

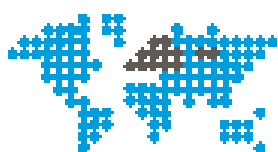
BACKGROUND PAPER

A SYNTHESIS OF EVIDENCE
ON THE COLLECTION AND
USE OF ADMINISTRATIVE
DATA ON VIOLENCE
AGAINST WOMEN



BACKGROUND PAPER

A SYNTHESIS OF
EVIDENCE ON THE
COLLECTION AND USE
OF ADMINISTRATIVE
DATA ON VIOLENCE
AGAINST WOMEN



UN WOMEN

New York, January 2020

© 2020 UN Women. All rights reserved.

The views expressed in this publication are those of the author and do not necessarily represent the views of UN Women nor the UK government's official policies.

Produced by the Ending Violence against Women (EVAW) Section of UN Women.

Recommended citation:

Kendall, T. 2020. "A Synthesis of Evidence on the Collection and Use of Administrative Data on Violence against Women: Background Paper for the Development of Global Guidance." New York: UN Women.



ACKNOWLEDGEMENTS

This background paper has been developed by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), with invaluable advice from an advisory group of experts from UN agencies as well as independent experts.

In particular, UN Women would like to thank the Technical Advisory Board members: Claudia García-Moreno and Avni Amin from the World Health Organization (WHO); Henriette Jansen and Sujata Tuladhar from the United Nations Population Fund (UNFPA); Salomé Flores and Roberto Murguía Huerta from the United Nations Office on Drugs and Crime (UNODC); Claudia Cappa from the United Nations Children's Fund (UNICEF); Diego Antoni from the United Nations Development Programme (UNDP); Kate Rougvie and Kathryn McCallister from the Gender-Based Violence Information Management System (GBVIMS) Global Team; Jurgita Peciuriene and Cristina Fabre from the European Institute for Gender Equality (EIGE); Carol Hagemann-White from the University of Osnabrueck; and Kalliopi Mingeirou, Caroline Meenagh, Alethia Jimenez, Melissa Alvarado, Abigail Erikson, Beatrice Akua Duncan, Dina Deligiorgis, Jessamyn Encarnacion, Andrea Sunah Espinoza Kim and Isiuwa Iyahan from UN Women for the time taken to review multiple drafts, contribute analysis and make comments on the document.

Juncal Plazaola Castaño and Khamsavath Chanthavysouk of the Ending Violence Against Women Section of UN Women coordinated and managed the production of the document with support from Kalliopi Mingeirou.

UN Women also thanks Tamil Kendall, the primary author of the document.

The paper was copyedited by Tina Johnson. The layout design was done by Ana Norman Bermudez.

This initiative would not have been possible without financial support from the Department for International Development (DFID) of the United Kingdom.

TABLE OF CONTENTS

ACKNOWLEDGEMENTS	3
ACRONYMS	5
EXECUTIVE SUMMARY	6
I. INTRODUCTION	8
1.1. Background	9
1.2. Building a foundation for global guidance on VAW administrative data	10
1.3. Scope of background paper: Intimate partner violence and non-partner sexual violence	10
1.4. Methodology for the development of the background paper	11
1.5. Guiding principles	12
1.6. Distinguishing between collecting and managing VAW administrative data	12
II. WHAT VAW ADMINISTRATIVE DATA CAN AND CANNOT TELL US AND PRIORITY USES	14
2.1. What VAW administrative data can tell us	15
2.2. What VAW administrative data cannot tell us	16
2.3. Priority uses for VAW administrative data	17
III. WHAT VAW ADMINISTRATIVE DATA SHOULD BE COLLECTED AND ANALYSED	23
3.1. Proposed minimum data set and shared definitions	24
3.2. Beyond a minimum administrative data set: Contextualizing VAW administrative data	27
IV. HOW TO COLLECT, MANAGE AND REPORT ON VAW ADMINISTRATIVE DATA	29
4.1. Informed consent and personally identifiable information	30
4.2. Establishing or strengthening administrative data systems: Recommended steps and considerations	36
V. FINAL CONSIDERATIONS	45
REFERENCES	47
ANNEX 1: GUIDING PRINCIPLES	53
ANNEX 2: DEFINITIONS OF VIOLENCE	54
ANNEX 3: BELÉM DO PARÁ CONVENTION INDICATOR MATRIX	57
SUMMARY: CONSIDERATIONS FOR DEVELOPMENT OF GLOBAL GUIDANCE ON ADMINISTRATIVE DATA ON VIOLENCE AGAINST WOMEN FROM THE EXPERT GROUP MEETING	59

ACRONYMS

ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CSO	Civil Society Organization
CSW	Commission on the Status of Women
DFID	Department for International Development (UK)
DOB	Date of Birth
EGM	Expert Group Meeting
EIGE	European Institute for Gender Equality
EU	European Union
GBV	Gender-Based Violence
GBVIMS	Gender-Based Violence Information Management System
GREVIO	Group of Experts on Action Against Violence Against Women and Domestic Violence
ICCS	International Classification of Crime for Statistical Purposes
IPV	Intimate Partner Violence
ISP	Information-Sharing Protocol
MESECVI	Mechanism to Follow-Up on the Implementation of the Belém do Pará Convention
NPSV	Non-Partner Sexual Violence
NSO	National Statistics Office
PII	Personally Identifiable Information
SDG	Sustainable Development Goal
SOP	Standard Operating Procedure
TAB	Technical Advisory Board
UNFPA	United Nations Population Fund
UNODC	United Nations Office on Drugs and Crime
UNDP	United Nations Development Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
UNSD	United Nations Statistics Division
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAW	Violence Against Women
WHO	World Health Organization

EXECUTIVE SUMMARY

The need for data on violence against women (VAW), including from administrative sources, is currently high on the global agenda. Yet, despite the potential importance of such administrative data for improving policy and programmes, benefiting survivors and ensuring accountability of perpetrators, synthesis of good practices and guidance for their collection from and use by different sectors is generally lacking.

The objective of this background paper is to synthesize evidence, including divergent expert opinions, on the collection and use of VAW administrative data. It was used as the technical document for an Expert Group Meeting (EGM) convened in September 2019 by UN Women. The background paper and the discussions and recommendations coming out of the EGM will inform the development of global guidance on the collection and use of VAW administrative data. The anticipated audiences for the guidance are national and sub-national policymakers as well as managers responsible for providing services to survivors of VAW and interacting with perpetrators.

This effort contributes to the five-year (2018-2022) Global Joint Programme on Strengthening Methodologies and Measurement and Building National Capacities for Violence against Women Data with UN Women and the World Health Organization (WHO) as participating UN organizations and other UN agencies such as the United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF) and United Nations Office on Drugs and Crime (UNODC) as technical partners. Funded by the Department for International Development (DFID) of the United Kingdom, the Global Joint Programme aims to ensure that quality, standardized data on VAW are available to address national data gaps and meet policy and reporting commitments under the Sustainable Development Goals (SDGs), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the Beijing Platform for Action. The eventual global guidance will also support monitoring and evaluation components of the "Essential Services Package for Women and Girls Subject to Violence"¹ now being implemented in more than 50 countries.

The objectives proposed for the eventual global guidance are:

- To increase understanding of what VAW administrative data are, what they can tell us and, critically, what they cannot tell us (data literacy);
- To propose a small number of variables to be collected across service delivery sectors;
- To make recommendations to establish or improve national and sub-national initiatives to safely and ethically collect and use these data.

Analysing and reporting on VAW administrative data permits better understanding of service demand and use (including gaps) and policy and programme implementation and outcomes. The goal is to inform VAW prevention, improve services for survivors and increase the accountability of perpetrators. Estimating service gaps and unmet needs based on service data can also contribute to ensuring that no one is left behind. Administrative data are also a powerful tool for dialogue and advocacy with governments to improve VAW prevention and response. The paper discusses four possible priority uses for such data:

- Service use and service demand monitoring;
- Understanding whether services are delivered to standards (quality);
- Case management within and across sectors;
- Estimating the capacity of the VAW response, its costing and resource allocation.

Countries require regularly produced standardized data to monitor efforts to eliminate VAW. Sectors generate sector-specific administrative data and have sector-specific needs, so standardization does

¹ UN Women, UNFPA et al. 2015.

not imply that all sectors need to collect the same variables but rather that when the same variables are used, the information generated is standardized. The proposed approach at this juncture is to focus on building consensus on a minimum cross-sectoral data set and shared operational definitions for types of VAW. Even a small number of data points can provide valuable information to monitor and improve national and sub-national responses to VAW. The proposal is to aggregate information collected about physical, sexual and psychological/emotional intimate partner violence (IPV) as well as non-partner sexual violence (NPSV) using behavioural definitions (acts committed by the perpetrator against the survivor). The scope of the background paper and the eventual global guidance refers to adult women.

The guiding principles proposed for the global guidance are: a human rights-based approach; advancement of gender equality and women's empowerment; cultural sensitivity and age appropriateness; a survivor-centred approach; safety and confidentiality; and perpetrator accountability. Part of a survivor-centred approach is prioritizing the autonomy, self-determination and well-being of survivors. Among other things, this means that women are not asked about violence unless services are in place to respond; that survivors can decline to answer questions or refuse consent to share information without fear of losing support or access to services; and that any limits to confidentiality are clearly explained prior to women's disclosure of violence they have experienced.

The global guidance will promote international ethical standards for informed consent and the management of personally identifiable information (PII)² as well as provide guidance and model tools for implementation. This background paper discusses issues related to informed consent and the policy, procedures and personnel needed to manage PII and describes some steps to advance privacy protection (including establishing information-sharing protocols (ISPs) and role-based data access). The paper summarizes different expert perspectives on consent for information sharing in the context of case management and for secondary analysis of data that includes PII and use of PII for data linkage.

Data collection, management, analysis and reporting require human and financial resources. VAW administrative data are generated through routine service delivery. Nevertheless, improving the quality of data collected and transforming those data into useable information to improve policy and programmes are additional tasks with resource requirements. When considering the collection and use of VAW administrative data, it is important to distinguish between roles and responsibilities for collection, aggregation, analysis and reporting.

The background paper discusses the following five steps to improve collection and use of VAW administrative data:

1. Mapping of data producers and users;
2. Establishing a coordination and governance mechanism;
3. Establishing and implementing training;
4. Establishing responsibilities and standards for data collection, entry, validation and analysis;
5. Reporting.

² PII is any data related to an individual that could result in them being identified. It includes socio-demographic information such as name, sex, marital status, date and place of birth, country of origin, country of residence, individual registration number, occupation, religion and ethnicity and biometric data (photograph, fingerprint, facial or iris image) as well as any expression of opinion about the individual, such as assessments of their specific needs by a service provider.

A large, stylized number '1' is centered on the page. The top half of the '1' is light blue, and the bottom half is a lighter shade of blue. The background is split horizontally: the top half is a solid blue, and the bottom half is a solid orange. The number '1' spans across both colors.

INTRODUCTION

1. INTRODUCTION

1.1. Background

Violence against women (VAW) is any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. VAW encompasses but is not limited to physical, sexual and psychological violence occurring within the family sphere, in the general community and violence perpetrated or condoned by governments³. It is a violation of human rights and a form of discrimination against women. Gender-based violence against women is violence that is directed against a woman because she is a woman or violence that affects women disproportionately.⁴

Globally, it is estimated that one in three women has experienced physical or sexual violence from an intimate partner or sexual violence from a non-partner in her lifetime⁵ and that of the 87,000 women who were intentionally killed in 2017, more than half (58 per cent) were murdered by intimate partners or family members.⁶ VAW negatively affects every aspect of survivors' lives, including their health, educational achievement and economic and political participation. It also has significant detrimental impacts on children, families and communities, including important costs for workplaces and public budgets. VAW undermines global efforts to achieve human rights, gender equality and sustainable development.

The inclusion of a specific target to “Eliminate all forms of violence against all women and girls in private and public spheres, including trafficking and sexual and other types of exploitation” under Sustainable Development Goal 5 (SDG5) of the 2030 Agenda for Sustainable Development (target 5.2), as well as other related targets,⁷ reflects the recognition by the global community that eliminating this grave human rights violation is central to the empowerment of women and necessary for achieving sustainable development.

To monitor progress on efforts to eliminate VAW, quality, standardized data are needed. In recent decades, significant advances have been made to develop globally agreed-upon indicators and standards

for the generation of VAW data. This includes work done by the World Health Organization (WHO) as part of the *Multi-Country Study on Women's Health and Domestic Violence against Women*,⁸ a methodology that has been replicated in countries across different regions to generate data on VAW; the inclusion of an optional domestic violence module in the Demographic and Health Survey (DHS)⁹ that is being implemented by a growing number of countries; the core set of nine VAW indicators proposed by the Friends of the Chair of the United Nations Statistical Commission on indicators on VAW;¹⁰ and the United Nations Statistical Division (UNSD) *Guidelines for Producing Statistics on Violence against Women: Statistical Surveys*,¹¹ among others. These indicators and standards, including those identified in the SDG framework, refer to the prevalence of VAW and need to be generated through population-based surveys, not from administrative records.

Administrative data are defined as any data generated through routine operations. They are generally drawn from service-based records or from the internal administrative processes of an organization.¹² Administrative data on VAW are (or could be) gathered as part of the provision of services and support to a survivor or the response to an alleged or convicted perpetrator by authorities and different types of service providers, such as the police, prosecutors, courts, social welfare agencies, social services providers, child protection, women's shelters, violence hotlines and the health sector. As highlighted in the 2006 study of the UN Secretary General *Ending Violence against Women: From Words to Action*,¹³ service-based or administrative data can provide valuable information that is often not obtainable through surveys.

Administrative VAW data can:

- Provide an insight into the number of women utilizing particular services because of VAW;
- Help estimate the need for such services and their costs;

3 UN General Assembly 1993, articles 1 and 2.

4 UN CEDAW 1992; UN CEDAW 2017, Council of Europe 2011, article 3a and 3d.

5 WHO, London School of Hygiene and Tropical Medicine and South Africa Medical Research Council 2013.

6 UNODC 2019.

7 See, for example, SDG targets 11.7, 16.1 and 16.2 in UN General Assembly 2015.

8 WHO 2005.

9 ICF undated.

10 UNSC et al. 2010.

11 UNSD 2014.

12 Statistics Canada 2017.

13 United Nations 2006.

- Contribute to understanding sector responses to violence and unmet need;
- Be used to quantify the need for training among service providers; and
- Provide valuable information to evaluate programmes and policies, as well as to inform the generation of new or improved legislation, policies and procedures to respond to VAW.

The 57th Session of the Commission on the Status of Women (CSW) in 2013, which had as its priority theme “The elimination and prevention of all forms of violence against women and girls”, called on Member States to:

“Improve the collection, harmonization and use of administrative data, including, where appropriate, from the police, health sector and the judiciary, on incidents of violence against women and girls, including data on the relationship between the perpetrator and victim and geographic location, ensuring that confidentiality, ethical and safety considerations are taken into account in the process of data collection, and improving the effectiveness of the services and programmes provided and protecting the safety and security of the victim.”¹⁴

At the regional level, the monitoring of the implementation of regional frameworks—such as the Inter-American Convention on the Prevention, Punishment, and Eradication of Violence against Women (known as the Convention of Belém do Pará); the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (the Istanbul Convention), the Protocol to the African Charter of Human and People’s Rights on the Rights of Women in Africa (the Maputo Protocol) and the Declaration on the Elimination of Violence Against Women and Children in ASEAN by the Association of Southeast Asian Nations (ASEAN)—requires the use of various data sources, including administrative data from different sectors, to evaluate and report on progress.

Countries are developing VAW information management systems and increasingly seeking direction and support about how to do so in a manner that meets ethical and safety standards while also allowing monitoring and evaluation of progress and

results. There is a strong global demand for guidance that communicates standards about the collection and use of VAW data.

I.2. Building a foundation for global guidance on VAW administrative data

This background paper synthesizes current information on key issues and ongoing debates to support the development of recommendations for global guidance on the collection and use of VAW administrative data. The intended users of the proposed guidance are national agencies that generate administrative data on VAW (primarily justice and policing, health and social services) and institutions that have responsibility for monitoring, evaluating and reporting to support countries to advance towards their commitments to eliminate VAW (such as women’s secretariats and national statistics offices (NSOs)). The planned guidance will be sufficiently operational and granular to ensure utility for national stakeholders who are responsible for providing care to survivors and ensuring perpetrator accountability. Thus it has a dual audience of policymakers and managers. Civil society organizations (CSOs) that provide specialized VAW services may also find the guidance relevant.

In the first instance, the global guidance will be focused on supporting national and sub-national processes rather than on generating data for regional or international comparisons (although such comparisons could eventually be facilitated). The intention is for it to be tiered: It will describe minimum requirements and provide options for contexts where administrative data systems are more complex and have greater capacity for more sophisticated collection, aggregation, analysis and reporting.

I.3. Scope of background paper: Intimate partner violence and non-partner sexual violence

The scope of this background paper, and of the proposed global guidance on administrative VAW data, is physical, psychological and sexual intimate

¹⁴ UN Women 2013.

partner violence (IPV) and non-partner sexual violence (NPSV) experienced by adult women. Based on the available evidence, these forms of violence are among the most prevalent forms of VAW globally. They have serious consequences for women and their children as well as for communities and nations. Furthermore, knowledge and practice relating to IPV and NPSV are better developed than knowledge and practice relative to other forms of VAW.¹⁵ This includes legislative and policy frameworks (encompassing criminalization) as well as measurement and standards for data collection (mainly for prevalence surveys).

Although administrative records are also the main source of information about other forms of VAW, such as gender-related killings of women (femicide/feminicide) and human trafficking, and can be very useful as well for characterizing others such as female genital mutilation, these other forms of VAW are beyond the scope of this paper. In the case of femicide/feminicide, for example, there is no agreement yet on an operational definition in political or statistical spheres, as is the case for IPV and NPSV. However, given that such gender-related killings of women are in a great proportion perpetrated by intimate partners and are associated, in some cases, with signs of sexual abuse, administrative data on IPV and NPSV will be extremely helpful for better understanding the gender dimension and to determine the gender motivation of such killings (i.e., by being able to determine whether they were preceded by a history of IPV or by a sexual assault).

1.4. Methodology for the development of the background paper

To orient the background paper, a questionnaire was circulated among and completed by 23 UN Women Regional and Country Offices in all six regions: Arab States, Asia and the Pacific, East and South Africa, Europe and Central Asia, West and Central Africa and Latin America and the Caribbean. This scan was not intended to generate a comprehensive picture of VAW responses at the country level or represent a full range of perspectives from actors engaged in VAW administrative data work in these offices; rather,

its goal was to identify issues and priorities from the perspective of UN Women staff working at the country and regional level to guide the development of this paper. Input through completing the same questionnaire and providing written feedback on a draft annotated outline of the background paper was also given by 12 VAW experts from within and beyond the UN System, including members of the Technical Advisory Board (TAB). Semi-structured interviews and email communication was undertaken with 13 key informants, who were purposefully selected because of their in-country experience developing and implementing multi-sectoral VAW administrative databases. Key informants included civil servants, UN officials and researchers.¹⁶

To develop the background paper, more than 250 documents from peer-reviewed and grey literature were reviewed. To identify documents, all of the informants (UN Women Regional and Country Offices, TAB members, UN System staff, researchers and civil servants) were asked to recommend relevant grey literature. In addition, the websites of the institutions participating in the TAB or who have led work on VAW administrative data were reviewed—the Gender-Based Violence Information Management System (GBVIMS), European Institute for Gender Equality (EIGE), United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), United Nations Office on Drugs and Crime (UNODC), UNSD and UN Women—as were the host institutions for specific regional conventions on VAW: Maputo Protocol (African Commission), Istanbul Convention (European Commission) and Belém do Pará Convention (Organization of American States). Relevant university websites and academic centres were also searched. In low- and middle-income countries, the sites searched included: African Women’s Development Fund, Building Resources Across Communities (BRAC), Centre for the Study of Violence and Reconciliation (CSVR), Genderlinks, Instituto Nacional de Salud Pública (INSP), UNICAMP, Université Gaston Berger

¹⁶ Belize: Mark Antrobus (Ministry of Human Development, Social Transformation and Poverty Alleviation), Natalia Beers, Englebert Emmanuel, Jesse Chun (Ministry of Health); Canada: Kate Rossiter, Sarah Yercich (Canadian Domestic Homicide Prevention Initiative and FREDA Centre, Simon Fraser University); Colombia: Flor Maria Diaz (UN Women), Sergio Serna, Gloria del Pilar Cardona Gómez (Ministry of Health); Mexico: Teresa Guerra, Ana Laura Molina (UN Women); Tajikistan: Diana Ismailova (UN Women), Zimbabwe: Teemar Kidane (UN Resident Coordinator’s Office).

