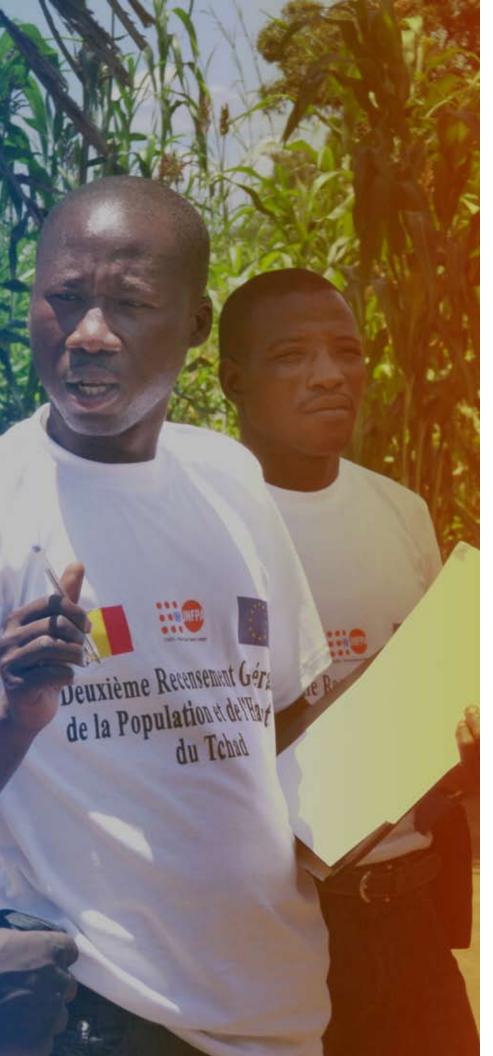


The Role of Data in Addressing Violence against Women and Girls





Background of the Issue

As the global spotlight has turned more sharply over the last decade on the persistence of violence against women and girls (VAWG), the need for more and better data to inform evidence-based programming in order to address this human rights violation has escalated. Advocates and defenders of women's and girls' safety and rights, as well as international agencies, national policymakers and donors, want to understand the nature and magnitude of the violence. They seek information and guidance on how statistically sound data can be collected on a subject that, though present and often pervasive in most societies and cultures, is sensitive and often hidden.

Over the years, the United Nations Population Fund's (UNFPA) country and regional offices in both developing and humanitarian contexts have identified the dearth of VAWG data as a common challenge. In many contexts, the challenge is compounded by weak sectoral infrastructure, a lack of strong support and sectoral coordination in relevant government ministries, and significant cultural or religious barriers to admitting, confronting or even discussing the issue. Yet, such VAWG data is essential to help quantify and qualify problems, inform policies and design programs based on evidence.

Sharpening the focus on data does not mean a lesser emphasis on advocacy and action.

To the contrary, even in the absence of additional research and other data gathering exercises, action must be taken to address VAWG. The lack of adequate data cannot be an excuse for inaction. What can be undertaken now is to better monitor and evaluate the actions we are taking, while at the same time investing in the necessary research and data collection initiatives required to further develop the evidence base.

services.

Moreover, data collection is more than just a technical issue.

As global attention continues to increase on this issue, so too does the demand for more and better data to inform and address it. Policy makers and development agencies want VAWG data to enable informed decisions on where and how to target funding and other support. For example, information on the nature of VAWG and the availability of core services can be used to support services within the relevant response sector(s), such as health or legal systems. Perpetrator data and information on the times and locations of incidents of violence can inform prevention efforts and enable more specific advocacy for policy change.

Tracking data over time and monitoring trends can also support those designing and implementing programmes to more effectively evaluate the impact of their programmes. Among other uses, that data can then inform agencies' requests for additional funding.

Proper use of VAWG data can also empower survivors. By effectively presenting the issue as a national, subregional or even global preoccupation, women and girls will understand that they are not alone. The use of data for advocacy or awareness-raising may encourage other survivors to report their cases and access critical

However, improper analysis or contextualization of data can have the opposite effect. For example, one common source of data is related to case reports within the health and other service sectors. Presenting these reports as indicative of the prevalence of VAWG within a certain population can be exceptionally misleading; globally, police reports on VAWG incidents represent the tip of the iceberg in terms of the actual rate of violence. It is important to frame data in the context in which it has been collected in order not to inadvertently imply that VAWG is less of an issue than it in fact may be.



