access. These factors prevent survivors from seeking help, which in turn prevents service providers and humanitarian actors from gathering the data which would give them a more accurate indication of the magnitude of the problem.

"We need to know what is happening in order monitor the situation"

Challenge: Humanitarian coordinating agencies often request GBV data in order to determine the magnitude of the problem and monitor fluctuations and changes in the situation over time in order to fulfil their responsibility to respond to accountability principles in humanitarian action¹. However, the field of GBV cannot be compared to that of other sectors, such as shelter or food assistance, which can more easily quantify the needs of affected populations. For example, post-disaster evaluations permit shelter actors to establish a baseline of damage to housing and then measure reconstruction efforts against this. It is not possible to apply the same approach to GBV since it is not possible to establish a baseline for GBV in emergency contexts, and therefore increases or decreases in reported incidents cannot be measured. GBVIMS data are not substitutes for GBV prevalence, and therefore variations over time are not necessarily representative of changes in the occurrence of GBV incidents, but can be due, rather, to changes in the service provision itself. For example, an increase in reported incidents over

a period of time may actually indicate an improvement in the availability, accessibility and/or quality of services, resulting in more survivors feeling able to safely disclose the violence they experience. Equally, a sudden reduction in reported incidents may indicate a lack of access to or trust in response services.

“We need numbers to justify our work and raise funds”

Challenge: GBV actors are frequently obliged to justify their proposals, activities, and funds received, by demonstrating how many survivors or incidents they responded to. However, as discussed above, the rate of reporting by survivors is not representative of the comprehensive work done by GBV service providers (i.e. outreach, group support and other PSS activities to women and girls, etc.), and no GBV baseline can be established during an emergency. In spite of this, GBV responders are often asked to provide numbers in order to prove that the problem exists, or to provide target numbers of beneficiaries of GBV services during Humanitarian Needs Overview processes, for instance. However, it is not necessary to wait for numbers of GBV cases to emerge in order to justify humanitarian action.² Experience in numerous emergencies around the world has long since demonstrated that GBV is life-threatening, that it exists where there is gender inequality, and that it is drastically exacerbated by conflict and natural disaster. The consequence of this misperception, is that donors and humanitarian agencies prioritize funding and implementing programmes for other sectors such as health, water, sanitation and hygiene, non-food items, and shelter before turning attention to GBV, which is often viewed as a secondary concern. In summary, even though the humanitarian community has established GBV as a lifesaving sector of response in the IASC GBV Guidelines, the humanitarian community, including the international donor community, in the majority of cases, has failed to adopt this understanding. However, this should be unquestionably addressed from the outset of crisis, prioritising the protection women and girls in particular from violence and the consequences of violence as lifesaving during emergencies, not optional. If health and basic emotional support for survivors are not available at the outset of a crisis, women’s and girls’ lives are put at risk³. Moreover, following interventions, GBV actors are often asked to report the number of survivors benefitting from services to donors, or during humanitarian coordination reporting processes, to indicate program success. However, this practice risks perpetuating an unnecessary reliance on overall numbers of reported incidents and cannot indicate the proportion of the affected population having benefitted from a response.

“We have an obligation to share survivors’ information with relevant government agencies.”

Challenge: In contexts where governmental authorities are taking an active role in responding to GBV, they might request access to survivors’ information. In some situations, it is required by mandatory reporting laws and applies even where survivors did not give their explicit consent to share their personal information. In such contexts, decisions of GBVIMS users to share data externally, as part of the Information Sharing Protocol (ISP), should consider this parameter and the risks involved for survivors, service providers and communities. Ultimately, even for government agencies, not

all information is necessary to achieve objectives, and information-sharing should be based on the need-to-know principle. Where mandatory reporting is applied, survivors should be informed of this obligation by service providers, prior to disclosure of any incident.⁴ Sharing GBVIMS data in contexts where mandatory reporting laws are in place should be carefully considered as it could lead to requesting identifying information related to survivors.

So what should we share?