¹⁵ UN Women, ILO et al. 2015.

Saint Louis, University of Cape Town and University of the Western Cape. In high-income countries, these sites included: the United States Centers for Disease Control and Prevention (CDC), Harvard University, John Hopkins University (including the Johns Hopkins Program on International Education in Gynecology and Obstetrics, or JPHIEGO), London School of Hygiene and Tropical Medicine, University of Bristol, University of Guelph, University of Melbourne, University of Ottawa, Simon Fraser University, Stanford University and Yale University. The websites of the Canadian and United Kingdom Privacy Commissioners were also searched. Academic literature searches with the terms 'violence' or 'violence against women' or 'gender' and 'violence' and 'administrative' were conducted in the following databases: Pubmed, Studies on Women & Gender Abstracts and Women's Studies International. A search using the term 'administrative' was conducted in *Violence Against Women* and a search using the terms 'violence' and 'women' was conducted in the *Cochrane Reviews Database* and *The Lancet*.

1.5. Guiding principles

The following overlapping guiding principles must underpin the collection, analysis, sharing and reporting of VAW administrative data: a human rights-based approach; advancement of gender equality and women's empowerment; cultural sensitivity and age appropriateness; survivor-centred approach; safety and confidentiality; and perpetrator accountability (see Annex 1).¹⁷ How to uphold standards for safe and ethical data collection and management will be a cornerstone of guidance on VAW administrative data. Privacy and confidentiality of personal information is a fundamental human right and is critically important for the safety of women who have been subjected to violence. A breach of confidentiality about violence can also put women at risk of additional violence. To seek services and disclose experiences of violence without fear of retaliation from perpetrators, women need to be confident that information about them and their experiences will be kept safe and remain confidential.¹⁸

Some examples of issues to be considered when applying the guiding principles to the collection, use, sharing and reporting of administrative data on VAW include: informed consent for collection and

sharing data and management of PII in alignment with international standards; survivors' ownership of their own data; and mechanisms to include the perspectives and knowledge of organizations providing services to women and, if they wish, survivors in analysis and reporting. It is also important to consider how administrative data can advance the agenda of perpetrator accountability and the corollary accountability of institutions and States to contribute to eliminating VAW.

In addition, all data-producing agencies in a national statistical system (including national agencies such as the police, health, social welfare, etc.) should be guided by the UN Fundamental Principles of Official Statistics in the collection and use of VAW administrative data.¹⁹

1.6. Distinguishing between collecting and managing VAW administrative data

Administrative records are created as part of the regular work processes of service providers interacting with survivors and/or perpetrators. While different occupations and institutions have professional standards regarding documentation, unlike in a research context the creation of administrative data is a by-product of the providers' work, not the work itself. Therefore, to improve the quality of the data collected, the information being asked for must be perceived as relevant for the immediate purpose at hand, or efforts must be made to communicate the usefulness for broader purposes relevant to the professional providing services. If there are additional questions or tasks asked of service providers (e.g., indicating type of violence, collecting additional socio-demographic information, tallying cases), these must be chosen judiciously and a balance must be struck between immediate care and service delivery and information generation. Further, while there are exceptions, the direct service providers who are generating the administrative data will not be involved in data aggregation or analysis.²⁰ Information management (aggregation, analysis and reporting) involves tasks different from the direct collection of data.

¹⁸ WHO 2017.

¹⁹ UN General Assembly 2014.

²⁰ This said, involvement of direct service providers in data analysis, or at least regular feedback through reporting, can drive quality improvement (e.g., bringing services provided in line with standards).

¹⁷ See Annex 1 for a fuller description of the principles, which are adapted from UN Women, UNFPA et al. 2015. The "Essential Services Package for Women and Girls Subject to Violence" (ESP) will be a companion document for the eventual global guidance. The proposal is for the global guidance for VAW administrative data to adopt the same overarching principles as the ESP.

Further, the quality of administrative data is only as good as the human and information system resources that are collecting, entering, sharing, analysing and reporting on these data. Improving the quality of administrative data by improving the skills, motivation and tools available to those who are registering, entering and analysing the data as well as proposed criteria for leadership and governance to build political support for collecting and using VAW administrative data are addressed in further detail in section 4.

WHAT VAW

ADMINISTRATIVE DATA

CAN AND CANNOT

TELL US

AND PRIORITY USES

2. WHAT VAW ADMINISTRATIVE DATA CAN AND CANNOT TELL US AND PRIORITY USES

2.1. What VAW administrative data can tell us

Administrative data can describe the number of cases or reports identified by a specific service sector, the response provided²¹ and, in some cases, the outcomes of processes and services (e.g., charges against and convictions of perpetrators). They can also provide information about who accesses services and offer insights into who is not accessing services. Mapping gaps in availability and accessibility is critical to achieve the goal of “leaving no one behind”.²²

Four priority uses of VAW administrative data are discussed in detail in section 2.3: (1) service use and

service demand monitoring; (2) understanding whether services are delivered to established standards (quality); (3) case management within and across sectors; and (4) estimating the capacity of the VAW response, resource allocation and costing.

Analysis and dissemination of administrative data can also be used as part of broader advocacy, helping to create political will by making problems visible and creating opportunities for alliances that ultimately drive policy and programmatic change to better prevent VAW and serve survivors.

BOX 1

ANALYSING ADMINISTRATIVE DATA ON SEXUAL ASSAULT IN THAILAND AND VIET NAM

Analysis of administrative data, complemented by interviews, was used to understand why attrition of sexual violence cases occurs and to identify effective ways to strengthen the administration of justice in rape and sexual assault cases in Thailand and Viet Nam. The analysis showed that the police and justice agencies had inadequate and incomplete administrative data on sexual violence cases, limited disaggregated data on the demographic characteristics of people who experience or perpetrate sexual violence and poor record-keeping related to outcomes of police investigations and prosecution. The analysis, which was done in 2013-2014, demonstrated that the absence of consistent and complete administrative data on sexual violence against women and girls in police and justice agencies was a contributing factor to the attrition of sexual assault cases. The dissemination of this analysis resulted in both countries improving their response to sexual violence in the police and judicial sector. Thailand created new interdisciplinary teams to respond to sexual violence, and trained police, prosecutors and court personnel to provide better services for women and girls who experienced sexual violence. Viet Nam revised the Penal Code, legislating a more comprehensive definition of sexual assault and introducing gender-sensitive criminal procedures and evidentiary rules.²³

21 Jansen 2016.

22 UN News 2016.

23 Skinnider et al. 2017; ASEAN 2018.

2.2. What VAW administrative data cannot tell us

The vast majority of VAW survivors do not seek services or help from formal service providers such as health, the police, social services or legal actors and/or do not disclose VAW when they come into contact with those systems. In the majority of countries with available data, less than 40 per cent of survivors seek help of any sort. Among women who do, most look to family and friends and very few access formal institutions such as the police and health services. Less than 10 per cent of those women seeking help for experiences of violence do so by appealing to the police.²⁴ Administrative data only account for women who come into contact with services, disclose VAW, consent to have their information registered and actually have that information recorded and preserved as part of the administrative record.

Thus, administrative data may overlook particular groups of women who can experience high levels of violence but:

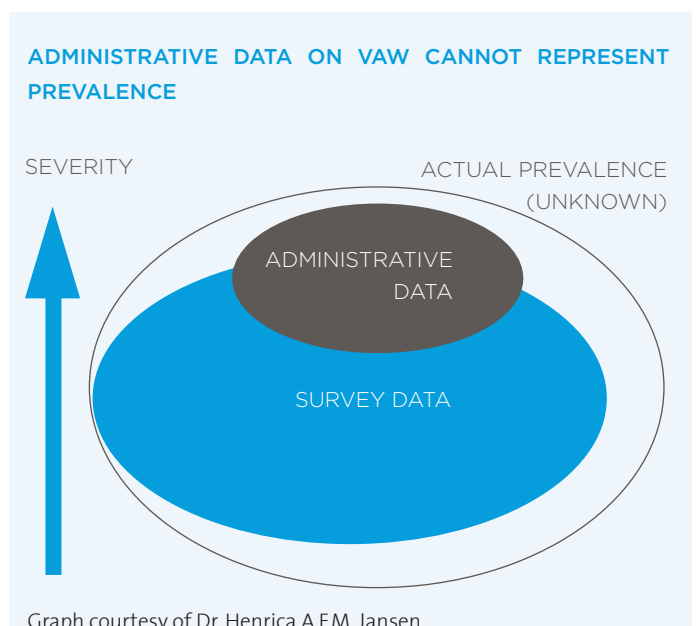
- Who are not aware of services, or their eligibility to access those services;
- Who do not come into contact with services either because these are not available, accessible or acceptable or are not sensitive and responsive to their specific needs or for other reasons such as lack of confidentiality, privacy and non-judgemental provision of services and discrimination towards survivors of VAW;
- Who do not disclose experiences of VAW when they come into contact with services;
- Whose experiences of violence are not taken seriously and/or recorded when they do come into contact with services (e.g., women in the sex industry whose experiences of sexual violence or other forms of violence may be normalized and not recorded by first responders on the scene).

Some populations that may be less likely to be represented in administrative data because of lower likelihood of coming into contact with

support services and/or disclosure of VAW are women from minority or marginalized ethnic or religious groups, women living in rural settings, women whose mobility is restricted in highly conservative cultural contexts, women living with HIV, women living with disabilities, migrants, refugees, women of non-conforming sexual orientation and gender identity, women who are undocumented immigrants and women in the sex industry or women who use drugs in contexts where these behaviours are legally criminalized.

This said, there are instances when women who belong to these populations are in contact with services specifically designed for them. The 20-year *Review of the Implementation of the Beijing Declaration and Platform for Action*²⁵ called for Member States to invest in research on violence experienced by marginalized groups of women, who are difficult to reach with national surveys, to increase the understanding of their experiences and of the effects of violence and to improve policy responses. Administrative data generated through contact of women with services tailored specifically for them are an invaluable opportunity to understand VAW service use and needs.

As previously noted, and as shown in the graphic below, data from administrative sources—even if properly collected, presented and interpreted—only represent the very tip of the iceberg of occurrences



²⁴ UNSD 2015, p. 159.

²⁵ UN ECOSOC 2014.

BOX 2

SURVIVORS SEEKING SERVICES MULTIPLE TIMES AND FROM MULTIPLE AGENCIES

Concerns are frequently expressed about ‘double counting’ survivors of VAW when using administrative data. However, because these data cannot be used to estimate prevalence, double counting does not need to be a serious concern. If the unit of measurement used is the case or report of VAW rather than the survivor or the perpetrator, administrative data reflect the number of reports made and which services women seek, how often and for what purpose. Survivors are expected to make multiple visits to different services and, as such, these visits do not constitute ‘double counting’.²⁸ However, if the unit of measurement used is the woman—for example, whether data are to be used for case management or to better understand survivors’ journey through the multi-sectoral response and support system—the use of unique identifiers may be required. Allaying concerns about double counting among policymakers and other data users is an important aspect of increasing data literacy about what VAW data can and cannot tell us.

of VAW. It is important when analysing and presenting administrative VAW data not to equate the cases reported and registered to the actual prevalence or magnitude of VAW in a given setting²⁶ or to suggest that administrative data can be a substitute for population-based surveys or a proxy for prevalence data.²⁷ Indeed, neither survey data nor administrative data represent the real magnitude of VAW. Increasing data literacy is an important component of improving the understanding and use of VAW data.

2.3. Priority uses for VAW administrative data

The guiding questionnaire provided to UN Women Country and Regional Offices and the TAB requested that respondents prioritize two of four potential uses for VAW administrative data (or identify a missing priority). In response, the 23 offices identified the following priority uses: case management within and across sectors (18 of 23, 78 per cent); service use and demand monitoring (10 of 23, 44 per cent); better understanding of the quality of services (10 of 23, 44 per cent); and capacity assessment, costing and resource allocation (6 of 23, 26 per cent). The priorities identified by those members of the TAB who responded (n=5) agreed with the importance of service use and demand monitoring (4 of 5, 80 per cent) but differed in their emphasis on capacity assessment, costing and resource allocation (5 of 5, 100 per cent). None of the TAB members identified using administrative data for case management within and across sectors as a priority.

2.3.1. Service use and service demand monitoring

To understand service use, it is necessary to know how many times women have sought and received services for different types of VAW. Information about the types of violence experienced by women and the services sought can contribute to understanding service needs and gaps. It can be characterized as caseload data that measure the volume of events related to VAW that occur in the different sectors. Caseload data may include annual (or a different time frame-specific) volume indicators, such as the number of cases reported and the number of survivors supported/perpetrators charged. Caseload data can be combined with estimates about the occurrence of VAW in the general population and different sub-populations to estimate (ideally from prevalence surveys) service need, and to identify service gaps by comparing those who are seeking and receiving services with estimates about who needs services.

Socio-demographic information about survivors and perpetrators, relationships between survivors and perpetrators, and the context of violence (where and when) collected as part of service use and service demand monitoring are essential for understanding service use and gaps and can also inform service delivery and prevention initiatives.

2.3.2. Understanding whether services are delivered to standards (quality)

Administrative data can be used to evaluate whether services meet minimum standards and best

²⁶ EIGE 2016.

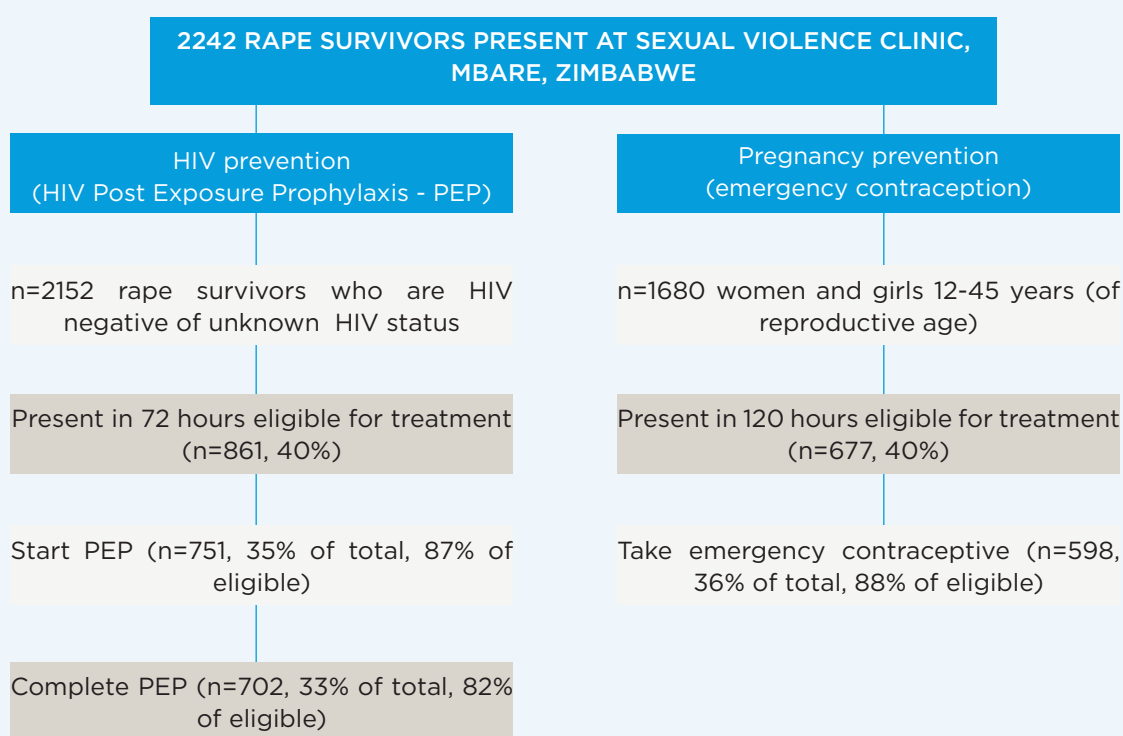
²⁷ Jansen 2016.

²⁸ ASEAN 2018.

BOX 3

UNDERSTANDING WHETHER CARE WAS PROVIDED TO NATIONAL STANDARDS: PROVISION OF BEST PRACTICE CARE TO SURVIVORS OF RAPE IN ZIMBABWE

International standards for medical care for rape, specifically the provision of post-exposure prophylaxis (PEP) for HIV prevention within 72 hours and the provision of emergency contraception (EC) within 120 hours, have been adopted nationally in Zimbabwe. This analysis using administrative data shows that in more than 80 per cent of cases, rape care is completed to these standards for those who are eligible. A key problem identified by this analysis is that the majority of rape survivors are not eligible for PEP and EC because they do not present at the clinic in time for treatment to be effective.³⁰ Thus this analysis would suggest that rather than focusing on training of health-care providers in this setting or addressing other barriers to improve provision of services to standard, the priority is to develop strategies to increase awareness among women about the services available and timelines for effective treatment, as well as implementing broad efforts to overcome barriers to seeking health-care services, including rape-related stigma and trauma.



practices and to monitor the extent of implementation of policies and programmes. While tracking whether services meet international or best practice standards using administrative data is not as detailed as conducting facility surveys or other types of research on quality, it can identify whether or not services were provided and the timeliness of provision and whether procedures and guidelines were followed. Monitoring with administrative data and feedback mechanisms has been shown to result in greater provision of care to standards over time.²⁹

Administrative data can also be used to assess

the application of policies related to perpetrators and survivors in the criminal justice and social service sector. Examples from the criminal justice system could include the number of reports of VAW made to the police, the number investigated by the police or prosecutors (and measures of the investigation being performed to legislative and policy standards), arrests of perpetrators, number of court cases, judgements made and sentences imposed. These data can also be used to evaluate the implementation of legislation or regulations and thereby lead to recommendations for improvement.

Despite the attributes of administrative data

29 Banerjee 2018. See <http://resources.jhpiego.org/resources/GBV-QA-tool> for the presentation, as well as recording of the launch webinar.

30 Harrison et al. 2017.

BOX 4

POSSESSION OF FIREARMS BY PERPETRATORS WITH RESTRAINING ORDERS IN CALIFORNIA

The 1994 federal Violence Against Women Act in the United States prohibited the purchase or possession of a firearm by persons under a domestic violence restraining order. In California, the Act resulted in the creation of a database that lists the persons against whom a restraining order is active. This provides a way to identify perpetrators, with the goal of preventing them from purchasing firearms. Analysis of the database revealed that only about half of the restraining orders specified that the perpetrator must relinquish their firearms. A further critical finding was that 17 per cent of the perpetrators in the database had not been served and were unaware that they were under a restraining order. Of these, 59 per cent had had a court hearing. A recommendation to improve policy, and the safety of survivors, is that rather than relying on the survivor to serve the order, a follow-through service is needed from the court. If the perpetrator does not appear in court, justice services should look for them to serve them the restraining order and, simultaneously, take the opportunity to remove firearms from their possession to reduce the risks of further and potentially fatal violence to survivors.³¹

for monitoring the achievement of standards, policy and legislation, they also have limitations for evaluating the technical and interpersonal dimensions of quality, as well as the quality as perceived by survivors and perpetrators. Perception of the quality of services is a critical aspect of acceptability, but given the power relationships between service providers, survivors and perpetrators it is more appropriate for this to be collected by independent (arms length) evaluators using an appropriate and feasible methodology (survey, focus groups, exit interviews) than asked as part of routine administrative data collection.