Using Data to Define and Address Violence

Over little more than a decade, the United Nations (UN), governments, regional commissions and associations, and a variety of non-governmental organizations (NGOs) have tried to define both what constitutes VAWG and how to measure it. The availability of VAWG statistics is still sporadic and weak in many countries and areas of the world. Global reports still almost inevitably rely on well informed estimates or extrapolations of partial data.¹

In 2006, General Assembly (GA) resolution A/RES/61/143 called for an intensification of efforts to eliminate all forms of VAWG. The following year in Geneva, a UN Experts Group Meeting on Indicators to Measure Violence Against Women, organized by the former Division for the Advancement of Women (now part of UN Women), the Economic Commission for Europe and the UN Statistics Division,² listed 12 forms of violence in need of further study. It also called for data collection methods and indicators to measure and quantify abuses of women and girls to be developed. These were:

- Killing of women by intimate partners
- Female infanticide
- Threats of violence
- Economic and emotional/psychological violence as part of intimate partner violence
- · Crimes committed against women in the name of 'honour'
- Conflict/crisis-related violence against women
- Dowry-related violence
- Sexual exploitation
- Trafficking
- Femicide
- Forced marriage
- Sexual harassment

That report began a series of discussions and reformulations, leading in 2008 to the UN Statistical Commission's establishment of an international *'Friends of the Chair'* group that would develop globally acceptable indicators of violence and methods of data collection to be used in national statistical systems. The Statistical Commission, established in 1947, brings together the chief statisticians from member states around the world and is the highest decision making body for the global setting of statistical standards, the development of concepts and monitoring methods, and their implementation at the national and international level.

¹ 'The World's Women: Trends and Statistics Report', UN Statistics Division, 2010. www.unstats.un.org/unsd/demographic/products/Worldswomen/WW2010pub.htm
² www.un.org/womenwatch/daw/egm/IndicatorsVAW/IndicatorsVAW_EGM_report.pdf By the end of 2009, Friends of the Chair had reworked the list then in circulation to produce a core set of nine statistical indicators for measuring violence. These indicators – which remain the current model at the beginning of 2013 – winnowed down the more comprehensive list compiled by the UN Experts Group and were meant to elicit information on both current and lifetime experiences of violence. Among other findings, this would help determine whether or not incidents of violence were decreasing. The agreed indicators were total and age-specific rate of:

- Women subjected to physical violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
- Women subjected to physical violence during lifetime by severity of violence, relationship to the perpetrator and frequency
- Women subjected to sexual violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
- Women subjected to sexual violence during lifetime by severity of violence, relationship to the perpetrator and frequency

Ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency

- Ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner during lifetime by frequency
- Women subjected to psychological violence in the past 12 months by the intimate partner
- Women subjected to economic violence in the past 12
 months by the intimate partner
- Women subjected to female genital mutilations (FGM)

³ www.girlsnotbrides.org and www.theelders.org ⁴ www.un.org/en/women/endviolence/pdf/framework_booklet.pdf country.

Not included in the new list were specific references to such practices as child marriage, so-called honour killings and related crimes, dowry-related crimes, femicide, female infanticide (or female foeticide), trafficking and sexual harassment. In recent years however, agencies within the UN system, as well as numerous civil society organizations and academia, have taken up some of these issues and tried to quantify them with the best available evidence. For example, The Elders, a group of ten global leaders (including former UN Secretary-General Kofi Annan), has mounted a campaign with more than 200 partners worldwide against child marriage, called 'Girls Not Brides'.³ It reports that every day, an estimated 25,000 girls are robbed of their childhoods be being forced to marry as minors; many of them are young children.

In an effort to enlist the broadest support to identify and combat violence, UN Secretary-General Ban Ki-moon launched a multi-year campaign – UNITE to End Violence Against Women in 2008 – programmed to continue until 2015, the deadline for achieving the Millennium Development Goals.⁴ The Secretary-General noted that global momentum had been building on the issue, which was the subject of GA resolutions in 2006 and 2007. He urged governments, civil society, the private sector, the media and the entire UN system to keep the movement going in the face of continuing impunity and inadequate support and services for victims and survivors.