There are useful ways that we can use aggregate GBV case data, where informed consent has been obtained, to express the nature of needs, to illustrate trends, and to shape our responses. This can mean instead of looking at raw numbers, taking a nuanced look at what they are made up of.

Numbers versus Percentages:

Raw numbers are ‘unprocessed’ figures that are automatically produced by the GBVIMS monthly, quarterly or annually in the form of statistics tables. For example: Last month, in region A, 56 incidents were reported, including 40 adults and 16 children.

Percentages are any proportion or share in a relation to a whole. For example: Last month, 82% of reported GBV cases were perpetrated against adults and 18% against children.

Due to pressure to share GBV data, faced with abovementioned arguments put forward by other humanitarian actors, donors, etc., GBV actors tend to feel that they have few other choices than to share raw numbers. This section aims at outlining some of the pros and cons of sharing raw numbers vs. sharing percentages.

Pros and Cons of Sharing Raw Numbers vs. Sharing Percentages		
	CONs	PROs
Raw numbers	- Sharing raw figures can lead to the identification of survivors, service providers and community, even where no identifying information is shared⁵. - Even when provided with contextual information, it gives the perception that it is representative of the prevalence of GBV incidents in a given situation. Many will think it shows how many people have been affected by GBV, when	It decreases pressure on actors to share figures in the short term.

	we know that isn't the case. This can undermine our work. • It encourages recipients of data to ask for identifying information and follow up on individual cases – hoping to understand the name behind the number. • In the long term, it perpetuates an unnecessary dependency on numbers in order to trigger responses, and limits our capacity to respond to nuances in the context.	
Percentages	• It does not provide a number that is oftentimes requested by humanitarian actors, donors or governmental authorities. • In the short term, it can put more pressure on GBV actors to share raw numbers.	• It promotes confidentiality of the survivors, service providers and communities as it cannot be linked back to them. • In order to make sense of percentages, it requires GBV actors to process the data, meaning to analyze the information and provide a contextual narrative. It helps to present data which is more representative of the GBV situation at a deeper level, and therefore to design a more appropriate response. • It increases the accountability of actors to look at the data and decide how to respond to trends identified. • It pushes GBV actors to explain why they cannot share figures and present the scope of the GBVIMS and guiding principles of the GBV data sharing.

		• In the mid to long-term, it reduces pressure on actors to share identifying information as only percentages are shared, or to provide numbers as a justification for action
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What are the advantages of sharing percentages?

Overall, sharing percentages is strongly recommended by the GBVIMS Steering Committee when it comes to GBVIMS data, and here is why:

It diminishes the likelihood that readers will understand GBVIMS data as overall GBV prevalence or incidence rates.

*"It is important to remember that GBV is happening everywhere. [...] all humanitarian personnel ought to assume that GBV is occurring and threatening affected populations; treat it as a serious life-threatening problem [...], regardless of the present or absence of concrete 'evidence.'"*⁶

GBVIMS data are only representative of the incidents reported by survivors themselves in order to seek psychosocial, medical, legal, or security/protection services. Trends should not be interpreted as prevalence data⁷. However, sharing raw numbers, even when emphasis is placed on the fact that they are not prevalence data, systematically misleads the recipients of the data to associate them prevalence data. Therefore, sharing percentages instead is the best guarantee that this mistake will not be made, provided that this is accompanied by a caveat explaining that GBVIMS data is representative only of reported cases.

It promotes data analysis and links patterns and trends to programming and advocacy

Though not good practice, raw numbers usually feel sufficient when shared, even when they are not accompanied with an analysis. However, sharing percentages alone does not mean much for its recipient. Therefore, using percentages is an incentive for GBV actors to produce analysis that ultimately will support the exercise of linking trends to programming and advocacy. It increases accountability of GBV actors to actually use the data they collect. *"It can also never be stressed enough that this is not just about data collection – these are not just percentages, statistics, and figures – there is a survivor behind every number. How we use that information? It can save lives, help women and girls heal and recover from this violence and trauma, and restore dignity."*⁸

It ensures confidentiality and respect for survivors

Even raw figures, without survivors' names or identifying information, can be linked back to an individual or group of individuals, when shared at a lower geographical level or when the identity of the data gathering organization is known. According to GBV guiding principles, survivors' safety is paramount and their consent is the primary requirement. If non-identifying information can link back to survivors, then it should not be

shared⁹. In this regard, sharing percentages prevent further risks to link the data back to individuals or group of individuals.