2.3.3. Case management within and across sectors

For case management, recording and sharing survivors' experience can reduce the burden on them of 'telling their story' to many different service providers. Case management forms can also be used to ensure that comprehensive information and support is offered to survivors (as providers can have a better understanding of the background and violence history) and that referrals are made based on survivors' identified needs and with their permission. It is essential in the context of case management that women explicitly consent to sharing of their information with each sector. It is also important to note that integrated case management can be realized at the local level without integration of administrative data systems. There are many different strategies for sharing information, from automated databases to one-on-one sharing to regular meetings of a

multi-sectoral team. It is also worth noting that the situations of all survivors may not require integrated case management, and that survivors may prefer to choose individual services rather than there being a multi-sectoral team approach.

If information sharing for case management across sectors is to be put into place, it is a core requirement to establish information-sharing protocols (ISPs) among the participating agencies (generally the police, child protection, health and agencies serving women who have experienced violence). The regular process is to obtain written consent from the survivor prior to information sharing with other sectors and to always seek to keep the survivor at the centre of the decision-making process. If there are limits to confidentiality, such as mandatory disclosure in cases of child abuse, immediate harm to self or others or perceived immediate threat of serious and potentially lethal harm to the survivor or family members, these should be explained at the outset of the relationship with the survivor.³²

With respect to the analysis of case management, administrative data can be used to understand how different services are used within a sector (health, policing and justice, social services) or across sectors (referral to and uptake of other services that meet women's needs such as housing, transport, mental health services, employment, etc). They can also be used to evaluate the process of case management (e.g., whether information was provided about services and whether referrals were made and, if they were made, accepted and completed or declined).

³¹ Sorenson and Shen 2005.

³² EVA BC 2017.

BOX 5

IDENTIFYING GAPS IN MULTI-SECTORAL CASE MANAGEMENT

The Gender-Based Violence Information Management System (GBVIMS) is an inter-agency partnership between the United Nations Population Fund (UNFPA), the International Rescue Committee (IRC) and the United Nations High Commissioner for Refugees (UNHCR), in consultation with the Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action and the Gender-Based Violence Area of Responsibility Working Group of the Protection Cluster. GBVIMS enables those providing services to survivors of gender-based violence (GBV) in the humanitarian sector to effectively and safely collect, store, analyse and share data related to reports of such violence. GBVIMS has been implemented in multiple countries, and the learnings provide a rich resource for planning for VAW administrative data collection, use and sharing.

For example, the Lebanon National GBVIMS Steering Committee, composed of six refugee-serving organizations (IRC, Danish Refugee Council, Intersos, International Medical Corps, Caritas Lebanon Migrant Centre and Makhzoumi Foundation) plus UNHCR, the United Nations Children's Fund (UNICEF) and UNFPA, conducted joint data analysis sessions to look for trends in GBVIMS data from the contributing organizations to guide inter-agency prevention and response efforts.

Reviews of the service pathways found that survivors were reluctant to seek services from agencies that were not specialized and that referrals to services were declined by survivors: 54 per cent of survivors declined relevant and accessible legal services, most likely due to fears of negative consequences (possible loss of custody of children; deportation by security actors due to lack of documentation), while 43 per cent of survivors declined security and protection services due to similar fears.

Programmatic recommendations coming out of this analysis included providing further trainings to police officers on GBV, improving referral connections such as focal points and raising awareness about the need to follow core ethical principles of information protection. In addition, providers acknowledged that the lack of legal status for Syrians living in Lebanon may also be a barrier to accessing services. Consequently, this analysis was used for policy advocacy with the Government to establish a national legal and policy framework to broaden protection and services available for survivors of domestic violence regardless of nationality.³³

2.3.4. Estimating the capacity of the VAW response, resource allocation and costing

Fundamental for understanding national and subnational capacity to prevent and respond to VAW, and governments' progress (or lack of progress) towards meeting their obligations, is describing available VAW services (service capacity). Service capacity is a sub-set of resource data, which can include such items as the capacity of available services (e.g., number of shelter beds), number of persons trained, number of persons employed, functions of persons employed, expenditures on wages and salaries and operating costs. This information is key for planning and mobilizing resources.

The Group of Experts on Action against Violence Against Women and Domestic Violence (GREVIO) in Europe has created a baseline assessment questionnaire to

understand how governments are implementing the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). The questionnaire asks about the following areas: integrated policies and data collection; prevention; protection and support; substantive law; investigation, prosecution and procedural law and protective measures; and migration and asylum; and it has appendices to report on initial training (education or professional training) and in-service training³⁴ (see Box 6 for an example of the types of questions asked about service capacity and resource allocation for specialized VAW services). Similarly, for the Follow-Up Mechanism to the Belém Do Pará Convention (MESECVI), the Committee of Experts developed a matrix of indicators to measure the implementation of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women

33 GBVIMS, "Linking Data Analysis to Programming Series," undated.

34 GREVIO 2016. For the full questionnaire, see <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805c95bo>.

(Belém Do Pará Convention).³⁵ The types of administrative data requested to assess the financial context/budgetary commitments and state capacities for development and implementation of a VAW National Plan included in the reporting matrix are described in Annex 3.

The monitoring framework for the American and the European Conventions both include in their baseline assessment of government capacities information about: education and training mechanisms on VAW (e.g., number of people trained); the availability and capacity of specialized VAW services; and financial resources allocated by government to the VAW response.³⁶

Service use, capacity and resource allocation data can be used to estimate the costs of existing and needed services, as well as the cost-benefits and cost-effectiveness of different options.³⁷ This can be done internal to government or in collaboration with experts in costing methods.

While resource data are potentially very valuable

for understanding and monitoring the capacity of the national and sub-national VAW response, for programme planning and for advocacy, there are also challenges associated with collecting and analysing them. These include that the data producers (Departments of Finance and Human Resources) are different from those who can provide service delivery data. Existing administrative data information systems, such as health information management systems or police reporting of crime statistics, do not regularly collect resource data (staffing levels, time spent, etc.). Also, while it may be possible to identify the economic and human resources in specialized VAW services, it is challenging to estimate the cost of VAW prevention and response delivered through general services such as the police. For these reasons, while identifying monitoring resource allocation, capacity and costing as a high priority for VAW administrative data, several members of the TAB who guided the development of the background paper were cautious regarding the feasibility of including data about resource allocation and costing as part of the global guidance.

BOX 6

ISTANBUL CONVENTION QUESTIONNAIRE TO ASSESS VAW PROTECTION AND SUPPORT SERVICES: SPECIAL SERVICES

The questionnaire asks for a description of the measures taken in relation to articles 22, 23 and 25 of the Convention to provide or arrange for specialist women's support services for all women survivors and their children. For each category of service (women's shelter, rape crisis and sexual assault centre, women's counselling centre, etc.), respondents should provide information broken down by individual women's shelter/rape crisis centre/counselling centre/other service on:

- Their number and geographical distribution (with indication of the number of places in women's shelters);
- The number of paid staff per service;
- Their accessibility (for example 24/7 or other);
- The criteria defining a service as a specialist women's service as well as the standards of intervention, protocols and any guidelines that are applied in order to ensure a gendered understanding of violence against women and a focus on the safety of the survivors;
- The different groups of victims they are available for (for example, women only, children, migrant women, women with disabilities, other);
- The annual number of women seeking help from these services, including specific information on the annual number of women who requested and those who received, together with their children, accommodation in women's shelters;
- Their funding (source, funding periods and legal basis);
- Who they are run by (e.g., women's non-governmental organizations (NGOs), other NGOs, faith-based organizations, local government);
- Whether they are free of charge for all women (that is, irrespective of their income);
- Co-ordination between specialist support services and with general support services.

35 OAS/MESECVI 2013.

36 Pautassi and Gherardi 2015; GREVIO 2016; Kelly 2018.

37 Ashe et al. undated; Ferrari et al. 2018 (includes a beta version of a costing tool).

SECTION 2 SUMMARY

WHAT VAW ADMINISTRATIVE DATA CAN AND CANNOT TELL US AND PRIORITY USES

- It is critical to increase awareness among policymakers, managers and service providers about what VAW administrative data can and cannot tell us.
- VAW administrative data can provide invaluable information about:
 - **Service use and service demand:** Administrative data can tell us about survivors and perpetrators who are interacting with services and institutions and the demand for services. In describing who is accessing VAW services, data can provide insight into who is not accessing services. This information is critical to ensure that national and sub-national responses leave no one behind.
 - **Understanding whether services are delivered according to standards (quality):** Administrative data can be used to monitor whether institutions and services are following established policy, legislation and standards. Meeting established standards for procedure and service delivery is an important aspect of quality and can contribute to improved policy and programming for survivors and ensuring the accountability of perpetrators.
 - **Case management within and across sectors:** Administrative data can support case management within a sector as well as be used for cross-sectoral referrals and coordination.
 - **Estimating capacity of the VAW response, costing and resource allocation:** Administrative data can be used to assess service capacity and resource allocation, and as the foundation for estimating costs.
- Administrative data cannot be used to estimate the prevalence of VAW. Only a small proportion of survivors seek formal services, disclose VAW and have their reports preserved as part of the administrative record.
- While increasing the capacity of service providers to empathetically and effectively respond to disclosure of VAW is a necessary goal and identified in this background paper as an area for training in general services, encouraging disclosure with the aim of getting a more accurate description of the magnitude of VAW is absolutely not appropriate.



WHAT VAW

ADMINISTRATIVE DATA

SHOULD BE COLLECTED

AND ANALYSED

3. WHAT VAW ADMINISTRATIVE DATA SHOULD BE COLLECTED AND ANALYSED

3.1. Proposed minimum data set and shared definitions

The minimum data set is meant to be the foundation for promoting the production and compilation of VAW administrative data at the national level. It is not meant to be an exhaustive list but seeks to summarize the most essential indicators to describe the service use and potential needs of VAW survivors. Nor does it limit countries or sectors from collecting additional indicators that they deem relevant for their context. Further, it is important to note that sectoral efforts to identify the essential programme and policy-relevant indicators will be equally important. The approach taken here is to focus on a minimum data set that would be relevant across sectors.

In the first instance, the goal is not to generate data for regional or international comparisons. Nevertheless, standardized VAW administrative data could facilitate such comparisons in the longer term. The minimum data set will support standardization—i.e., using the same response categories for variables and establishing a consistent understanding of definitions of variables. This does not mean that all sectors within a country need to collect the same variables, but that the information generated when the same variables are used is standardized. There are two components to establish a minimum data set: reaching consensus on what indicators are critical and should be collected; and agreeing on shared definitions of VAW.

3.1.1. Proposed minimum data set

The proposed minimum data set includes the following information:

- Type of violence: physical, sexual, emotional/psychological
- Date reported violence occurred
- Information about the survivor: sex, age and survivor-perpetrator relationship
- Information about the perpetrator: age group (as reported by the survivor) and sex (as reported by the survivor). If the service provider/administrative system has contact with the perpetrator, actual age of the perpetrator and sex.
- Registration: date of registry of violence; registering entity/person and their sector (if service provider)
- Geographical reference: where violence occurred (e.g. city/village, sub-national if relevant, e.g., state, province)
- Location of event: e.g., home, school, work, public space
- Identify if violence was perpetrated using a computer (cybercrime)³⁸

³⁸ The ICCS indicates that a crime should be identified as a 'cybercrime' if the use of computer data or computer systems was an integral part of the modus operandi of the crime. UNODC 2015, p. 99.

•Response: services provided (yes/no/not applicable/survivor declined/survivor decided to come back later); referral (yes/no/not applicable/survivor declined/ referral to which services)³⁹

For this core minimum data set, the proposed unit of measurement is the case or report (the report generated through contact with an institutional actor/service provider). The creation of more sophisticated monitoring and evaluation systems that would allow longitudinal analysis and analysis of relationships between service use/ refusal of referral/ not using services, types of services used, charges and convictions etc. and outcomes over time would need to be constructed around the survivors or perpetrators as the unit of measurement. The unit of measurement (case or person) will depend on the configuration and capacity of the existing national or subnational information systems. The eventual global guidance will include a fuller discussion of the requirements, benefits and challenges associated with counting cases (reports of VAW) and counting persons (survivors and perpetrators).

It is important to note that even though the number of variables proposed for the minimum data set is small, there will be information gaps. To illustrate, the work done by the European Institute for Gender Equality (EIGE) on data availability for rape and IPV in the justice, police, social services and health sectors in Europe identifies that the collection and disaggregation of data on the sex of the survivor and the survivor-perpetrator relationship is variable.⁴⁰ The goal of the eventual global guidance on administrative VAW data is to make recommendations to support countries and institutions to move towards collection of this minimum data set.

To evaluate coordination of services, the proposal is to record whether the survivor was offered

information, services and referral and whether these were accepted, postponed, declined or not applicable. Further elaboration of the key variables for monitoring provision of care and services to best practice standards will be sector specific. Building consensus and making recommendations about the core service-related variables that align with the “Essential Services Package for Women and Girls Subject to Violence”⁴¹ is beyond the scope of this paper; however, it is anticipated that recommendations for sector-specific minimum data sets could form part of the eventual global guidance. To illustrate the type of recommendations that might be made, the health sector and the justice sector have made progress in identifying minimum information to be collected about procedure/service delivery. For the justice sector, minimum aggregate information should include the number of cases investigated, the number of persons prosecuted and the number of persons sentenced.⁴² In the health sector, information collected should include the number and percentage of survivors of VAW identified and type of clinical care provided (e.g., first line support, safety assessment, injuries and wound care; specific care components provided to rape survivors).⁴³

Additional valuable information about the survivor, the perpetrator and the context of the violence is proposed for inclusion in a larger data set. Examples include ethnicity and citizenship status of survivors and perpetrators, when (time of day/night) VAW occurred and weapon use.

3.1.2 Proposed approach to shared VAW definitions

Critical to the success of approaches to create a minimum data set will be the ability to draw on data from existing data collection instruments. Feedback from the TAB and key informant interviews emphasized that attempts to introduce new data collection instruments or definitions can be futile and even lead to efforts to improve the collection and use of VAW administrative data being delayed or abandoned. Therefore, using definitions of VAW that can encompass existing data collection mechanisms will be critical for success. Systems and sectors are

39 Information on cross-sectoral referrals can be collected as part of a more comprehensive data set or could be included as part of the minimum data set. Variables could include: health/medical; legal services; police, justice or other security actors; housing/shelter; livelihoods; psychosocial support; and child protection. The proposed response options will be refined as part of the development of the eventual global guidance on VAW administrative data. The GBVIMS experience is that collecting information about survivors declining services has been extremely valuable for detecting problems with service quality and engaging in discussions with the authorities responsible for providing services.

40 EIGE 2017.

41 UN Women, UNFPA et al. 2015.

42 EIGE 2018.

43 WHO 2017.

already generating administrative data, and thus it is important to allow the existing data to be aggregated into broad categories rather than to seek to introduce new definitions of types of violence, unless deemed strictly necessary to comply with international standards. Recognizing that classifications in the legal systems of countries and sub-national administrative units vary, as do data collection systems, the goal is to aggregate the information using standard operational definitions based on the acts committed by the perpetrator against the survivor (behavioural definitions).

In taking a behavioural approach, the global guidance would follow precedents set by the WHO, UNODC and the GBVIMS. The WHO used behavioural definitions to measure violence against women in the WHO Multi-Country Study on Women's Health and Domestic Violence against Women and has provided directions that operationalize these definitions for administrative data collection in the health sector.⁴⁴ The GBVIMS uses a standard, behaviourally based typology across countries and contexts. To support case managers to classify the violence experienced by the survivor, the tool begins with the most specific type of VAW (rape) and ends with the least specific (emotional/psychological violence)⁴⁵ The UNODC International Classification of Crime for Statistical Purposes (ICCS) uses behavioural descriptions of criminal acts (rather than legal categories) to allow for the construction of common classifications across countries. The broad category of sexual violence, for example, includes rape (rape with force, rape without force, statutory rape, other rape), sexual assault including against a marital partner against her will, physical sexual assault including drug-facilitated sexual assault, unwanted groping or fondling, sexual assault by abuse of position, non-physical sexual assault (sexual harassment, threat of a sexual nature, stalking, and other sexual assault not elsewhere classified, including voyeurism) and other acts of sexual violence.⁴⁶

Analysis of the behavioural definitions put forward by WHO, UNODC, GBVIMS, EIGE and the Council of Europe in accordance with the Istanbul Convention demonstrates that the behavioural aspects of the definitions are fairly consistent (see Annex 2: Violence Definitions). The global guidance could

either provide these definitions or recommend consensus definitions for aggregation of VAW data.

Behavioural definitions also allow the inclusion of administrative data on VAW without limiting the types of violence captured/registered to the criminal codes of those countries. To illustrate, sexual harassment⁴⁷ and stalking are common forms of VAW that result in serious harm and can have significant impacts on women's freedom of movement and consequently on their employment, educational and social opportunities, including access to VAW services. EIGE's analysis in the European Union (EU) reveals that sexual harassment and stalking are conceptualized and understood differently across the EU. As well as definitional differences, sexual harassment is a criminal offence in only 12 of the 28 Member States.⁴⁸ However, this does not mean that information about this type of VAW should not be collected. In fact, some police systems record instances of VAW even if they do not meet the legal standards for a charge or prosecution. In these cases, they are logged for 'future reference'.⁴⁹ Even when sexual harassment is not fully captured in the law and will not be recorded by police, reports of sexual harassment could be collected as part of service-based data from other sectors (health, organizations serving women). This data collection and reporting along international standards will provide a means of identifying what services are needed and raise awareness, contributing to eventual legislative change.

The process of aligning national or sub-national VAW definitions with international standards may be iterative. To illustrate, the definition of rape as non-consensual or coerced penetration of the vagina, anus or mouth is broadly agreed across different international institutions (see Annex 2). The proposed

44 WHO 2005; WHO 2017

45 GBVIMS, "Annex B," undated.

46 UNODC 2015.

47 Sexual harassment is a matter of sex and gender inequalities of power that intersect with other dimensions of inequality including race and ethnicity, age, disability and sexual orientation; it is a violation of human rights. Generally, it includes unwelcome sexual comments, attention, actions or gestures, with the victim being the source of this determination of what is unwelcome. It includes non-contact forms such as: sexual comments about a person's body parts or appearance, whistling, demands for sexual favors, sexually suggestive staring, stalking and exposing one's sexual organs to someone. Sexual harassment also includes physical contact forms such as someone purposely brushing up against someone else on the street or public transportation, grabbing, pinching, slapping or rubbing against another person in a sexual way. Some elements of sexual harassment may be covered within criminal law; however, many elements may require civic remedies and educational and administrative responses. UN Women 2019.

48 EIGE 2016.

49 Lewis 2013a.

minimum data set would identify rape as a type of sexual violence and would also identify the victim-perpetrator relationship. Therefore, even if rape perpetrated by a spouse is not currently criminalized in a country, institutions could collect information about all rapes reported, and the spousal relationship would be identified by the variable that identifies the victim-perpetrator relationship. Thus, survivors reporting marital rape would be counted, even when data from courts would not include spousal rape where it is not identified as a crime. The total number of rapes reported could be included in administrative data at the national level. Further, making marital rape visible by systematically identifying the victim-perpetrator relationship can contribute to policy improvements to protect women's human rights—in this case, the eventual criminalization of marital rape.

3.2. Beyond a minimum administrative data set: Contextualizing VAW administrative data

Administrative data, such as those described in the proposed minimum data set for service-based data, can contribute significantly to holistic and comprehensive frameworks for analysis that include the laws, policies, resource allocation and outcomes of efforts to eliminate violence against women. In addition to assessment of capacity, resource allocation and costing discussed above in section 2, the following types of information have been identified as being particularly relevant:

- Information on country political and regulatory context including existing laws and policies (political mapping) and national and sub-national level reporting from those providing and receiving services on how these laws and policies are implemented (gap analysis). Policy and legal frameworks in relation to VAW provide a picture of how well countries have operationalized their commitments regarding the eradication of violence and the provision of support to survivors. Well-developed reporting systems from the regional conventions provide powerful models for periodic reporting from States and from civil society (shadow reports).⁵⁰ Additionally, some work has been done at looking at the relationships

between institutional context, administrative data on VAW and prevalence surveys. This is an interesting area for further analysis.⁵¹

- Gap analysis and analysis of outcomes: Many of these require data linkage to create a cohort. Others, such as audits of police records may not. Examples could be waitlist audits (routinely done in the health sector) that could be applied to specific services identified in the “Essential Services Package for Women and Girls Subject to Violence”,⁵² such as individual or group counselling and audits of police records on sexual assault, for example of complaints that were identified as unfounded, or audits of court records.