The campaign sought, among other goals, the establishment of a data collection and analysis system in every country. Other UN agencies are working to gather comparable data to better address the issue. In 2011, UN Women published a survey of global violence against women, drawing on statistics available in 86 countries.⁵ The UN Office on Drugs and Crime (UNODC) released its first Global Study on Homicide⁶ in 2011, which disaggregated data on women. It found that African women had the highest rate of death from homicide in the world, about double the rate in the Americas (the region with the second-highest rate); Europe third. The World Health Organization (WHO) - like UNFPA, UN Children's Fund (UNICEF) and other UN agencies - recognizes VAWG, particularly intimate partner and sexual violence, as a major public health problem and a violation of women's human rights. In the 'WHO Multi-country Study on Women's Health and Domestic Violence against Women',⁷ a report published in 2005, the organization looked at population-level surveys based on reports from survivors in ten countries: Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia/Montenegro, Thailand and the United Republic of Tanzania. WHO concluded that women between the ages of 15 and 49 reporting physical or sexual violence by an intimate partner ranged from 15 percent in Japan to 71 percent in Ethiopia. WHO's study also calculated that the first sexual experience for many women was forced on them (17 percent of women in rural Tanzania, 24 percent in rural Peru and 30 percent in rural Bangladesh). The WHO study detailed the numerous health consequences of intimate partner and sexual violence, from physical injuries and the risk HIV infection to depression, posttraumatic stress, and debilitating sleep and eating disorders. It found cultural factors that were closely linked to violence, among them traditional concepts of family 'honour', emphasis on sexual purity, a strong sense of male entitlement and weak legal sanctions against sexual abuse.

Some key UNFPA interventions in the area of data collection on violence against women and girls include:

- Supporting the development of suitable quantitative and qualitative indicators on VAWG and supporting countries in data collection and analysis using these indicators.
- Supporting Demographic and Health Survey (DHS) to integrate modules on intimate partner and other forms of violence at national/sub-national levels.
- Carrying out evidence-based sociocultural research and how such factors contribute to VAWG.
- Collecting incident/case data from frontline service delivery sites, including health centres, police stations, shelters, women's centres, courts, etc.
- Utilizing its data expertise in developing models and projections for decision makers on the costs of inaction on VAWG.
- Addressing key research gaps, such as abuse during pregnancy.

UNFPA's Role in Collecting and Using Data in Addressing Violence Against Women and Girls

Due to the low status of women and girls in the majority of countries where UNFPA works, any data gathering exercise on VAWG regardless of the social or cultural context - is impacted by the inherent sensitivities and ethical considerations in collecting the data itself, as well as the reluctance of those with power to expose the extent of violence. A lack of adherence to core ethical and safety guidelines in documenting VAWG not only puts women and girls at greater risk of abuse, but also increases the likelihood of retaliation against those actors who are trying to help (at the individual, agency and organizational level). In conflict contexts where the VAWG issue may be particularly politicized and where data may reveal a pattern of abuse by a fighting faction, gathering data is especially complicated.

Despite these challenges, UNFPA – with its interrelated mandates for addressing sexual and reproductive health, gender/gender-based violence (GBV), and data issues in development and humanitarian contexts - has engaged in initiatives to address the dearth of reliable data on VAWG.

In most contexts where it is safe to do so, UNFPA works directly with national statistics offices and relevant government ministries (most notably health and gender) to bolster national efforts to manage VAWG data.

In December 2005, UNFPA and the WHO held a technical consultation to discuss methods and systems for assessing and monitoring sexual violence and exploitation in conflict situations. Among the recommendations was the creation and piloting of an information system, initiated in 2006 (shortly following the technical consultation). The Gender-Based Violence Information Management System (GBVIMS)[®] is an inter-agency

partnership between UNFPA, the International Rescue Committee (IRC), the United Nations High Commissioner for Refugees (UNHCR), UNICEF and the WHO, under the auspices of the UNFPA co-lead GBV Area of Responsibility. Implemented in 16 humanitarian contexts,⁹ the GBVIMS is a first attempt to systematize management of GBV-related data across the humanitarian community.

⁵ www.unifem.org/gender_issues/violence_against_women/facts_figures.html

⁶ www.unodc.org/unodc/en/data-and-analysis/statistics/crime/global-study-on-homicide-2011.html

A Solution to Persistent Challenges Surrounding GBV Data in Humanitarian Contexts

Why is it so hard for the humanitarian community to generate quality data and meet ethical and safety standards?