Not writing the names or identities of survivors does not mean that the data is anonymous and cannot be traced back. For example: “Abdi (name has been altered for confidentiality purposes) is a nine year old boy who was raped by a food distributor in Oko Camp. Abdi walks around with crutches and lives with his grandmother. Abdi has received the appropriate care he needed and was able to prevent STIs and is now back to school and participates in extracurricular activities.”

In this example, the boy’s name has been changed and in camp Oko there are no boys names Abdi and there are many nine year olds as well. However, there is only one boy in the camp who walks around with crutches. A donor may not know that, but anyone else working in the camp will know this and can share that information further or identify the boy, or he could be identified during a donor visit. So, although we have respected the anonymity of the survivor, we didn’t take into account another identifying aspect, which led back to him. We, therefore, have to be very careful when it comes to writing cases and sharing information on any individual.

It protects GBV service providers

The lack of sharing of raw numbers by GBV service providers prevents recipients, such as donors, UN agencies, governmental authorities or other actors from going back to them and asking for identifying information in order to follow up on individual cases.

It avoids putting humanitarian actors in a position where they may inclined to deduce whether numbers are ‘high enough’ to merit a response.

As discussed above, we know that GBV increases in emergencies, and there is no ‘threshold’ for GBV response. Therefore, numbers are not required to justify response, or to prove that the problem exists, but instead to analyze *how best to respond*.

Recommendations

- Inform humanitarian actors (other sectors, coordinating bodies and agencies), peacekeepers, donors and governmental authorities about the safe and ethical data principles generally.
 - Educate them on ethical standards in GBV data management and sharing, and ‘need to know’ principles.
 - Be clear from the onset (during proposal discussions) about what information (trends) you are capable of sharing.
- When faced with reluctance by other GBV actors to share percentages, suggest to have a ‘risks vs. benefits’ exercise and demonstrate how sharing numbers can be harmful in your context.
- Ensure that data shared in percentages is well-analysed and presented in a comprehensive way: tell the story behind the percentage.
 - Produce GBVIMS analysis products (e.g. advocacy reports) that can be helpful for donors, UN agencies, governmental authorities or other actors.

- Protect your data, survivors, and yourself, by having a clearly worded Information Sharing Protocol. Make sure that your ISP specifies whether data is shared in numbers or percentages and with whom in order to be able to use it as a justification for not sharing numbers externally when request come.
- Consider case studies. Stories are one of the most powerful ways to convey an idea or to portray the gravity of the situation. This can come in the form of anecdotal information or crafted case studies. While there is a tendency to send positive results, showing achievements with funds provided, this may not be the whole reality for GBV survivors. Case studies represent an opportunity to show achievements A, B, C, while there are still challenges X, Y, Z that need support to address.



¹ CHS, Core Humanitarian Standards on Quality and Accountability, 2014

² Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action, IASC, 2015.

³ Livesaving, Not Optional : Protecting women and girls from violence in emergencies, IRC, February 2013.

⁴ WHO Ethical and Safety recommendations for researching, documenting and monitoring sexual violence in emergencies, 2007.

⁵ For example, sharing data related to survivors with disabilities at a lower geographical level (ie. Town or camp) can lead to the identification of the survivor if there are few persons with disabilities in this specific town or camp.

⁶ Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, p. 12.

⁷ GBV Prevalence Data is data that represents the rate and frequency of GBV in a given population.

⁸ Aisha Bain, IRC, Gender-Based violence : stop looking for 'proof' and put survivors first, The Guardian, February 2014.

⁹ Reporting and Interpreting Data on Sexual Violence from Conflict-affected countries : Do's and Don'ts, Stop Rape Now, June 2008.