⁵¹ See, for example, EIGE's work on the Domain of Violence in the Gender Equality Index 2017 (EIGE 2019).

⁵² UN Women, UNFPA et al. 2015.

⁵⁰ See discussion of GREVIO and MESECVI, section 2.4

SECTION 3 SUMMARY

WHAT VAW ADMINISTRATIVE DATA SHOULD BE COLLECTED AND ANALYSED

- It is proposed that the global guidance put forward a 'minimum data set' of the most essential programme and policy-relevant indicators, with standardized response options, as a platform to promote the global collection and use of VAW administrative data.
- The proposed variables for inclusion in the minimum data set are: sex of survivor, age of survivor, survivor-perpetrator relationship, perpetrator age category and sex, type of VAW experienced, where VAW occurred (geographic location and place, e.g., home, school, public space), services provided and referral offered.
- The global guidance will communicate operational definitions for VAW. The proposal is to aggregate information collected about physical, sexual and psychological/emotional IPV as well as NPSV using standard operational definitions based on the acts committed by the perpetrator against the survivor. Behavioural definitions allow standardized data categories across settings and do not limit the inclusion of the types of violence registered to national/subnational criminal codes.
- The unit of measurement can be the reported cases of VAW (minimum required) or the survivor of VAW. The ability to generate this information will depend on the capacity of the existing country information systems. Counting reports of violence would be the floor (minimum). The eventual global guidance will have a discussion of the requirements, benefits and challenges associated with counting cases and counting persons.

A large, stylized number '4' is the central graphic. The top half of the '4' is light blue and overlaps the blue background. The bottom half is orange and overlaps the orange background. The number is composed of several overlapping rectangular shapes.

HOW TO COLLECT,
MANAGE AND REPORT
ON VAW
ADMINISTRATIVE DATA

4. HOW TO COLLECT, MANAGE AND REPORT ON VAW ADMINISTRATIVE DATA

Administrative data can have a dual purpose: recording the provision of services or procedures; and monitoring and evaluating programmes and policies. Service providers and officials interacting with survivors and perpetrators generate VAW administrative data as part of their daily work. The management of VAW administrative data to turn them into useable information is a different task. When planning how to improve the collection and use of VAW administrative data, it is critical to keep the distinct tasks and different actors in mind. The former include: (1) data collection, (2) aggregation, (3) analysis and (4) reporting. The eventual global guidance will provide step-by-step recommendations on how to proceed from raw administrative records to reports depending on local context and capacities, as well as provide detailed illustrative examples of different information management systems.

4.1. Informed consent and personally identifiable information

To ethically collect PII, institutions must have appropriate standard operating procedures (SOPs) and assigned roles and responsibilities to ensure security and that people providing PII can

exercise their data rights.⁵³ Individuals have the right to information is being collected; whether data will be transferred to others (within the institution or third parties) and what their rights are over the data. Information rights for PII include the right to access, the right to correction or deletion and the right to be informed if there is a data breach.⁵⁴ Within the UN System, the United Nations High Commissioner for Refugees (UNHCR) has been a leader in implementing data protection, including managing digital PII for extremely vulnerable people.⁵⁵ Box 7 presents an example from the health sector of recommendations to guarantee the safety and confidentiality of VAW administrative data, including PII.

The global guidance will provide recommendations about how to implement principles and standards in different settings including addressing: information access policy, e.g., ensuring that there is a clear policy on who should have access to information and what information should be shared on a need to know basis; and information management infrastructure, which could range from keeping PII stored in separate files under lock and key and with ID numbers to keep information anonymous (no names) to an electronic system with access passwords and encryption.

BOX 7

DISTINCT ROLES AND RESPONSIBILITIES ON COLLECTING AND USING ADMINISTRATIVE DATA: AN ILLUSTRATION FROM THE HEALTH-CARE SYSTEM

•**Collection:** At the hospital or clinic, health-care providers routinely generate data on VAW by creating a record that includes basic socio-demographic and relevant medical information. They also document the care given, referrals for additional health care and potentially for additional services. Ideally, health-care providers ask women about what information they feel comfortable having recorded and shared with other health-care professionals to provide care and explain any limits of confidentiality before the woman shares information about VAW. There may be mandatory reporting regulations, as is often the case for violence against children but also for women generally under some national legal frameworks or for women in specific circumstances (e.g., imminent harm to the victim).

⁵³ International Conference of Data Protection and Privacy Commissioners 2009.

⁵⁴ UNCHR 2015.

⁵⁵ Beck 2018.

- **Aggregation:** The next step to transform this medical record into useable administrative data for the purposes of monitoring and evaluation is aggregation. Initial aggregation might be done at the facility level through, for example, preparation of monthly tally sheets,⁵⁶ and/or the records might be abstracted or sent to a centralized information system. If a specific VAW case management or data collection form is being used, then this would be aggregated with other records. In the health system, the aggregation of data is typically done through a health information management system. Health records clerks abstract and input data elements from the health record into Excel spreadsheets or a database.

- **Analysis:** The aggregate data are then analysed by health data analysts, epidemiologists or biostatisticians. For data to be useable, they must be aggregated and analysed. It is important to underline that even if the information for analysis is taken from the same template used for case management, analysis for knowledge generation and monitoring and evaluation aggregates the information and uses it for analytic purposes without identifying individuals (analyses of socio-demographic information, frequencies of types of violence experienced).

- **Reporting:** Aggregate, anonymized data is then reviewed and reported on. The recommendation is for a multi-sectoral group that includes individuals with expertise in VAW to have oversight for analysis and reporting.

4.1.1. Informed consent for data collection

SOPs need to ensure that the people providing PII can exercise their rights related to data collection, analysis and use. This includes having data collection processes that explain how the information collected will be used and how people can access their own data by, for example, contacting data stewards.

In following a survivor-centred approach, it is critical to foster women's autonomy and self-determination in all aspects of their interactions with services and institutions. International

standards on safe and ethical data collection and reporting consider survivors to be the 'owners' of information about them. Importantly, declining consent for data collection or sharing should not represent a barrier to service provision. For example, the Istanbul Convention explicitly states that a survivor's decision not to press charges or testify against a perpetrator should not be a barrier to receipt of services.⁵⁸ At times, it is important to share information for case management within a service or sector. For example, if a survivor has a genital injury due to rape that requires surgery, the examining physician may need to share information with the

BOX 8

PRIVACY AND CONFIDENTIALITY POLICY FOR VAW ADMINISTRATIVE DATA: GUIDANCE FOR HEALTH MANAGERS⁵⁷

Establish a privacy and confidentiality policy that specifies:

- Who will be responsible for collecting and recording information;
- Where and how information will be collected and recorded;
- How information will be stored;
- Who will have access to the information, including what information will be shared within the health facility or with third parties (e.g., other service providers within a referral network);
- The need to obtain women's consent before sharing any information and informing them about limits to confidentiality where applicable (e.g., in case of mandatory reporting);
- If women are given any medical records to take home with them, information about their experience of violence should not be mentioned.

attending surgeon. In this case, the approach would be to explain what information needs to be shared to provide appropriate care, and verify with the woman what she does not want to share, with her having an informed understanding of the implications of sharing or not sharing information. Again, if there are mandatory reporting regulations in place, it is important to explain the limits of confidentiality before survivors share information. The practice of providers regarding data collection, and the wording of any supporting consent forms or verbal scripts used for training, should be framed so that women understand that they will receive help and support even if they do not consent to data collection or sharing. Data collection forms/administrative records (whether they are paper or electronic) therefore need to include the option ‘declined to answer’ as well as ‘not applicable’.

Survivors need to be informed at the outset about the possible limits of confidentiality to allow them to make decisions about what information to share. If mandatory reporting regarding VAW is in place, women should be told. Mandatory reporting refers to legislation passed by some States that requires individual or designated individuals such as health-care providers to report (usually to the police or legal system) any case of actual or suspected domestic violence or IPV. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of IPV. The “Essential Services Package for Women and Girls Subject to Violence” recommends against mandatory reporting of VAW to the police by health-service providers and recommends prohibiting mandatory reporting of individual cases between coordinating agencies except in cases of immediate danger, child victims or special vulnerability.⁵⁹

4.1.2. Informed consent for data analysis

Personal information about survivors and perpetrators is fundamental for meaningful VAW administrative data. Such information is necessary to understand which women are using services (as well as which survivors are not), relationship characteristics and VAW event characteristics. It is important to note that individuals will not be identified by name, but other PII such as age or

place of residence might be analysed. Administrative data are collected for operational purposes and so written informed consent, which is standard for research,⁶⁰ is not commonly part of the creation of an administrative record. This makes it especially important for those interacting with survivors and perpetrators of VAW to follow the steps of informed consent for collection of PII outlined above: explaining how information will be used and the limits of confidentiality.

If administrative information is used for monitoring and evaluation with the aim of improving policies and programmes, it is proposed that survivors and perpetrators be informed about this use and permission asked to record information as part of the provision of services. Requiring written informed consent for inclusion in administrative registry-based databases can result in disproportionate refusal of consent among more socially disadvantaged populations.⁶¹ This has two effects: First, assumptions about the problem and impacts can be incorrect; and second, the needs of disadvantaged populations are not recognized in the analysis—and as a consequence they are more likely to continue to be left behind. The most complete administrative data sets possible contribute to the rigor and accuracy of the analysis that can be completed and reflect the needs of the whole population. For analysis of existing administrative data, as long as relevant privacy legislation and the principles of not doing harm and serving the best interests of survivors are respected, specific prior consent is not required in many settings.

When considering analysis of administrative data that includes PII, in addition to values and principals enshrined in the UN Fundamental Principles of Official Statistics,⁶² the principles developed by UN Global Pulse to guide secondary analysis of data are helpful. These are based on existing international standards for protection of privacy and management of digital data⁶³ and include:

- **Purpose of use** (consistent with mandate);
- **Right to use** (use only data that have been obtained by lawful and fair means, including, where appropriate, with the knowledge or consent of the individual whose data are used);

59 UN Women, UNFPA et al. 2015, Module 2:16 and Module 5:15.

60 WHO 2001.

61 Elwood et al. 2019.

62 UN General Assembly 2014.

63 UN General Assembly 1990; UN ECOSOC 1990.

- Purpose compatibility** (adequate, relevant and not excessive in relation to the legitimate and fair purposes for which the data were obtained);

- Individual privacy** (knowledge and proper consent of the individual, measures to prevent re-identification);

- Data security** (reasonable and appropriate technical and organizational safeguards are in place to prevent unauthorized disclosure or breach of data);

- Risk and harm assessment and risk mitigation** (consider impact that data use can have not only on individuals but also on groups of individuals and that risks and harms are not excessive in relation to the positive impact of the analysis);

- Data sensitivity** (stricter standards of care while conducting research among vulnerable populations and persons at risk, children and young people, and any other sensitive data such as VAW);

- Data minimization** (data use is limited to the minimum necessary);

- Data retention** (necessary duration and retention is justified);

- Data quality and accountability** (design, implement, document and report data use activities with adequate accuracy and openness) and the need for all collaborators to act in compliance with relevant law, data privacy and data protection standards.⁶⁴

Minimum standards for ethically and safely collecting and processing PII must be in place as the foundation for use of VAW administrative data. If governments and institutions have significant gaps in the infrastructure to collect and manage VAW administrative data while ensuring informed consent and privacy, these issues should be addressed prior to or integrally as part of the process of moving towards inter-sectoral agreements on data sharing and more ambitious analysis and reporting out on VAW

⁶⁴ UN Global Pulse undated.

⁶⁵ Primero/GBVIMS+ is an open source software platform that helps humanitarian and development workers manage GBV data with tools that facilitate case management and incident monitoring. It is an enhancement of the current GBVIMS database (Incident recorder) with an added function for GBV case management. PRIMERO provides case management and incident monitoring through an on or offline data collection platform that manages individual cases, (see <http://www.gbvims.com/wp/wp-content/uploads/Primerogbvims-announcementJuly2017.pdf> and <https://www.primero.org/>)

administrative data.

The global guidance on VAW administrative data will provide sample scripts for informed consent for data collection that includes informing survivors and perpetrators about potential future analysis and scripts for informed consent for information sharing in the context of multi-sectoral case management.

4.1.3. Informed consent for information sharing for case management

If data sharing is part of a system of multi-sectoral case management, best practice is to ask survivors specifically whether they want their data shared with other sectors and which of those sectors they want data shared with (opt-in to data sharing). For example, in a multi-sectoral system, such as PRIMERO/GBVIMS+,⁶⁵ the case manager/nurse/police officer goes through a process of explicit informed consent with the survivor with respect to information sharing across sectors that allows the survivor to ‘opt in’ to both information sharing and referral to different services.⁶⁶ Agencies often develop unique identifiers to confidentially track cases as they move through various systems of support and through the justice system. Case management tracking systems follow single cases to provide a continuum of care.

Beyond ‘opt-in’ procedures for information sharing, there may be additional innovations that can increase survivors’ ownership and control over their PII in the context of case management. For example, in the health sector there are examples of people becoming the stewards of their own health information (electronic medical record)—they can view, give permission to view and know who has looked at their medical record. These applications have been generally acceptable to both providers and patients.⁶⁷ With web-based platforms, preferences about access can be updated relatively easily if they change over time (either allowing or preventing access). Another option that might be appropriate in settings using paper records could be for survivors to be stewards of their file numbers, so they could share the file number only with the providers that they want to share with.

4.1.4. Data linkage using PII

Expert views diverge on the value and feasibility of data linkage for evaluation and knowledge-

⁶⁶ GBVIMS, “Consent Form,” undated.

⁶⁷ Falcao-Reis et al. 2008; Eom et al. 2016; Hanna et al. 2017; Lehnbohm et al. 2014.

generation purposes. Some experts recommend excluding integrated case management systems that identify individuals from administrative data collection systems and not seeking to link administrative data to analyse survivors and perpetrators interactions with multiple systems across time as part of routine use of administrative data. Rather, they recommend leaving such complex analyses to academic researchers and keeping the use of administrative data for monitoring and evaluation simple by reporting on aggregate numbers of cases reported and assisted across response sectors.⁶⁸ In part, this perspective stems from concerns about privacy rights and government surveillance. Another reason for caution about the construction of information systems that can be used for more complex analyses is striking the right balance in resource-constrained settings between the costs of collecting information that may not be analysed or used regularly versus dedicating constrained resources to investing in a small but good quality minimum data set and in direct service provision.

Other experts advocate for exploring the feasibility of using common unique identifiers or doing data linkage using PII across information systems to advance understanding of service effectiveness and outcomes.⁶⁹ Linked data can allow better understanding of processes and outcomes for survivors and perpetrators by, for example, describing the referral chain or pathway followed by women and to identify gaps where women may be experiencing challenges or to understand factors associated with a higher probability of not pursuing a report to the police or with reporting multiple experiences of VAW. Linked data can also support analysis of prosecution, conviction and recidivism rates for perpetrators and provide insight into associated factors. They can also support monitoring and evaluation of integrated case management at the national or sub-national level by, for example, looking at the time between referral and a survivor receiving a service or by assessing what proportion of women were offered all of the elements of a cross-sectoral essential services package and, of these, what socio-demographic or geographic factors were associated with uptake of some or all of those services.

In the field of VAW, there have been repeated calls for longitudinal information about patterns of risk and

protective factors, victimization and perpetration across the life span as well as evaluation of community interventions and service programmes for survivors and perpetrators—answering critical questions such as “did the intervention work” or “did the policy have the desired impact”.⁷⁰ The types of administrative data that can contribute to answering these questions include employment records and records of involvement with the police, justice system and child protection. Other administrative data can provide insight into how policy or programmes are functioning, e.g., is the programme reaching the population that it is meant to serve in an equitable manner? Is the policy having the desired outcome? (e.g., reducing access of firearms to VAW perpetrators; see Box 4). There are multiple examples from health and social policy that illustrate the value of linking and analysing administrative data sets.⁷¹

Of course, all analyses must respect the national or sub-national legal and regulatory framework for the collection and use of PII for data linkage and sharing. The cultural context and history of a country will influence the legal and regulatory framework and the institutional culture with respect to data sharing.⁷²

4.1.5. Protecting privacy

It is essential to protect privacy. Analysis and reporting must limit the risks that individuals can be identified. This includes not only removing names but also aggregating data to protect the privacy of individuals or, if the numbers are too small (e.g., less than five observations), not reporting (suppressing) that data.⁷³

Privacy protection can be supported by role-based data access. Creation of linked data sets and data linkage using PII does not imply that individuals in the different service sectors access all of the survivors’ data. The SOPs (and electronic system supporting integrated data management if there is one) can be established so that a person can only view the information that they have put into the system. When data sets that bring together information from different sectors are created, data linkage using PII is generally performed by a data analyst in a secure computing environment. This individual is the only one who has access to information about individual survivors or perpetrators (row level data). All other users only have access to information

68 ASEAN 2018.

69 Römken 2007; US Work Group on State and Local Data for Studying and Monitoring VAW and CDC 1998.

70 Campbell 2011

71 Holm and Ploug 2017; Lako 1986; J-PAL et al. 2016

72 Hagemann-White 2008.

73 GBVIMS 2015.

that has been anonymized and aggregated. Data reported out within governance structures as well as any data that is publicly reported should always be anonymized and aggregated for safety and privacy.

While no information system can completely eliminate the possibility of re-identification, multiple software solutions have been developed to anonymize data while preserving utility for analysis of outcomes.⁷⁴ Software has also been developed that allows database analysis or 'data mining' and permits data linkage while obscuring PII and other sensitive information through algorithms that randomize, replace and reconstruct the information so that the risk of identification of individuals is minimized while allowing machine-based linkage that generates information appropriate for evaluation and research purposes.⁷⁵ In the context of information sharing, the rules and roles and responsibility for protecting privacy will be codified in information-sharing protocols (ISPs).

4.1.6. Information-sharing protocols

An ISP provides a framework to securely and confidentially collect, record, store and share information between participating partner agencies or organizations. It is an agreed set of principles about sharing PII and/or other confidential information that enables each organization to understand the circumstances in which it will share data and what the corresponding roles and responsibilities are.

Experiences with ISPs for VAW data have found that the process of developing the ISP and negotiating how such data will be shared is an opportunity to address the fears that different actors may have as well as to build common understandings and procedures to protect the privacy and confidentiality of survivors. GBVIMS has developed an ISP template that has been used by multiple sectors in many different humanitarian and development contexts.⁷⁶ Best practice is to have all staff members who will collect or manage VAW-related administrative data sign confidentiality agreements.

4.1.7. Role-based data access

Data access should be role-based. This means that access to specific information is granted based on an individual's role and responsibilities. Role-based access schemes are established according to three rules: role assignment (where only users with assigned roles can access data/interact with the system); role authentication (to access the system, the user must be authenticated); and action authorization (users can take certain actions after they are authenticated). Digital systems can assign and enforce rules through logins and system configuration, whereas in a paper-based system access needs to be controlled using keys/access to physical spaces. Digital systems can also log and record what information has been accessed and by whom, allowing for audits.⁷⁷

BOX 9

ELEMENTS OF AN INFORMATION-SHARING PROTOCOL

An ISP will typically include the following elements:

- Names of all collaborating agencies and identification of agency that will coordinate data aggregation
- Purpose
- Ground rules (informed consent, required training for those collecting and managing data, conditions for sharing or not sharing PII)
- Data security
- Roles and responsibilities of participating agencies
- Analysis and reporting plan (including frequency)
- Conditions for data use/sharing with agencies or entities not party to agreement

See, for example, GBVIMS, "Inter-Agency Information Sharing Protocol Template," undated.