- Lack of standardization in GBV terminology, data collection tools and incident classification: also, lack of uniformity in how and what data is collected
- Human error in recording and manually compiling data, and the time intensive process for analysis
- Limited experience with computers and staff unaccustomed to using data to inform service delivery, programming and the wider humanitarian response
- Sensitive information is requested of service providers, and in some instances shared without the necessary ethical and safety precautions
- * Client files (i.e. incident report forms) are often expected to be automatically shared as means for reporting
- * Client consent is often overlooked

⁷ www.who.int/gender/violence/who_multicountry_study/en

⁸ www.abvims.ora

⁹ Burundi, Chad, Colombia, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Guinea, Iraq, Kenya, Lebanon, Liberia, Nepal, Sierra Leone, South Sudan, Thailand and Uganda

The GBVIMS was introduced IN Colombia in 2010 and has been piloted to date in seven municipalities, with UNHCR and UNFPA as co-leading agencies. With approximately 320 incidents reported at the national level through GBVIMS tools since its introduction, data analysis has been used to help services providers adjust interventions to the needs of survivors. One example is the high number of survivors that are reporting repetitive incidents of GBV by intimate partners. The recurrence of incidents reveals a phenomenon of re-victimization of survivors who do not have access to any protection mechanisms. GBVIMS data highlight the need for the establishment of safe houses for women affected by intimate partner violence in Colombia.

The GBVIMS was created to harmonize data collection on GBV in humanitarian settings, to provide a simple system for GBV project managers to collect and analyze their data, and to enable the safe and ethical sharing of reported GBV incident data. The intention of the system is both to assist service providers to better understand GBV cases being reported and to enable actors to share data – internally across project sites and externally with agencies – for broader trends analysis and to improve GBV coordination.

Designed to adhere directly to the eight *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (WHO 2007), the GBVIMS is considered as the current best practice for management of GBV case data in humanitarian contexts. It is being used as a model to influence other systems worldwide, beyond the humanitarian sphere. In the GBVIMS, the survivor is at the centre of the entire data management process – from initial intake and recording incidents in the database to analysis and sharing. In this way, the GBVIMS is more than simply a mechanism for improving the availability of VAWG data; it is a means for survivor empowerment.

In another UNFPA-supported initiative in Central America, from 2009-2012, Ipas ¹⁰ – an international NGO that works in some of the world's poorest countries on reproductive health issues – conducted primary research and analysis of secondary data on sexual violence in El Salvador, Guatemala, Honduras and Nicaragua. The initiative was part of a larger project called *Comprehensive security for women, with an emphasis on sexual violence: Campaign to combat impunity related to sexual violence.* The objective of the project was to develop comprehensive models of care for victims/survivors of sexual violence involving the health and justice sectors. Various studies carried out by IPAS showed the limitations of reporting, analysis and dissemination of data on the different forms of sexual violence. They also addressed the need to define nationally and regionally agreed-upon variables and indicators to produce information and guarantee comparability of data coming from different sources and sectors.

In order to address this, a proposal was developed to support sectors in the four countries that were in charge of registration and surveillance of sexual violence with definitions, variables and indicators on VAWG – in particular sexual violence – with the premise that multiple data sources could be combined in a common system in each country

¹⁰ wwww.ipas.org

annually, which would contribute to the elimination of fragmentation." The selection of indicators is based on international commitments for the elimination of VAWG.¹² The proposal was presented to and validated by health, justice and statistical sectors from the four countries.

The initiative proposes comprehensive recommendations on how to collect data and monitor indicators. Basic data, such as police records, which often already exist in various forms in government departments or public services, and expanded data that provide a fuller picture of cases, are explained at length for the use of government officials, researchers and NGOs. Data that is still not being registered by some countries or sectors, such as ethnicity, number of lifetime incidents of violence and the effects of GBV, could later be incorporated through regional initiatives for the improvement of statistics and information systems that are already underway.

The GBVIMS model and the UNFPAsupported Central America project for measuring and combating violence in humanitarian crises are two examples of new global interest and efforts in the campaign to end VAWG. They aim to move beyond declarations to create practical, ethical and culturally sensitive systems to quantify the abuses so destructive to women's and girls' lives, and to act on the information to assist survivors and prevent future violence.

¹¹ To access a copy of the report of the initiative, visit www.ipas.org/-/media/Files/lpas%20Publications/VSANALISIS.ashx In Ethiopia, UNFPA carried out a comprehensive, two-month assessment of GBV in two refugee camps, with the objective to provide evidence-based data on the nature and prevalence of GBV in the camps and to recommend appropriate actions for integration into the National GBV Strategy.

In Haiti, UNFPA and the Concertation Nationale Contre les Violences Faites aux Femmes set up a system for collecting GBV data in nine districts. The project included training implementing partners on data collection methodologies and ethics, data analysis, and production and dissemination of a final report.

UNFPA is rapidly responding to the needs of vulnerable Syrians crossing the border into Jordan. An inter-agency rapid assessment revealed that Syrians did not know where to go or who to contact for protection services. In collaboration with the International Medical Corps (IMC), UNFPA consolidated an intercluster mapping to identify GBV services for survivors. Based on this and other information, UNFPA developed five areaspecific service guides that contain the contact information of service providers. This is a small initiative that is expected to have a big impact on service accessibility, which will lead to a greater sense of resiliency among the displaced Syrian population in Jordan.