74 Langarizadeh et al. 2018.

75 Agrawal and Johnson 2007.

76 GBVIMS, "Inter-Agency Information Sharing Protocol Template," undated.

77 Falcao-Reis et al. 2008.

To make this concrete using a VAW-specific example, a case manager would interview the survivor at intake. At that time, PII would be collected. In a paper-based system, it would be collected on the intake form. A 'survivor code' would be assigned to provide confidentiality and the relevant PII (age, sex) would be transferred to a tally sheet as a case (row level) or summarized as aggregate data. In a mixed system, with records kept on paper but then transferred to a digital database (as in many health information management systems), there will be an interim step where data including PII will be input into the database (by an information clerk, for example). In a completely digital system, the case manager would directly input the data into a database. Direct input/extraction eliminates a step and opportunities for data breaches. If the information is moving from paper to an electronic system, the case manager and the information clerk would both have role-based access to input and manage the data.

Roles may also be established for analysis. For example, the information system can be configured so that managers or administrators can only view aggregated information about survivors or so that for analytic purposes, unique identifiers rather than names are used to identify row level data.

4.2. Establishing or strengthening administrative data systems: Recommended steps and considerations

The recommended steps are: mapping; establishing a coordination and governance mechanism; establishing and implementing training; establishing and implementing standards and systems for data collection, entry, validation and analysis; and reporting.⁷⁸

4.2.1. Mapping

Many methodologies have been used successfully to create inventories of institutions that are providing services/ interacting with survivors and perpetrators of VAW. The mapping methodologies vary from online surveys designed and implemented by non-governmental specialist services in the VAW

sector, to reviews of government funded services conducted by the government auditor that include financial statements, interviews, narrative reports and costing exercises⁷⁹ to collaborative, face-to-face processes between civil society and government designed to assess national or subnational capacities. The last process is recommended as it allows identification of all relevant data stakeholders, can advance the creation of a coordination and governance body and generates information about government capacities to respond to VAW.⁸⁰

4.2.2. Coordination and governance

At the national and sub-national level, building capacity in statistical coordination—which can include formulating policies and setting priorities and standards—can support improving the collection and use of VAW administrative data. Section 4.1 discussed the basic governance of the information system, e.g., having the necessary policies and procedures in place to ethically obtain consent and to manage the PII of survivors and alleged and convicted perpetrators to meet human rights privacy and confidentiality standards and ensure the safety of survivors. Ensuring these standards for VAW administrative data can be one aspect of statistical coordination led by the NSO or another relevant body.

Another important aspect of coordination and governance is the 'political level', which will interface with information collection and processing systems but involves other actors, e.g., mid-level administrators or leaders rather than individuals who are directly serving women and collecting administrative data, data clerks and data analysts. Within and across sectors, the commitment of key stakeholders (data producers and data users) at the mid- and upper-management level is necessary to advance the processing, reporting and response to administrative VAW data. The most effective may be commitment based on the fundamental goal of eliminating VAW and creation of a shared understanding of how administrative data are essential for effective strategic operational planning and the good functioning of services. Probably the least effective means of creating commitment is legislation that forces administrators to process and report administrative data on VAW. That said, a proper legislative framework is

⁷⁸ The "Essential Services Package for Women and Girls Subject to Violence" describes monitoring and evaluation of coordination mechanisms as an "essential action" and provides guidance. UN Women, UNFPA et al. 2015.

⁷⁹ Office of the Auditor General of Ontario 2013, Section 3.10.

⁸⁰ Kelly 2018.

often necessary to establish the legal authority of the system and the legal responsibilities of the administrators.⁸¹ Similarly, an appropriate statistical policy framework and statistical guidelines can greatly assist in supporting operationalization of the use of VAW administrative data.

The “Essential Services Package for Women and Girls Subject to Violence” provides step-by-step guidance on the establishment of coordination mechanisms for the VAW response relevant to coordination and governance for administrative data.⁸² Key is that local level coordination should be guided by an action plan that is aligned with national level strategy and developed via consultative processes. Developing SOPs for data collection and use among participating institutions is an important step. All of the relevant actors should be involved because the process can be as important as the final product. Collaboration and inter-organizational and inter-sectoral dialogue and negotiation contribute to the development of a shared understanding of VAW and how VAW administrative data can support the response. The global guidance will provide models for the creation of SOPs and relevant ISPs, drawing on existing ‘how

to’ manuals. The expertise and involvement of NSOs can be an important component in the development of SOPs for administrative data. Indeed, the NSO or similar body may already have relevant policies or manuals.

4.2.3. Leadership

Clarity about who is leading the governance body, what institutions should be represented and who is responsible for data processing and reporting can support progress in the field of VAW administrative data. Conflict over leadership and resulting territoriality or lack of ownership and consequent neglect can be harmful. While there is no one-size-fits-all approach, the following criteria could be considered:

- The lead agency (or agencies) has sufficient rank—e.g., is chaired by or is a technical group reporting up to the Director General/Assistant Deputy Minister rank;
- Involves the national or sub-national women’s machinery as well as the NSO;

BOX 10

AGREEMENTS FOR AGENCY MEMBERSHIP AND PARTICIPATION IN COORDINATION MECHANISMS

- Develop mission and vision of the coordination mechanism on common understanding of violence against women and girls
- Identify composition of the coordination mechanism (including representatives of justice, social services and health-care sectors and civil society, including marginalized groups and other relevant parties)
- Require that agency representatives have decision-making authority for their agencies
- Define roles and responsibilities of representatives
- Define chairing arrangements and terms of office
- Establish meeting schedule
- Create decision-making process
- Adopt accountability and complaint resolution process
- Create review process for functioning of the coordination mechanism, including timeframes for completion of work
- Create group rules (e.g., confidentiality)
- Commit to share information with specifically identified relevant stakeholders.⁸³

⁸¹ UNSD 2003.

⁸² UN Women, UNFPA et al. 2015

⁸³ IASC Sub-Working Group on Gender and Humanitarian Action 2008.

- Engages the relevant sectors (health, police, justice, social services);
- Includes individuals knowledgeable about VAW, statistics, data management, privacy protection and knowledge translation;
- Includes a mechanism for engagement with CSOs working to address VAW and survivors themselves.

The appropriate body to take responsibility for data processing and reporting will depend on the relative strengths, capacities and relationships of and among the different actors in the local context and may also be influenced by the system of government (centralized or decentralized/federation). The different options can be categorized as broadly centralized or decentralized (which may but does not have to correspond to the type of government organization). Three clear centralized options are: an independent agency or body; a department or agency within the lead sectoral organization (health, justice, women’s ministry if the women’s machinery has that rank, or social welfare); or a department or agency within the NSO. In a more decentralized model, the agencies within different levels and areas of sectors could all participate in creating data products or there could be a network of agencies affiliated at the national

or sub-national level. The advantages, disadvantages and feasibility of different governance and operational models will depend on the local context.

Independent of the most appropriate governance and operational model, the need for statistical coordination to enable further collaboration in the creation and implementation of standards between the different data producers and the actors who analyse and use that data, and to reduce duplication, should not be overlooked. Training to increase capacity in statistical coordination will further VAW administrative data collection and use.

Some of the elements to be considered when establishing which institution is responsible for data processing and reporting include: the priority that will be given to VAW administrative data within the organizational structure, actual and perceived credibility, objectivity and autonomy from political interference; relationship between the data producers and data users; duplication/overlap of functions; and operational efficiencies.⁸⁴ It is important to consider that the body responsible for leading the national or sub-national response to VAW administrative data may be a sub-committee or working group of an already established government mechanism that is responsible for VAW prevention and response.

BOX 11

INVOLVING WOMEN’S ORGANIZATIONS IN REVIEWING SEXUAL ASSAULT CASES REPORTED TO POLICE (THE PHILADELPHIA MODEL)

In the United States, allegations of any crime, including sexual assault, are to be classified as unfounded only after an investigation determines that the complaint is false or baseless, i.e., there is evidence demonstrating that no act meeting the legal definition of a crime was committed or attempted. Nevertheless, sexual assault complaints in many jurisdictions have been classified by police as ‘unfounded’ without appropriate investigation or evidence. In addition, crime statistics have been altered by miscoding sexual assaults as ‘not criminal’.

In Philadelphia, women’s advocates for the elimination of VAW developed an innovative strategy to work with and incentivize police leadership by demonstrating through an audit of administrative data that sex crimes were not being appropriately coded or responded to. This resulted in police leadership allocating institutional resources to audit sexual violence cases, including captain-level review of all ‘unfounded’ files and supervisory review of all files before they are closed, collaboration between police and civil society on a new coding manual and women’s advocates and police completing an annual review of cases together in a collegial and non-adversarial way. This review, which has been going on for 17 years, has resulted in significant improvements in the quality of documentation of investigations and coding of crimes and has resulted in re-opening of some files that were initially classified as ‘unfounded’.⁸⁵

84 For a more detailed discussion on the advantages and disadvantages of different governance and operational models and criteria for identifying the optimal model as it pertains to criminal justice statistics, but which is also relevant for VAW administrative data, see: UNSD 2003.

85 Women’s Law Project 2013.

4.2.4. Civil society participation

Mechanisms to engage with and incorporate the perspectives and knowledge of civil society is a foundational principle of CEDAW monitoring, as well as the monitoring mechanisms for the Belém do Pará and Istanbul Conventions. Further, it is well recognized that service providers at the local level are critical sources of information about the current context and good practices on the ground. National level policymakers must take information from the local level into account to strengthen laws and policies, set priorities and secure funding for coordination and the governance of coordination. Feedback loops between the national or sub-national and local must be created to inform analysis of VAW administrative data as well as to make these data useful to those who are collecting them and providing services to survivors. Finally, to be truly survivor centred, there should be appropriate consultation with and representation of survivors in the analysis and reporting mechanisms. Depending on the local context, this may be mediated by organizations serving women.⁸⁶ However, learning from other issues where those affected face significant social stigma, such as those living with HIV, strongly suggests that there is no substitute for the meaningful inclusion of affected individuals at all levels of policy and programming, including analysis and reporting of data.⁸⁷ This can be particularly important for survivors who face multiple forms of discrimination and oppression. Ensuring meaningful involvement can contribute to the goal of “leaving no one behind”.

Inclusion of data generated by civil society in sub-national or national administrative data sets is another issue for consideration. The Istanbul Convention specifically mentions administrative data collected by non-governmental agencies.⁸⁸ In many settings, civil society provides a significant proportion of the specialist services for survivors of VAW. Arguments for inclusion of their administrative data include developing a more accurate picture of where women seek help and what type of help is sought. Having data from CSOs supporting women survivors can also contribute to recognition of their contribution in this regard and thus may be a good advocacy tool for allocating sufficient funds to these services and/or strengthening government services. Arguments against inclusion of CSO information as

part of national or sub-national administrative data sets include the fact that national governments may not know what services are provided by the NGO sector and that the services provided vary in terms of what is provided and its quality. National policymakers may also be sceptical about the quality of CSO data, undermining the credibility of the VAW administrative data generated.

Building and strengthening bridges between government and CSOs in preventing and responding to VAW requires more meaningful collaboration, coordination and engagement. VAW administrative data collection, analysis and reporting is an opportunity to create or strengthen mutually respectful and productive relationships. It is important that CSOs have opportunities to participate with administrative data in the analysis of VAW service provision. At the same time, the provision of VAW administrative data should not provide a pretext for inappropriate government intervention into the affairs of CSOs or represent a significant additional burden on CSO service providers who are already stretched. The recommended approach for the global guidance is to state the desirability of inclusion of VAW administrative data on service delivery from CSOs, but also make explicit that CSOs must have the opportunity to opt in or out of providing such information, except in the case where this is part of funding agreements between government and CSOs.

4.2.5. Establishing and implementing training

Two distinct types of training will support the quality and understanding of VAW administrative data while promoting a survivor-centred approach. The first is training on VAW in general services to improve the capacity of nurses, physicians, police officers, judges, social workers, etc. to interact with and approach survivors in a non-blaming and non-discriminatory manner. This is valuable as part of the general VAW response at the national or sub-national level and will also support sensitive and respectful data collection. The second type of training is on data collection and validation and also involves efforts to increase data literacy. These educational activities will be an integral part of implementation of the global guidance on VAW administrative data in the local context. It is desirable, but not necessary, that

86 UN Women, UNFPA and UNODC 2015.

87 UNAIDS 2007.

88 Council of Europe 2011.

the two types of training are conducted simultaneously or sequentially.

With respect to the first type of training, there is a need to increase the capacity of general services to treat survivors with respect as well as sensitively collect administrative data. The “Essential Services Package for Women and Girls Subject to Violence” recognizes that institutions and personnel require support and training to “gain a shared understanding of violence against women, and have access to contemporary evidence about effective responses”.⁸⁹ Multidisciplinary and cross-sectoral training is particularly promising for improving VAW prevention and response. Such training can contribute to preparing those interacting with survivors to promote women’s autonomy and respect privacy, including in the recording of information.

The second type of training is specific to improving the quality of VAW administrative data and increasing data literacy. The personnel collecting such data as part of their daily work require an understanding of the data’s value for their own purposes (e.g., monitoring and evaluation of the provision of services, reporting) as well as for contributing to improving the VAW response. Operationally, supporting standardization of VAW administrative data and improving their completeness requires training to use instruments for data collection and validation (e.g., forms and manuals for completion, data dictionaries). For the development of such instruments and their implementation through training, the technical expertise of the NSO can be an important resource. The need for training to increase statistical coordination capacity should also be considered.

For the personnel interacting with survivors as well as their managers and higher level policymakers, increasing data literacy by communicating what VAW administrative data can and cannot tell us and the complimentary relationships between VAW administrative data and other types of information such as that from prevalence surveys is an important component of improving the effective use of VAW data. The global guidance can draw on existing materials as well as provide examples and templates to support adaptation to local contexts and implementation.⁹⁰

4.2.6. Data collection, entry, validation and analysis

The cost and quality of the data generated through administrative systems depend on the systems that are used to collect and aggregate them, as well as the skills, attitude and commitment of the individuals collecting, aggregating (entry and validating) and analysing the data. System capacity includes human resources (hiring, promotion, career advancement), infrastructure (such as office space, electricity, computer equipment and software) and other material resources. Recent analyses of national capacities to generate gender statistics indicate that in many low-and middle-income countries, the human and material infrastructure available to generate and manage administrative data has limitations. Priorities to improve administrative data collection and use include supporting staff through training and allocating time for record keeping, data management, data analysis, reporting and dissemination, including engagement with data users.⁹¹

Even when the staff performing data collection, management and analysis have excellent technical skills, institutional resource constraints can present barriers to the quality of administrative data. One example of a constraint identified in government settings is not having data entry forms available or using out-dated forms because updated ones have not been provided or because the limited printing or photocopying budget means the old forms have to be used up before switching to the new ones.⁹² Another example is not having access to enough licenses of software programs to optimize data management and data analysis.⁹³ To improve data reliability and quality, investments in establishing standardized procedures, staff and system capacity will be necessary. At the frontline of data collection and entry, forms, manuals for completion and data dictionaries underpin standardization.

⁹⁰ General resources include those produced and curated by UN Women through the Virtual Knowledge Centre to End Violence Against Women and Girls, especially those focused on data collection and monitoring and evaluation (www.endvawnow.org) and UNFPA Asia Pacific’s kNOW VAW data initiative (<https://knowvawdata.com/>) and the guidance and templates made available through GBVIMS (www.gbvims.com). Sector specific resources include those produced by WHO and UNODC to guide administrative data collection, aggregation and analysis.

⁹¹ ASEAN 2018; Williams 2015; Lewis 2013b; UN Women 2018; ADB 2012; Gardner 2017.

⁹² Fowler et al. 2011.

⁹³ Williams 2015.

⁸⁹ UN Women, UNFPA et al. 2015, Module 5, Chapter 3.

Data collection

Improving data collection by increasing the capacity of frontline staff who are working directly with survivors was identified as a key challenge and priority by 7 of the 23 UN Women Country Offices who answered the guiding questionnaire for the development of this background paper.

Creation of administrative records is driven by their relevance for the service providers collecting data (e.g., for clinical decision-making in the health system or based on the legal definitions of their country for justice and the police). International service standards with aligned data collection can be promoted by communicating those standards through data collection instruments (forms, protocols), and implementation can be monitored.

A measured approach should be taken to requiring changes to existing data collection systems, e.g., adding variables. The staff interacting with survivors and perpetrators often experience very high workloads. If the minimum data set requests collection of additional information—for example,

the survivor-perpetrator relationship, location where the event occurred and coding of the type of violence—this represents work for the individuals creating the administrative record. Consequently, as well as ensuring that requested information is relevant for service provision and communicating the value of VAW administrative data for their work and the broader response, it is important to mobilize the support of upper management. The following comment was made about criminal justice statistics, but is relevant to all administrative data: “In practice, those who keep records for operational purposes pay only rudimentary attention to the non-operational uses of those records. Without the commitment of senior managers, conversion of official records into usable statistical data becomes a difficult proposition.”⁹⁴ Despite potential improvements through training and support, it is also critical to maintain awareness and reasonable expectations because the people collecting administrative data are not primarily focused on data quality but on service provision. That said, professionals across the sectors of interest (health, social services, justice, policing) have an obligation to accurately document their work as part of professional standards or codes of conduct.

BOX 12

WORKING WITH GOVERNMENT TO IMPROVE STATE CAPACITY TO COLLECT ADMINISTRATIVE DATA ON VAW: MOLDOVA

In 2017, gaps were identified in the statistical data collected on domestic violence in Moldova by the decentralized structures providing social assistance. Consequently, the Ministry of Health, Labour and Social Protection and UN Women decided to improve the national domestic violence data collection sheet—including introducing new indicators.

During 2018, UN Women went to five different geographic districts (Balti, Hincesti, Causeni, Orhei and Falesti) to train those using the data sheet and to get feedback on how to improve the domestic violence data sheet. These meetings involved not only government officials but also community social assistants and managers of the specialized public services in discussions and training about the process of data collection, optimization of data flow, challenges with completing the data sheet on domestic violence and proposals for improvement. They led to an improved data sheet that includes calculation formulas to allow the person completing the sheet to identify data entry errors and correct them before submission.

In collaboration with the Ministry of Health, Labour and Social Protection, UN Women also implemented a number of activities to improve data quality through development of guidance and training. These included developing a detailed guide/methodology (with metadata) on collecting statistical data for public providers of VAW services and a one-day training for 69 employees from 35 different Social Assistance Territorial Structures, the Ministry of Health, Labour and Social Protection, the National Employment Agency and the National Bureau of Statistics on how to collect better and more accurate and efficient statistical data about domestic violence based on the new and improved data sheet.

94 UNSD 2003, p. 3.

Electronic systems can ‘force’ improvements in data completeness by, for example, not allowing a user to advance until they fill out the requisite field. However, such forced responses need to be considered carefully and used sparingly. The health sector has had successes but also failures in moving towards electronic medical records, in part because professional groups in some instances have not found the systems ‘user friendly’ and have rejected the administrative burden they impose. Training and implementation tools can improve data quality at the point of collection.

Data entry, validation and analysis

Entry, validation and aggregation transform administrative records into useable data. While aggregation can be done using a paper-based system (tally sheets), generally entry, validation and analysis will be done with the assistance of computer software.⁹⁵ The global guidance will provide direction on SOPs for standardizing administrative data during entry and validation by, for example, reconciling dates when VAW occurred and the age of survivors, as well as guidance on engaging with subnational and national efforts to implement existing standards for administrative data classification such as the ICCS or the International Classification of Disease (ICD). Standardization is a key step towards permitting data from different systems to be integrated and to allow different computer systems and software to

communicate with each other (interoperability), which is a significant challenge.⁹⁶

4.2.7. Reporting

Reporting out is a key reason for collecting and processing administrative information about VAW. It is an ethical imperative to support survivors by using reporting to incentivize improvements. Reporting is also a key aspect of engaging data producers and users. Supporting producers to use data to improve their efforts to prevent and respond to VAW can create a virtuous cycle. To analyse data and report out, dedicated resources are needed, particularly human resources. Defining which institution is responsible for reporting and subsequent resource allocation and accountability is critical to establishing governance and leadership for VAW administrative data. Policies that ensure regular institutional reporting should be put in place. In some instances, there may be existing institutional structures and policies, such as those of the NSO or the entity responsible for responding to VAW at the national level, that can be mobilized in this regard.

4.2.8. Periodicity and accountability

The compilation and reporting of VAW data should be completed on a set schedule. Established periodicity of reporting creates momentum and

BOX 13

SPAIN'S GENDER VIOLENCE PORTAL⁹⁷

Spain provides an excellent model for reporting on VAW. The Gender Violence Portal website includes:

- Regularly updated statistics that allow generation of tables and data visualizations from pre-set data variables that come from different sectors (police, vital statistics, social services, specialized VAW services);
- Monthly and annual reports on VAW and annual reports on deaths of women killed by their partner/ ex-partner;
- Reports and recommendations from the national VAW Observatory;
- Information about planned and forthcoming analyses.

⁹⁵ Commonly used computer software programs such as Excel or Access are often used for entry, validation and aggregation and can also be used for analysis, as can specialized statistical software such as Epi Info, Stata or SAS. There are also digital interfaces that integrate the whole series of steps from data collection and entry (often simultaneous) to validation, aggregation and analysis including creation of pre-programmed reports and data visualizations. For examples, see Primero+ (www.primero.org) and Dimagi (www.dimagi.com).

⁹⁶ Interoperability of information systems presents a challenge for databases that seek to integrate information from different sources and sectors. International standards have been developed in different sectors to support interoperability. See, for example, Appendix C in Glicklich et al. 2014.

⁹⁷ Government of Spain undated.

accountability within institutions that have multiple priorities. Informant interviews conducted for the preparation of this background paper indicate that when regular reporting is not part of the accountabilities of those responsible for government information management systems, it is not prioritized. Regular reporting also means that administrative data are available to government, CSOs, UN Agencies and the public for monitoring and advocacy purposes. To be useful to decision-makers and other actors, information must be collected, processed and released in a timely fashion.

Committees responsible for reporting at the local, sub-national or national level should be encouraged to meet two to four times per year to conduct periodic analyses. One learning from GBVIMS is that regular meetings are important for building relationships between different actors, incentivizing the analysis of data collected and promoting subsequent use in policy and programme improvements. The recommendation for the global guidance is that, at a minimum, official reports analysing VAW administrative data be made public on an annual basis. One of the virtues of the proposed multi-sectoral governance and data contributor/data user approach is that it provides an opportunity to engage different sectors at the country level, such as the NSO, that may not be involved with existing global forums where VAW is an important concern (CEDAW, CSW, United Nations Human Rights Council).

Some VAW administrative data portals, such as that of Spain (see Box 13), allow custom analyses and the creation of reports by selecting from available variables. The Spanish portal allows the public to access this data; other portals limit access to 'data cubes' that can create these reports to registered and authorized users.

4.2.9. Transparency and data availability

Lack of information about VAW is a significant barrier to understanding, responding and monitoring the response. Some countries have sources of available information, for example, regularly published reports from the NSO. Publicly available data allow for monitoring of the response over time as well as evidence-informed advocacy. Periodic reports on VAW administrative data should be made public by the

institutions producing the reports and be available online.

4.2.10. Dialogue about administrative data to advance government responses

The opportunity for dialogue between women's rights experts and national governments in the context of reviewing policy, legislation and administrative data (service use and capacity) in the context of CEDAW appears to have played an important role in translating the goals of international human rights law into concrete improvements for the exercise of women's rights.⁹⁸ Additionally, processes of accessing VAW administrative data (getting buy-in from key stakeholders for data collection and creating mutual trust and respect) and engaging in iterative construction of reports has been found to result not simply in better data quality but also in changes to VAW policies and programmes at the country level.⁹⁹ Standardizing and making greater use of VAW administrative data can contribute to strengthening or establishing periodic assessment of government responses to VAW. Using data as a foundation for dialogue is a promising practice for improving such responses.

⁹⁸ Englehart and Miller 2014.

⁹⁹ Hagemann-White 2008, p. 32. Hagemann-White writes, "Monitoring becomes a realistic task only when using the multi-method approach that has been developed in evaluation research. Furthermore, given the enormous diversity of languages, cultures, institutional frameworks and implicit social norms surrounding gender and violence across Europe, the researcher cannot assume that she has understood correctly the meaning of the information delivered in response to any form of data collection, or buried in any document. Thus, the formative evaluation approach is needed, involving a double process of circular interpretation: preliminary results are made available to stakeholders, allowing them to use the analysis to improve their own practices, and at the same time researcher interpretations are subjected to communicative validation in interaction with policy experts from the different countries" (pp. 153-154).

SECTION 4 SUMMARY

HOW TO COLLECT, MANAGE AND REPORT ON VAW ADMINISTRATIVE DATA

•Data collection, management, analysis and reporting require human and financial resources. Administrative data are generated through routine service provision and interaction with survivors and perpetrators, but transformation of these data into useable information to guide and improve policy and programmes are additional tasks with resource requirements. When planning how to improve the collection and use of VAW administrative data, it is critical to consider roles and responsibilities for (1) collection, (2) aggregation, (3) analysis and (4) reporting.

•Improvements in the local collection and use of service use data can contribute to (further) strengthening reporting on country actions to prevent and respond to VAW.

•Data as a foundation for dialogue is a promising practice for improving government responses to VAW.

•Informed consent and personally identifiable information (PII):

- Institutions collecting and using data that include PII must implement policies and procedures to meet international standards for privacy protection. The complexity of the PII management system will align with the complexity of the information collection and management system. The global guidance will explain how to implement ethical principles and PII management standards in different contexts.

- A guiding principle is to promote the autonomy and self-determination of survivors with respect to data collection and sharing. Consent processes need to inform survivors about how their information will be used and explain any limits to confidentiality.

- Survivors must be able to decline to answer questions (all or a selection) or refuse consent to share information without fear of losing support or access to services. The global guidance will make recommendations on informed consent for data collection and analysis, information sharing for case management, data linkage using PII and minimum standards for privacy protection including Information sharing protocols (ISPs) and role-based data access

•Establishing or strengthening administrative data systems: Recommended steps:

- Mapping: Map relevant data producers (who is collecting VAW data or could do so) and data users.

- Coordination and governance: Establish multi-sectoral governance for VAW administrative data. This entity will lead the initiative to improve VAW administrative data and provide oversight.

- Establish and implement two types of training: (1) Training on VAW in general services to build capacity to interact with survivors in a non-blaming and non-discriminatory manner; and (2) training for data collection and information management and to increase data literacy among data producers and data users.

- Data collection, entry, validation and analysis: Develop and implement standards for data collection and management.

- Reporting: Establish regular reporting of anonymized, aggregate VAW administrative data, including making reports publicly available.

A large, stylized number '5' is the central graphic. The top half of the '5' is light blue, and the bottom half is orange. The number is composed of several overlapping, semi-transparent shapes. The top horizontal bar is a light blue rectangle. The vertical stem is a light blue shape that tapers towards the bottom. The bottom curve is a large, light orange shape that forms the base of the '5'.

FINAL

CONSIDERATIONS

5. FINAL CONSIDERATIONS

Administrative data is unique in that it can perform the dual roles of (1) recording the provision of services and procedures as part of routine workflows and (2) monitoring and evaluating policies and programmes. This dual function presents opportunities and challenges. One important opportunity is that the forms and procedures for recording service provision can disseminate standards for care and make these very concrete for service providers. Monitoring with administrative data and feedback mechanisms has been shown to result in greater provision of care to standards over time.

Strengthening VAW administrative data strengthens the foundation for dialogue within governments and between governments and other actors that can catalyse improvements in the VAW response. Improvements in the local recording and analysis of service use and service capacity can contribute towards establishing or strengthening reporting on the actions of countries to prevent and respond to VAW. The Belém do Pará and Istanbul Conventions and their monitoring mechanisms provide models.

A challenge related to administrative data is that the service providers who create administrative records are focused on doing their jobs, not on data quality, and are often over-worked. Further, the management of VAW administrative data to turn them into useable information by aggregating, analysing and reporting are distinct tasks from data collection. Efforts to improve the collection and use of VAW administrative data will not be successful unless it is recognized that these data are not 'free'. Support must be mobilized to allocate the human and financial resources for improved data collection, management, analysis and reporting. Cultivating political support and ensuring resource allocation will be paramount for advancing the implementation of the global guidance.¹⁰⁰ The creation of multidisciplinary coordination and a governance body for VAW administrative data that engages relevant data producers and users is an important step in developing political support and amassing resources. This body should also play a central role as the motor for analysis and reporting that identifies and advances needed improvements in the response.

Finally, there is significant variation in current capacity to collect and use VAW administrative data around the globe. The information systems in different settings vary in their complexity and capacity. The proposal is for the eventual global guidance to be tiered. The guidance will describe minimum requirements but will also provide options for contexts where administrative data systems are more complex and have the capacity for more sophisticated collection, aggregation, analysis and reporting.

100 EIGE 2016.

REFERENCES

- ADB (Asian Development Bank). 2012. Gender Statistics in the Southern Caucasus and Central and West Asia: A Situational Analysis. Metro Manila, Philippines: ADB.
- Agrawal, R. and C. Johnson. 2007. "Securing Electronic Health Records Without Impeding the Flow of Information." *International Journal of Medical Informatics* 76 (5-6), pp. 471-479.
- ASEAN (Association of Southeast Asian Nations). 2018. ASEAN Regional Guidelines on Violence Against Women and Girls Data Collection and Use. Bangkok: UN Women.
- Ashe, S, N. Duvvury, S. Raghavendra, S. Scriver and D. O'Donovan. Undated. "Methodological Approaches for Estimating the Economic Costs of Violence Against Women." UK Aid/NUE Galway, IPSOS Mori and International Center for Research on Women (ICRW). Accessed 6 November 2019. <https://www.whatworks.co.za/documents/publications/90-methodological-approaches-for-estimating-the-economic-costs-of-vawg/file>.
- Banerjee, J. 2018. "GBV Quality Assurance Through the Use of Evidence-Based Standards." Presentation at Launch Webinar, 31 January. JHPIEGO, Baltimore, MD. Accessed 6 November 2019. <http://resources.jhpiego.org/resources/GBV-QA-tool>.
- Beck, A. 2018. "Data Protection Is Part and Parcel of Refugee Protection." UNHCR Blogs. Accessed 15 March 2019. <https://www.unhcr.org/blogs/data-protection-part-parcel-refugee-protection/>.
- Campbell, J. 2011. "Guest Editor's Introduction: Part II – Methodological Advances in Analytic Techniques for Longitudinal Designs and Evaluation of Community Interventions." *Violence Against Women* 17 (3), pp. 291-294.
- Council of Europe. 2011. Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence. Treaty Series – No. 210.
- EIGE (European Institute of Gender Equality). 2016a. Administrative Data Collection on Violence Against Women: Good Practices. Lithuania: EIGE.
- _____. 2016b. Combating Violence Against Women: European Union. Luxembourg: Publications Office of the European Union.
- _____. 2017. Administrative Data Collection on Rape, Femicide and Intimate Partner Violence in EU Member States. Luxembourg: Publications Office of the European Union.
- _____. 2018. Indicators on Intimate Partner Violence and Rape for the Police and Justice Sectors. Luxembourg: Publications Office of the European Union.
- _____. 2019. "Violence in European Union 2017." Gender Equality Index. Accessed 6 November 2019. <https://eige.europa.eu/gender-equality-index/2015/domain/violence>.
- Elwood, M.J., R.J. Marshall, S. Tin Tin, M.E.P. Barrios and V.J. Harvey. 2019. "Bias in Survival Estimates Created by a Requirement for Consent to Enter a Clinical Breast Cancer Registry." *Cancer Epidemiology* 58, pp. 178-183.
- Englehart, N.A. and M.K. Miller. 2014. "The CEDAW Effect: International Law's Impact on Women's Rights." *Journal of Human Rights* 13 (1), pp. 22-47.

- Eom J., D.H. Lee and K. Lee. 2016. "Patient-Controlled Attribute-Based Encryption for Secure Electronic Health Records System." *Journal of Medical Systems* 40 (12), pp. 1-16.
- EVA BC (Ending Violence Association of British Columbia). 2017. "Interagency Case Assessment Team Best Practices: Working Together to Reduce the Risk of Domestic Violence." Vancouver, BC: EVA BC.
- Falcao-Reis, F., A. Costa-Pereira and M.E. Correia. 2008. "Access and Privacy Rights Using Web Security Standards to Increase Patient Empowerment." *Medical Care Compunetics* 5, pp. 275-285.
- Ferrari, G., S. Torres-Rueda, C. Michaels-Igobokwe, C. Watts and A. Vassall. 2018. *Guidelines for Conducting Cost Analyses of Interventions to Prevent Violence Against Women and Girls in Low-and Middle-Income Settings*. Pretoria: South African Medical Research Council (SAMRC) and London School of Hygiene and Tropical Medicine.
- Fowler K, V. Espitia, A. Crosby, L. Dahlberg and S. Parks. 2011. *Evaluation of the Gender-Based Violence Surveillance System in Belize*. Atlanta, GA: Centers for Disease Control and Prevention (CDC) National Center for Injury Prevention and Control, Division of Violence Prevention.
- Gardner, J. 2017. "Assessment of Opportunities for UN Women to Support the Development of Gender Statistics in Europe and Central Asia." UN Women Regional Office for Europe and Central Asia, Istanbul.
- Glicklich, R.E., N.A. Dreyer and M.B. Leavy. 2014. *Registries for Evaluating Patient Outcomes: A Users Guide*. 3rd Edition. Rockville, MD: Agency for Healthcare Research and Quality (AHRQ).
- GBVIMS (Gender-Based Violence Information Management System). 2015. "Provisional Guidance Note on the intersections between the Gender-Based Violence Information Management System (GBVIMS) and the Monitoring and Analysis Reporting Arrangements (MARA)." United Nations, New York
- _____. Undated. "Linking Data Analysis to Programming Series: No 4 (Lebanon)." Accessed 6 November 2019. http://www.gbvims.com/wp/wp-content/uploads/Lebanon_Linking-Data-Analysis-to-Programming_Finalv7.pdf
- _____. Undated. "Consent Form." Accessed 6 November 2019. http://www.gbvims.com/wp/wp-content/uploads/GBVIMS-Consent-Form_v3_website1.pdf.
- _____. Undated. "Annex B: Gender-Based Violence Classification Tool." Accessed 27 March 2019. <http://gbvims.com/wp/wp-content/uploads/Annex-B-Classification-Tool.pdf>.
- _____. Undated. "Inter-Agency Information Sharing Protocol Template." Accessed 6 November 2019. <http://www.gbvims.com/gbvims-tools/isp/>
- Government of Spain. "Government Delegation on Gender-based Violence." Accessed 6 November 2019. <http://www.violenciagenero.igualdad.mpr.gob.es/violenciaEnCifras/home.htm>.
- GREVIO (Group of Experts on Action against Violence against Women and Domestic Violence). 2016. "Questionnaire on Legislative and Other Measures Giving Effect to the Provisions of the Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention)." Accessed 6 November 2019. <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=09000016805c95bo>.
- Hagemann-White, C. 2008. "Measuring Progress in Addressing Violence Against Women across Europe." *International Journal of Comparative and Applied Criminal Justice* 32 (2), pp. 149-172.

- Hanna L., S.D. Gill, L. Newstead, M. Hawkins and R.H. Osborne. 2017. "Patient Perspectives on a Personally Controlled Electronic Health Record Used in Regional Australia." *Health Information Management: Journal of the Health Information Association of Australia* 46 (1), pp. 42-48.
- Harrison R.E., L. Pearson, M. Vere, P. Chonzi, B.T. Hove, S. Mabaya et al. 2017. "Care Requirements for Clients Who Present after Rape and Clients Who Presented after Consensual Sex as a Minor at a Clinic in Harare, Zimbabwe, from 2011 to 2014." *PLoS ONE* 12 (9).
- Holm S. and T. Ploug. 2017. "Big Data and Health Research: The Governance Challenges in a Mixed Data Economy." *Bioethical Inquiry* 14 (4), pp. 515-525.
- International Conference of Data Protection and Privacy Commissioners. 2009. *International Standards on the Protection of Personal Data and Privacy: The Madrid Resolution*. 5 November. Accessed 6 November 2019. http://privacyconference2011.org/htmls/adoptedResolutions/2009_Madrid/2009_M1.pdf.
- IASC (Inter-Agency Standing Committee) Sub-Working Group on Gender and Humanitarian Action. 2008. "Establishing Gender-Based Violence Standard Operating Procedures for Multisectoral and Inter-Organizational Prevention and Response to Gender-Based Violence." IASC, Geneva.
- ICF. Undated. "The DHS Program: Demographic Health Surveys." Accessed 6 November 2019. <https://dhsprogram.com/publications/publication-DHSQM-DHS-Questionnaires-and-Manuals.cfm>.
- Jansen, H.A.F.M. 2016. *Administrative Data Systems Versus Prevalence Surveys: Are They Equally Suited to Give Us Data on the Prevalence of Violence Against Women?* UNFPA (United Nations Population Fund) and Australia Aid: kNOwVAWdata.
- J-PAL (Abdul Latif Jameel Poverty Action Lab), AISP (Actionable Intelligence for Social Policy), ADNRN (Administrative Data Research Network) and SDAL (Social Decision and Analytics Lab). 2016. "Public-Academic Research Colloquium: Leveraging Administrative Data for Social Policy." 29-30 November, Washington, DC. Accessed 14 July 2019. http://1slo241vnt3j2dn451y9odb-wpengine.netdna-ssl.com/wp-content/uploads/2016/05/AISP-Program17_singlePg_FINAL.pdf.
- Kelly, L. 2018. *Mapping Support Services for Victims of Violence Against Women in Line with the Istanbul Convention Standards*. Strasbourg: Council of Europe.
- Lako, C.J. 1986. "Privacy Protection and Population-Based Health Research." *Social Science and Medicine* 23 (3), pp. 293-295.
- Langarizadeh, M., A. Orooji and A. Sheikhtaheri. 2018. "Effectiveness of Anonymization Methods in Preserving Patients' Privacy: A Systematic Literature Review." *Studies in Health Technology and Informatics* 248, pp. 80-87.
- Lehnbom, E.C., J.E. Brien and A.J. McLachlan. 2014. "Knowledge and Attitudes Regarding the Personally Controlled Electronic Health Record: An Australian National Survey." *Internal Medicine Journal* 44 (4): 406-409.
- Lewis, D.J. 2013a. *A Review of Belize Police Department's Gender-Based Violence and Statistics Countrywide*. Report to the Commissioner of Police. Belmopan, Belize: Belize Police Department, Ministry of National Security, Women's Department and Ministry of Human Development, Social Transformation and Poverty Alleviation.
- _____. 2013b. *Consolidated Report of the Collection of Sexual Offenses Statistics in Six CARICOM Countries (Belize, Guyana, Jamaica, Saint Lucia, Suriname, Trinidad & Tobago)*. Georgetown, Guyana: CARICOM (Caribbean Community) and UNFPA (United Nations Population Fund).
- OAS (Organization of American States)/MESECVI. 2013. "Progress Indicators for Measuring the Implementation of the InterAmerican Convention on the Prevention, Punishment and Eradication of Violence Against Women 'Belem Do Para Convention' Adopted by the Committee of Experts (CEVI)." 21 May. OEA/Ser.L/II.7.10 MESECVI/CEVI/doc.188/13 rev.1

- Office of the Auditor General of Ontario. 2013. "Chapter 3, Section 3.10 – Violence Against Women." In Annual Report 2013. Toronto, ON: Queen's Printer for Ontario.
- Pautassi L. and N. Gherardi. 2015. Practical Guide to the System of Progress Indicators for Measuring Implementation of the Belem do Para Convention. Washington DC: MESECVI
- Römkens, R. 2007. "Keynote Speech: Methods of Data Collection in Stormy Weather." Conference of National Focal Points and Contact Parliamentarians, Council of Europe Campaign to Combat Violence against Women, including Domestic Violence, 4-5 June.
- Ruuskanen, E. and K. Aromaa. 2008. Administrative Data Collection on Domestic Violence in Council of Europe Member States. Strasbourg: Directorate General of Human Rights and Legal Affairs, Council of Europe.
- Skinninger, E., R. Montgomery and S. Garrett. 2017. The Trial of Rape: Understanding the Criminal Justice System Response to Sexual Violence in Thailand and Vietnam. Bangkok: United Nations Entity for Gender Equality and Women's Empowerment (UN Women), United Nations Office on Drugs and Crime (UNODC) and United Nations Development Programme (UNDP).
- Sorenson S.B. and H. Shen. 2005. "Restraining Orders in California: A Look at Statewide Data." Violence Against Women 11 (7), pp. 912-933.
- Statistics Canada. 2017. "Use of Administrative Data." Accessed 6 November 2019. <http://www.statcan.gc.ca/pub/12-539-x/2009001/administrative-administrativ-veseng.htm>.
- UNAIDS (Joint United Nations Programme on HIV and AIDS). 2007. "Greater Involvement of People Living with HIV (GIPA)." Policy Brief. UNAIDS, Geneva.
- UNHCR (The UN Refugee Agency). 2015. Policy on the Protection of Personal Data of Persons of Concern to UNHCR. Geneva: UNHCR.
- United Nations. 2006. Ending Violence Against Women: From Words to Action – Study of the Secretary General. New York: United Nations.
- UNODC (United Nations Office on Drugs and Crime). 2015. "International Classification of Crime for Statistical Purposes (ICCS)." Version 1.0. UNODC, Vienna.
- _____. 2018. Global Study on Homicide 2018. Vienna: UNODC.
- UNSC (United Nations Statistical Commission), UNSD (United Nations Statistics Division) and INEGI (National Institute of Statistics and Geography). 2010. "Report on the Meeting of the Friends of the Chair of the United Nations Statistical Commission on Statistical Indicators on Violence Against Women." ESA/STAT/AC.193/L.3.
- UNSD (United Nations Statistics Division). 2003. Manual for the Development of a System of Criminal Justice Statistics. Studies in Methods Series F. No. 89. New York: United Nations.
- _____. 2014. Guidelines on Producing Statistics on Violence Against Women: Statistical Surveys. New York: UNSD.
- _____. 2015. The World's Women 2015: Trends and Statistics. New York: United Nations.
- UN CEDAW (United Nations Committee on the Elimination of Discrimination against Women). 1992. General Recommendation No. 19: Violence Against Women. Eleventh session (1992).