¹² Ipas draws on a catalogue of typologies of sexual violence from WHO and other United Nations sources: rape by a partner; date rape; systematic rape during armed conflict; sexual harassment; sexual abuse of physically or mentally handicapped people; sexual abuse of minors; forced marriage or cohabitation; child marriage; acts of violence that affect women's sexual integrity, such as female genital mutilation and 'inspections' to verify virginity; forced prostitution; and trafficking.

Challenges in Collecting and Using Data in Addressing Violence Against Women and Girls

Challenges remain formidable – good data on VAWG does not exist anywhere globally. The challenges are particularly enormous in conflict and humanitarian contexts.

Since much of this data relies on survivors' self-reporting, the first challenge relates to worldwide statistics, inevitably belying the true magnitude of the problem due to the shame and stigma survivors often face in coming forward, and the inadequacy of services to address survivors' needs in most contexts.

The second challenge is that in many contexts, even when a common system for aggregating data has been established, various local-level health systems can only collect information on VAWG survivors who access health care.

Third, both the Ipas and the GBVIMS projects have identified the lack of common terminology as a challenge, including a lack of consensus on the scope of the term 'sexual violence' and differing definitions for categorizing violence (in, for example, justice, health or police services) without a minimum set of indicators for intersectoral comparisons and analysis.

Another challenge is that 'for various reasons, service providers in some sectors (health, education) do not register cases of VAWG, including fear of becoming involved in legal proceedings.¹³

Connected to the above challenge is that in conducting research on VAWG, there is 'a real risk that measurement of VAW jeopardizes the safety of participants. This risk may increase further when VAW studies are being conducted by agencies and institutions which traditionally have not dealt with measuring sensitive subjects and who may not (yet) be fully aware of those risks'.¹⁴ Untrained interviewers can further exacerbate the problem. If not done rigorously and with great sensitivity, 'surveys tend to result in misleadingly low rates of disclosure and produce findings that have extremely limited value for advocacy, programme development and monitoring'.¹⁵

A sixth challenge relates to the quality of data. Some information systems do not meet the minimum acceptable standards on global data collection, including those related to accuracy, reliability and precision.

Finally, lack of or weak monitoring and evaluation (M&E) systems of services, programmes and projects have also been a significant barrier in deciphering and gaining insights into 'What works and what does not work'. Data gathered from robust M&E systems could prove invaluable in providing the evidence base for lessons learned and for replication on scale.



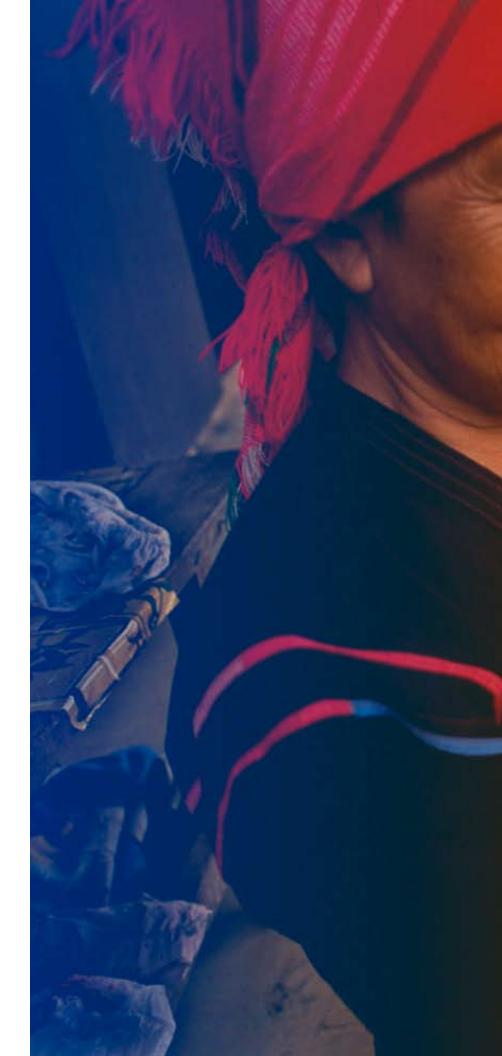
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¹³ Refer to footnote above. The Ipas report examined a number of current barriers to the recording and analysis of data on sexual violence.

¹⁴ Refer to footnote No. 11.

¹⁵ Refer to footnote above.





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