- _____. 2017. General Recommendation No. 35 on Gender-Based Violence Against Women, Updating General Recommendation No. 19. Sixty-seventh Session. CEDAW/C/GC/35.
- UN ECOSOC (United Nations Economic and Social Council). 1990. "Human Rights and Scientific and Technological Developments." Commission on Human Rights 46th Session. E/CN.4/1990/72.
- _____. 2014. "Commission on the Status of Women: Review and Appraisal of the Implementation of the Beijing Declaration and Platform for Action and the Outcomes of the Twenty-Third Special Session of the General Assembly. Report of the Secretary General." E/CN.6/2015/3.
- UN General Assembly (United Nations General Assembly). 1990. "Guidelines for the Regulation of Computerized Personal Data Files." Adopted by Resolution A/Res/45/95 of 14 December.
- _____. 1993. "Declaration on the Elimination of Violence Against Women." 85th Plenary Meeting. United Nations, Geneva.
- _____. 2014. "Fundamental Principles of Official Statistics." A/RES/68/261.
- _____. 2015. "Transforming Our World: The 2030 Agenda for Sustainable Development." A/Res/70/1.
- UN Global Pulse (United Nations Global Pulse). Undated. "Privacy and Data Protection Principles." Accessed 6 November 2019. <https://www.unglobalpulse.org/privacy-and-data-protection>.
- UN News. 2016. "'No-One Left Behind' Is Ethical Imperative of New Development Agenda—UN Deputy Chief." Accessed 6 November 2019. <https://news.un.org/en/story/2016/01/519872-no-one-left-behind-ethical-imperative-new-development-agenda-un-deputy-chief>.
- UN Women (United Nations Entity for Gender Equality and the Empowerment of Women). 2013. "Elimination of All Forms of Violence Against Women and Girls: 57th Commission on the Status of Women – Agreed Conclusions." UN Women, New York. Accessed 6 November 2019. <https://www.unwomen.org/-/media/headquarters/attachments/sections/csw/57/csw57-agreedconclusions-a4-en.pdf?la=en&vs=700>.
- _____. 2018. Advancing Administrative Sources of Data for Monitoring Gender-Specific Sustainable Development Goals in Africa. Nairobi: UN Women East and Southern Africa.
- _____. 2019. "Safe Cities Free of Violence Against Women and Girls Global Programme: Glossary and Definitions of Key Terms." UN Women, New York.
- UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), UNFPA (United Nations Population Fund) and UNODC (United Nations Office on Drugs and Crime). 2015. "Responding to Violence Against Women and Girls: Consultancy on Coordination and Governance." Global Technical Consultation on Essential Services for Women and Girls Subject to Violence. Madrid, Spain 9-11 June.
- UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), UNFPA (United Nations Population Fund), WHO (World Health Organization), UNDP (United Nations Development Programme) and UNODC (United Nations Office on Drugs and Crime). 2015. "Essential Services Package for Women and Girls Subject to Violence." UN Women, UNFPA, WHO, UNDP and UNODC, New York.

UN Women (United Nations Entity for Gender Equality and the Empowerment of Women), ILO (International Labour Organization), UNDP (United Nations Development Programme), UNESCO (United Nations Educational, Scientific and Cultural Organization), UNFPA (United Nations Population Fund), OHCHR (Office of the United Nations High Commissioner for Human Rights) and WHO (World Health Organization). 2015. A Framework to Underpin Action to Prevent Violence Against Women. New York: UN Women.

Women's Law Project. 2013. "Advocacy to Improvement Police Response to Sex Crimes." Policy Brief. Women's Law Project, Philadelphia, PA.

US Work Group on State and Local Data for Studying and Monitoring VAW and CDC (Center for Disease Control and Prevention). 1998 "Building Data Systems for Monitoring and Responding to Violence Against Women: Recommendations from a Workshop." 29-30 October, co-sponsored by the U.S. Department of Health and Human Services and the U.S. Department of Justice.

WHO (World Health Organization). 2001. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. Geneva: WHO.

_____. 2005. WHO Multi-Country Study on Women's Health and Domestic Violence Against Women: Initial Results on Prevalence, Health Outcomes and Women's Responses. Geneva: WHO.

_____. 2017. Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers. WHO: Geneva.

_____, London School of Hygiene and Tropical Medicine and SAMRC (South African Medical Research Council). 2013. Global and Regional Estimates of Violence Against Women: Prevalence and Health Effects of Intimate Partner Violence and Non-Partner Sexual Violence. Geneva: WHO.

Williams, C. 2015. "National Capacity Assessment Report: Gender Equality Indicators Model." UN Women Multi-Country Office Caribbean, Barbados.

ANNEX 1

GUIDING PRINCIPLES

HUMAN RIGHTS-BASED APPROACH

Rights-based approaches to the delivery of quality essential services recognize that States have a primary responsibility to respect, protect and fulfil the rights of women and girls. Violence against women is a fundamental breach of women's rights, particularly their right to a life free from fear and violence. A human rights approach means that the collection and use of administrative data will prioritize the safety and well-being of women and treat them with dignity, respect and sensitivity. It also calls for the highest attainable standards of health, social, justice and policing services—services of good quality, available, accessible and acceptable to women. The achievement of quality, availability, accessibility and acceptability of services for survivors must be at the heart of this approach.

ADVANCEMENT OF GENDER EQUALITY AND WOMEN'S EMPOWERMENT

The centrality of gender inequality and discrimination, as both a root cause and a consequence of violence against women, requires that services ensure that gender-sensitive and gender-responsive policies and practices are in place. Service-based data collection and use of administrative data must promote women's agency where women are entitled to make their own decisions, including to refuse that their report be recorded in the data systems or to refuse referrals, without this affecting their ability to receive care or services.

CULTURAL SENSITIVITY AND AGE APPROPRIATENESS

Survivors of violence have a multiplicity of individual circumstances and life experiences and are of diverse ages, identities, cultures, sexual orientations, gender identities and ethnicities and speak different languages. Considerations about VAW administrative data to be collected should take this into account, and one aspect of analysis should be understanding the service use (or lack of use) by groups of women who are most at risk. Administrative data can contribute to illuminating the service experiences and needs of women who face multiple forms of discrimination not only because they are women but also because of their race, ethnicity, caste, sexual orientation, religion, disability, marital status, occupation or other characteristics or because they have been subjected to violence.

SURVIVOR-CENTRED APPROACHES

Survivor-centred approaches place the rights, needs and desires of women at the centre of both service delivery

and administrative data collection and use. This requires consideration of the multiple needs of survivors, the various risks and vulnerabilities and the impact of decisions and actions taken, which is critical to ethical data collection, analysis, sharing and reporting. Administrative data collection should respect survivors' wishes, and the analysis, sharing and reporting should involve survivors as appropriate and possible and always make their safety and well-being the central concern.

SAFETY AND CONFIDENTIALITY

The safety of women and girls is paramount when collecting, analysing and reporting on administrative VAW data. Data collection and use must prioritize the safety and security of survivors and avoid causing further harm. One aspect of this is that data on women's experiences of violence must not be solicited by service providers (health, police, justice, social services) unless services are available to support them. Further, it is recommended by WHO that women seeking services not be routinely asked about experiences of VAW. Rather, service providers should receive education and training to recognize the signs and symptoms, to ask sensitively if there is reason for concern and to respond appropriately to disclosure. For first-line support, the LIVES approach 'Listen, Inquire about needs and concerns, Validate, Enhance Safety, Support' is recommended.

PERPETRATOR ACCOUNTABILITY

Perpetrator accountability requires that administrative data collection can effectively analyze whether perpetrators are being held accountable and whether justice (or other relevant) responses are proportional to the acts committed. In collecting and using administrative data, the data-related rights of alleged and convicted perpetrators must be respected and SOP and ISPs aligned with national and sub-national privacy legislation as well as international standards. With respect to survivors' participation in perpetrator accountability, the Essential Services Package states that the goal is to "support and facilitate the survivor's participation with the justice process, promote her capacity of acting or exerting her agency, while ensuring that the burden or onus of seeking justice is not placed on her but on the State". In the collection of administrative data, it is critical that survivors are made aware if disclosure may result in them being involved with the police, justice or other institutions so that they can make informed choices about the information that they divulge.

ANNEX 2
DEFINITIONS OF VIOLENCE

UN Statistics Division	WHO (Health)	UNODC ICSS (Crime)	GBVIMS (Social Services-Humanitarian)	Council of Europe ¹⁰¹ and EIGE ¹⁰² (Police and Justice)
<p>Physical violence: A minimum list of acts of physical violence consists of the following:</p> <ul style="list-style-type: none"> • Slapping her • Throwing something at her that could hurt • Pushing or shoving or pulling her hair • Hitting her with something • Hitting her with fists or other objects • Kicking, biting or dragging her • Beating her • Choking or burning her • Threatening her with a knife, gun or other weapon • Using a knife, gun or other weapon against her • Other (leave open for the respondent to specify). <p>Other acts of physical violence that are known to be carried out or attempted against women in a specific country should be added to the list developed for that country. For example, in certain countries it</p>	<p>Physical violence: includes hitting, slapping, beating, kicking, shoving/ pushing, hurting with a weapon.</p> <p>Sexual violence: includes using force, intimidation or coercion to have sex or to perform sexual acts that the woman does not want. It also includes harming a person during sex. It includes rape, and attempted rape, which involves use of physical force, intimidation, coercion or drugs/ alcohol to obtain penetration of the vulva/vagina, anus or mouth by one or multiple perpetrators including by an intimate partner.</p> <p>Psychological/ emotional violence: includes criticizing repeatedly, calling names or insults, threats to hurt loved ones or to destroy things that the person cares about, belittling or humiliation in public.</p>	<p>Physical violence: Assault: Intentional or reckless application of physical force inflicted upon the body of a person. - Serious assault: Intentional or reckless application of serious physical force inflicted upon the body of a person resulting in serious bodily injury. Serious bodily injury, at minimum, includes gunshot or bullet wounds; knife or stab wounds; severed limbs; broken bones or teeth knocked out; internal injuries; being knocked unconscious; and other severe or critical injuries. Serious physical force, at minimum, includes being shot; stabbed or cut; hit by an object; hit by a thrown object; poisoning and other applications of force with the potential to cause serious bodily injury. Inclusions: Inflicting grievous bodily harm; wounding; aggravated assault; inflicting bodily harm under aggravating circumstances; battery; acid attacks; female genital mutilation; poisoning; assault with a weapon; forced sterilization;¹⁰³ taking human blood, organs or tissues by use of violence. - Minor assault: Inflicting minor bodily harm; simple assault; pushing, slapping, kicking, hitting, tripping, knocking down, and other applications of force with the potential to cause minor bodily injury; drugging or spiking. Intentional or reckless application of minor physical force inflicted upon the body of a person</p>	<p>Rape: Non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. They should be used only in reference to GBV even though some may be applicable to other forms of violence that are not gender-based.</p> <p>Sexual assault: Any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling or touching of genitalia and buttocks. FGM/C is an act of violence that impacts sexual organs, and as such should be classified as sexual assault. This incident type does not include rape, i.e., where penetration has occurred.</p> <p>Physical assault: An act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury. This incident type does not include FGM/C.</p> <p>Psychological/ emotional abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation,</p>	<p>Physical violence: Any act that causes physical harm to the partner or former partner as a result of unlawful physical force. Physical violence can take the form of, among others, serious and minor assault, deprivation of liberty and manslaughter.</p> <p>Sexual violence: Any sexual act performed on the victim without consent. Sexual violence can take the form of rape or sexual assault.</p> <p>Rape: Sexual penetration, whether vaginal, anal or oral, through the use of object or body parts, without consent, using force, coercion or by taking advantage of the vulnerability of the victim.</p> <p>Psychological violence: Any act or behaviour which causes psychological harm to the partner or former partner. Psychological violence can take the form of, among others, coercion, defamation, verbal insult or harassment.</p>

¹⁰¹ Ruuskanen and Aromaa 2008, pp. 23-24.

¹⁰² Minimum data to be collected according to the Istanbul Convention: sex of victim and perpetrator; age of victim and perpetrator; relationship of the perpetrator to the victim; type of violence' geographic location; and "Other relevant factors deemed to be relevant to State Parties, such as disability", as well as conviction rates. Council of Europe 2011, p. 15.

¹⁰³ Performing surgery that has the purpose or effect of terminating a woman or man's capacity to naturally reproduce without his or her prior and informed consent or understanding of the procedure (Council of Europe 2011, article 39).

might be appropriate to add such violent acts as stoning or throwing acid.

Sexual violence

Rape:

Refers to engaging in the non-consensual vaginal, anal or oral penetration of a sexual nature of the body of another person with any bodily part or object, including through the use of physical violence and by putting the victim in a situation where she cannot say no or complies because of fear.

Attempted rape:

Refers to attempting to have non-consensual sexual intercourse through the use of force or threats.

Other sexual acts:

Refers to:

- Intimate touching without consent
- Sexual acts other than intercourse forced by money
- Sexual acts other than intercourse obtained through threats of physical violence
- Sexual acts other than intercourse obtained through threats to the well-being of family members
- Use of force or coercion to obtain unwanted sexual acts or any sexual activity that the female partner finds degrading or humiliating
- Other acts of sexual violence

resulting in no injury or minor bodily injury. **Minor physical force**, at minimum, includes hitting, slapping, pushing, tripping, knocking down and other applications of force with the potential to cause minor bodily injury. **Minor bodily injury**, at minimum, includes bruises, cuts, scratches, chipped teeth, swelling, black eye and other minor injuries.

Homicide

Intentional homicide:

Unlawful death inflicted upon a person with the intent to cause death or serious injury. (Includes murder; honour killing; serious assault leading to death; death as a result of terrorist activities; dowry-related killings; femicide; infanticide; voluntary manslaughter; extrajudicial killings; killings caused by excessive use of force by law enforcement/ state officials)

Attempted intentional homicide:

Attempt to inflict unlawful death upon a person with the intent to cause death or serious injury. (Includes attempted murder; attempt to inflict death as a result of terrorist activities; attempted infanticide; attempted femicide).

Non-intentional homicide:

Unlawful death unintentionally inflicted upon a person by another person.

Sexual violence

Sexual violence: Rape; rape with force; rape without force; statutory rape; other rape.

Sexual assault: Physical sexual assault; non-physical sexual assault; other sexual assault not elsewhere classified.

Other acts of sexual violence

Rape: Sexual penetration without valid consent or with consent as a result of intimidation, force, fraud, coercion, threat, deception, use of drugs or alcohol, abuse of power or of a position of

humiliation, forced isolation, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Intimate partner violence is defined by the relationship between perpetrator and survivor and may include multiple forms of violence (rape, sexual assault, physical assault, psychological/ emotional abuse), which can lead to inconsistencies in the recording of incidents. By analysis of the type of GBV and the survivor's relationship to the perpetrator, one is able to identify and analyse which incidents took place within the context of an intimate partner relationship.

Child sexual abuse is defined by the age of the survivor. It includes different forms of sexual violence, which can lead to inconsistencies in the recording of incidents. By analysis of two incident types (sexual assault and rape) and the age of the survivor, one is able to easily analyse which reported incidents were child sexual abuse cases.

Possible sexual exploitation and transactional sex

are defined by the power relationship between survivor and perpetrator, as well as the circumstances surrounding the incident and not the actual act of violence (i.e., rape or sexual assault), which can lead to inconsistencies in the recording of incidents. The incident recorder includes a column in which 'yes / no' can be indicated in response to the question "were money, goods, benefits and/ or services exchanged in the context of the reported incident?", which can give a sense of whether the sexual violence being reported is exploitative in nature.

<p>Psychological violence Examples include:</p> <p>Emotional abuse:</p> <ul style="list-style-type: none"> •Insulting her or making her feel bad about herself •Belittling or humiliating her in front of other people •Deliberately scaring or intimidating her •Threatening to hurt her or others she cares about. <p>Controlling behaviour:</p> <ul style="list-style-type: none"> •Isolating her by preventing her from seeing family or friends •Monitoring her whereabouts and social interactions •Ignoring her or treating her indifferently •Getting angry if she speaks with other men •Making unwarranted accusations of infidelity •Controlling her access to health care •Controlling her access to education or the labour market. 		<p>vulnerability, or the giving or receiving of benefits.</p> <p>-<u>Sexual penetration</u>, at minimum, is the penetration of the vulva, anus or mouth with any body part or object.</p> <p>-<u>Rape with force</u>: Sexual penetration without valid consent inflicted upon a person with force.</p> <p>-<u>Rape without force</u>: Sexual penetration without valid consent inflicted upon a person without force.</p> <p>-<u>Statutory rape</u>: Sexual penetration with or without consent with a person below the age of consent, or with a person incapable of consent by reason of law.</p> <p>Sexual assault Unwanted sexual act, attempt to obtain a sexual act, or contact or communication with unwanted sexual attention not amounting to rape.</p> <p>-<u>Physical sexual assault</u>: Sexual assault with physical contact of a person.</p> <p>-<u>Non-physical sexual assault</u>: Sexual assault without physical contact of a person.</p> <p>-<u>Other sexual assault not elsewhere classified</u>: Sexual assault that is not described or classified in [other] categories.</p> <p>Other acts of sexual violence Sexual violence not described or classified in [other] categories.</p> <p>Emotional/psychological violence Acts intended to induce fear or emotional distress also threats: Any type of threatening behaviour if it is believed that the threat could be enacted.</p> <p>Threatening behaviour, at minimum, is an intentional behaviour that causes fear of injury or harm.</p> <p>Harassment: Harassment in the workplace; other harassment; stalking; other acts intended to induce fear or emotional distress.</p> <p>Defamation or insult: Defamation or insult due to the victim's characteristics or ascribed attributes</p>	<p>Possible sexual slavery is defined by the circumstances during which multiple acts and various forms of sexual violence are perpetrated over a period of time. The incident recorder is only able to capture one unique incident at a time. The incident recorder includes a column for indicating whether the incident was perpetrated while the survivor was: (a) being forcibly transported (trafficked); (b) being forced to join an armed group (forced conscription); (c) held against her/his will, abducted or kidnapped.</p> <p>Harmful traditional practices are defined by the local social, cultural and religious values where the incident takes place. To distinguish those acts of GBV that are harmful traditional practices specific to the context in which they took place, the standard intake /initial assessment form includes a question to indicate whether the GBV was a type of harmful traditional practice. The responses must be customized locally to define the incident as 1 of up to 5 relevant types of harmful traditional practices found in that context. The incident recorder will be able to quantify how many instances were marked yes/ no for harmful traditional practice and the frequency of the individual customized types.</p>
--	--	--	---

ANNEX 3

BELÉM DO PARÁ CONVENTION INDICATOR MATRIX: SELECTED VAW NATIONAL ACTION PLAN FINANCIAL COMMITMENTS AND GOVERNMENT CAPACITIES¹⁰⁴

Indicators are divided into three broad categories: **structural indicators**, **process indicators** and **outcome/results indicators**. Structural indicators compile information about how the State’s institutional apparatus and legal system respond to VAW (e.g., existence of legislation, strategies, policies, plans or programmes). Process indicators measure the quality and extent of the government efforts by assessing the scope, coverage and content of the strategies, policies, plans, programmes or other specific activities and interventions. For process indicators, the type of administrative data used includes caseload and resource data as well as data on service use and demand. Finally, outcome or results indicators seek to measure the impact of government actions. The five content areas addressed by the MESECVI in the reporting matrix are: legislation, national plans, access to justice, information and statistics and diversity.

Belém do Pará Convention Indicator Matrix: VAW National Action Plan Financial Commitments and Government Capacities			
	Structural	Process	Results
Basic financial context and budgetary commitments			
Indicator	<p>Percentage of public spending allocated to the different plans, strategies, and programs on violence against women in the last fiscal period.</p> <p>Budgets assigned in the last fiscal period to:</p> <ul style="list-style-type: none"> •Police stations for women or other agencies where complaints can be lodged •Specialized offices attached to the judiciary or prosecution service (attorneys’ offices, defence offices) •Training for officials from different branches of government •Programmes for attending to women affected by violence •Prevention campaign •Studies to monitor and assess the different components of strategies, plans, programmes, actions 	<p>Percentage of social public spending allocated to ensuring a life without violence.</p> <p>Percentage of public spending allocated to:</p> <p>actions, plans, strategies, and programmes to address violence.</p> <p>Infrastructure investments for cases of violence (shelters, preventive measures, availability of mechanisms, etc.)</p> <p>Training in violence for personnel from these branches of government:</p> <ul style="list-style-type: none"> •Sexual and reproductive health services •Health services •In the education sector •In the employment sector <p>Spending on ensuring life without violence and spending on health, both broken down by jurisdictions (state, provincial, local). Per capita public spending on health care.</p>	<p>Percentage of public spending allocated in the last fiscal period for the implementation of programmes of violence against women by implementing institution (public and/or private) or the expenditure items.</p>

¹⁰⁴ For the complete list of indicators for national plans and for all of the indicators and an explanation of the methodology, see OAS/MESECVI 2013, pp. 23-28.

State capacities

<p>Indicator</p>	<ul style="list-style-type: none"> •Number of shelters and homes for vic-tims of violence against women and their children. •Number of public or state-sup-ported legal services specializing in women affected by violence. •Number of services that provide care and psychological support before, during and after the legal process. •Number of toll-free telephone lines, with national, state and/or lo-cal coverage, for women. •Number of public health pro-grammes for women victims of violence in the different forms it can take, considering girls and ado-lescents, adult women and elderly women who are ethnically diverse, Afro-descendants, rural, with dis-abilities, with different sexual preferences, by their sexual identity, migrants, refugees, displaced per-sons or deprived of their freedom. •Number of psychological counsel-ling services 	<ul style="list-style-type: none"> •Accessibility and availability of care services for victims of differ-ent forms of violence, by jurisdic-tion and geo-graphical region. •Existence of care protocols for the implementation of various public care and support to girls and adoles-cents, adult women and elderly women victims of violence: •Shelters •Legal advice •Psychological support (individual, group, family) •Phone support •Health care •Orientation, job training •Training on women’s rights 	<p>Rate of demand for attention (num-ber of women served over the past twelve months, divided by the total female population, multiplied by 1000):</p> <p>For physical/ psychological/ sexual/ patrimonial or economic violence at the hands of the partner, former partner or acquaintance of the woman.</p> <p>Service usage rate:</p> <ul style="list-style-type: none"> •By victims of different forms of violence •Telephone assistance •Legal assistance •Health care services <p>•Supply availability of antibiotics, anti-retrovirals and emergency con-traception in cases of rape</p> <p>Coverage, scope, jurisdiction, and funding:</p> <ul style="list-style-type: none"> •Of attention programmes for vic-tims of violence •Of assistance programmes for el-derly women •Of assistance programmes for girls and adolescents •Of health insurance plans, by sex, age and geographical region, as subscribers or beneficiaries
------------------	---	---	---



SUMMARY

CONSIDERATIONS FOR DEVELOPMENT OF GLOBAL GUIDANCE ON ADMINISTRATIVE DATA ON VIOLENCE AGAINST WOMEN FROM THE EXPERT GROUP MEETING

UN WOMEN HEADQUARTERS
NEW YORK, 24-26 SEPTEMBER 2019



General comments

The Expert Group Meeting (EGM) brought together a diverse group of experts from a variety of sectors and organizations with different experience working at the country, regional and international levels. The deep commitment of participants to improving responses to violence against women (VAW), building on the power of data and a broad range of knowledge and perspectives, resulted in a rich, informative and lively discussion. This document summarizes some of the discussions and inputs that should be taken into account for the development process and content of the global guidance on VAW administrative data, but it does not pretend to be exhaustive.

Keeping it simple vs. proposing a more ambitious measurement framework:

Discussions during the EGM revealed varied opinions about the relative importance of ‘keeping it simple’, by asking for the minimum administrative data on VAW, and an alternative position that prioritized developing and proposing a more ambitious measurement framework. On the one hand, recognition of the very high workload of service providers in most low- and middle-income countries and existing data gaps was linked to the recommendation to ask for the minimum out of respect for service providers’ time and to increase feasibility and data quality. On the other hand, the goal of collecting VAW administrative data that is comprehensive enough to meaningfully inform policy and programmes and advance international human rights standards was associated with calls to develop a more comprehensive measurement framework. In response, the proposal is for the global guidance to take a tiered approach based on the maturity of the administrative data system in the country—i.e., to ensure that countries have the capacity to walk before running but also setting a high bar and demonstrating what is possible to encourage countries to run. The tiers will establish a core minimum as well as outlining options for additional data collection that can be adapted for the local and sectoral context. Further input and the validation of the global guidance will make contributions to striking the right balance between feasibility and generation of data meaningful for service delivery, policy and programmes.

Standardization vs. flexibility:

The EGM also discussed the importance of standardizing administrative data while building flexibility into administrative data systems. Countries are generating and using administrative data for a multiplicity of purposes and will most likely use the same information systems for VAW administrative

data as for other such data and other purposes rather than developing stand-alone information systems. It is important that the eventual global guidance does not introduce roadblocks for data producers. One of the key discussions on this point was regarding service provision to adolescent girls by the same providers of services to adult women. Information collection and analysis systems should not prevent documentation of VAW administrative data on adolescent girls even if the scope of the guidance is adult women, and the global guidance should communicate that adolescent girls have a basic human right to access VAW services. The global guidance will describe standardized and specific categories and response options for the minimum data set but will also guide data producers and users to allow flexibilities in data collection and analysis systems—for example, about different forms of violence that are particularly relevant for the context in an ‘other’ open text box.

Guidance audience:

The EGM participants discussed the possible audience or audiences for the eventual global guidance on VAW administrative data. The following key points were mentioned. First, civil society organizations (CSOs), particularly those providing specialized VAW services, should be explicitly included not only as an audience for the global guidance but also in the process of its development. Second, women’s machineries and national statistical offices (NSOs) should be explicitly addressed as they have critical roles to play in strengthening VAW administrative data systems, particularly in coordinating national and sub-national efforts to improve the data. Third, the governance and coordination mechanisms for VAW administrative data need to convene data producers and users from different sectors because developing understanding and relationships between these different actors is central both to collecting the data in useable

form and for getting the data used to support the overall objective of improving policies, programmes and services to prevent and respond to VAW.

Case examples:

The guidance should provide case examples from different regions and sectors. These examples will provide inspiration about what can be achieved through the use of VAW administrative data as well as ‘how to’ illustrations and potentially offer lessons learned about what to avoid.

Minimum data set and expanded core data set

The proposal is for the global guidance to establish a cross-sectoral ‘minimum data set’ of the most essential programme and policy-relevant variables, with standardized response options, considering the following: relevance, importance, priority and feasibility. The feedback received included the following key points:

- There was agreement about the importance of collecting the following variables across sectors: survivor sex, survivor age, perpetrator sex (including response options that can document multiple perpetrators of different sexes), survivor-perpetrator relationship and type of VAW.
- Four of the five small groups also reached consensus on the importance of documenting the perpetrator age group (as reported by the survivor), the geographic location where the violence occurred as well as the type of location (survivors’ private residence, school, public place, etc.), date the violence occurred, who took the report of VAW, date of registration, service provided (response options to be sector specific) and referral to external services.
- Further work to refine and validate the response options for the minimum data set is required. Particular variable response options to be worked on include survivor-perpetrator relationship, location violence occurred, type of violence and service provision and referral options.
- The EGM strongly endorsed mutually exclusive response options to improve clarity and assist data analysis, with the exception of categories of VAW. On this issue there were divergent opinions, with some experts advocating establishing a hierarchical typology of types of VAW and identification of only one type of VAW per incident and other experts

arguing for identification of all types of VAW experienced by the woman during that incident of violence.

- Consideration that cyber violence (violence enacted using computer data or computer systems) should be a stand-alone variable.
- Participants also highlighted some additional variables that they considered important for inclusion in the minimum data set or an expanded minimum data set. The most frequently mentioned were: disability status of the survivor, citizenship/displacement status of the survivor and identification of previous experience of VAW/repeated VAW.

Unit of measurement or unit of count

The importance of clarity of the unit of measurement or unit of count was emphasized by several experts. The proposal is that the eventual global guidance will:

- Establish the incident or case—that is, an incident report—as the unit of count for the minimum data set. The proposal is that even though data will be collected about the survivor and perpetrator, the denominator will be the ‘case report’.
- The global guidance will discuss the advantages and disadvantages of counting cases as opposed to counting people (survivors or perpetrators). Among other challenges, there are inter-institutional barriers to following people, and their information, across sectors (e.g., from police to courts). Implications for personally identifiable information (PII) and minimums for security and confidentiality for data linkage will be discussed.

Sectoral specificities

Sectoral specificities in terms of data needs and processes for data collection, processing and training was a recurring theme during the three-day meeting. Similarly, the importance of building on existing sectoral work related to VAW administrative data rather than creating additional classification systems or guidance that could be at cross purposes was also mentioned. It was also clear that while some sectors have made significant progress (e.g. health, crime and justice and the humanitarian sector that provides social services), much less international guidance on the collection and use of VAW

administrative data exists for the social services sector attending to the general population.

One potential priority area for the global guidance to add value is by improving data collection by specialized services (shelters, hotlines) and integration of these data into official government reporting. Understanding capacity and gaps in specialized services as well as the number of survivors supported is a commitment under the Istanbul and Belem do Para Conventions. Care must be taken to collect and use VAW administrative data in ways that do not prejudice the service delivery by CSO- or government-provided specialized VAW services. To do so, there needs to be meaningful engagement of CSOs and other specialized service providers in the governance mechanisms providing oversight for data collection, analysis and reporting.

Multi-sectoral governance and coordination

While emphasising that local contexts means that there will be no 'one size fits all' formula for governance and coordination, the EGM was in agreement with the importance of the criteria raised in the background paper as a guide for thinking through the institutional location and composition of the governance and coordination mechanism. Experts engaged in lively discussions that illustrated the importance of different levels of governance and coordination for VAW administrative data, from the international level where stewardship comes from the United Nations, to the regional, national and sub-national level and to the local level where services are delivered. The legal and political complexity of communication and coordination between and across these different levels was highlighted. Some key points and lessons learned that can be further discussed and illustrated in the eventual global guidance include:

- Opportunities for international and regional coordination through platforms such as that established by the Special Rapporteur on violence against women, its causes and consequences with other institutions such as the Follow-up Mechanism to the Belém do Pará Convention (MESECVI) and the Group of Experts on Action against Violence against Women and Domestic Violence (GREVIO). Consideration of how best to link national governance bodies working on VAW with regional bodies that are monitoring progress on the

implementation of regional conventions and declarations has merit.

- At the national and subnational level, the most pragmatic approach is probably to include a working group or sub-committee focused on VAW data (either including or exclusively administrative data) within existing governance mechanisms for the VAW response. The implementation committees for the multi-agency "Essential Services Package" may represent an important opportunity in the countries where the package is being implemented.

- Political and technical strength and 'deep relationships' between data users and data producers will be the foundation for moving the VAW administrative data agenda forward at the national and sub-national level. This will include multi-agency collaboration across sectors and the inclusion of VAW experts from civil society, as well as potentially independent experts from academia, human rights and the legal profession.

- Convening bodies require guidance about what should be addressed and in what detail (e.g., they should not be discussing individual cases). The governance and coordination body for VAW administrative data is not an appropriate body for individual problem solving but rather for systemic problem identification, dissemination of information and strategic system response.

- Co-leadership and leadership by NSOs of coordination and governance mechanisms was identified as a promising practice to create buy-in and motivate political will for advancing VAW administrative data collection and use for programme and policy change.

- The complexity of data sharing between different levels of government (municipal, provincial, national) because of partisan politics and barriers to data sharing in federated states was identified. The question was raised whether legislation is the appropriate tool to mandate standardized data collection and sharing between different levels of government.

Data literacy and knowledge translation

Data literacy and the gap between the collection and use of VAW administrative data were identified as important issues to address. In general, there is a lack

of access to data and limited capacity on the part of users to analyse them. Existing information gaps are compounded by limited dissemination capabilities within NSOs and other government actors, and there is a need to further build the capacity of policymakers and other stakeholders to understand and use available data. Relationships are necessary not only to share administrative data but also to use them. Joint analysis by data producers and users, and putting in place the appropriate dissemination or knowledge translation tools, can drive virtuous cycles that support policy, programme and service improvements. Providing guidance to improve the analysis, dissemination and uptake of VAW administrative data for policy, programme and service delivery decisions should be a key focus of the eventual global guidance.

- Specific efforts must be undertaken to build the ability of the media and legislators (politicians) to understand and appropriately communicate statistics. Key areas for capacity building include: how to correctly interpret data; how to avoid stigmatization and victim blaming; the importance of ensuring confidentiality of survivors; and how to promote services.

- With respect to interpretation, the global guidance should provide specific explanations in plain language to help the media, legislators and other data users understand and communicate clearly around the following issues:

- The number of cases of VAW reported in administrative data can be expected to increase if service delivery or recording improves. This presents a political messaging problem. Care must be taken to explain that administrative data only reflect the number of cases reported. Administrative data cannot be equated to trends in actual numbers of cases or survivors.

- When you aggregate data by time periods, and instances of VAW are reported after they occur, aggregate numbers that may previously have been reported publicly will change. Spokespeople require simple and clear speaking points to be able to explain such changes.

- There are challenges to multi-source data production, including how to use and reconcile data from surveys and from administrative data, and how to report on such data.

- Efforts to increase the data literacy of data users

presents opportunities to build a common language and understanding of VAW. An example raised for multiple countries was raising awareness among politicians, the media and police forces that rape is not only perpetrated by strangers.

Bridging the data use gap

- Some of the suggested ways to bridge the data gap include: dedicated human resources for dissemination/knowledge translation; alliances with academics and the media; the possibilities provided by technology—e.g., pre-formed reports and taking a graduated approach to analysis, so that there are automated analysis options that are immediately available by pressing a button as well as more flexibility to design analyses where capacity exists.

- There is a recognition and recommendation that data flow needs to be bi-directional, going up to policymakers but also flowing back to service providers who can make decisions that improve services in real-time.

- Administrative data can function very effectively as a flag, identifying where attention is needed, but they do not tell the whole story. Placing administrative data in a comprehensive context and seeking to triangulate with additional data sources (from academics and from qualitative inquiry with service providers and survivors) prior to identifying options to solve problems and presenting them to decision-makers was identified as a promising practice during the EGM.

Training needs, capacity building and useful job aids

- As outlined in the background paper, there is a need for both VAW expertise and data and information systems expertise to convene, analyse and report on VAW administrative data. At the local level, a lesson learned is that it is better to hire people with VAW experience and teach them about information systems than to hire people who are specialized in information technology (IT) but do not have a background in VAW. For interoperability of information systems, VAW programme specialists and information management need to work together.

- Effective training in VAW administrative data will also require a team approach that includes experts on data and data collection, experts in VAW and people who understand the viewpoints of the survivors in

addition to the professional group being trained. For some professions, including physicians, judges and the police, it is critical to have members of those professional groups as part of the training team.

- Dedicated training on the collection and management of VAW administrative data should be tailored for and integrated into existing sectoral training systems and needs. For effective training, it is important to pay attention to the priorities of those who are providing services and simultaneously collecting data. Throughout the meeting, experts called on the eventual global guidance and process of implementation to take into account the perspective of service providers on the relevance of data points. Pre-service and in-service training on VAW can increase understanding and motivation about why particular data points (e.g., sex and survivor-perpetrator relationship) are critically important. To increase ‘buy in’ on variables that are needed to drive not only quality improvement of direct services but also policy and programmes will require persuasion. The global guidance should include inspiring examples related to using data for service improvements, policy and programmes as part of this ‘marketing’ exercise.

- Multisectoral training/cross-training (even if time limited) was identified as a promising practice—e.g., day-long training for police with an hour in the afternoon that involves professionals from other sectors.

- A general recommendation was not to take anything for granted in training by making assumptions about what people know. There is a need to explain all variables (e.g., what is citizenship) and to provide opportunities to practice the behaviours (e.g., role play for meaningful consent to data collection or sharing).

- The global guidance should provide examples and implementation stories from different sectors and countries. For example, this intake form can be used to collect administrative data on VAW in the health sector, and this is how it is being used in a hospital or district in India. Where possible, such implementation stories should also illustrate any improvements in awareness, service delivery or policy and programmes that have resulted.

- The data collection, information management, analysis and reporting training needs of specialized VAW services merits further consideration.

- It was questioned whether, over and above reinforcing the guiding principles, the global guidance could identify how to leverage training on VAW administrative data collection to shift power dynamics to make service delivery more survivor-centred. Identification of methodologies/protocols that have been successful (if any) and validation could be considered for the further development of the guidance.

Management of personally identifiable information

- Personally identifiable information (PII) used for case management needs to be clearly distinguished from PII included in analysis and aggregated data for reporting.

- Technology can support the management of PII by restricting access to information. Whether paper or digital, in all cases role-based access (individuals only have access to data to fulfil role/on need-to-know basis) should be instituted.

- One consideration is that there are different levels of ‘identifiability’ of data: identifiable (name), coded (pseudonym or case number that is separated from name) and aggregated with no names and with a sufficient number of cases to prevent re-identification. Only sufficiently aggregated data should be made routinely available to governance or oversight committees or in public reporting as the purpose of analysis and reporting is to identify and respond to systemic issues and not to analyse individual cases.

- Whether data are collected and analysed in paper, digital or mixed systems, there is a need to reinforce institutional cultures and individual behaviours to ensure data security and the importance of confidentiality to ensure survivors’ safety.

- Digital data are creating demands for greater data security. In the days of paper, data could be locked in a cabinet; with digital data, however, not only IT people but also programme people need to know about data protection. This is a new proficiency that is becoming a core competency and needs to be taught and maintained.

- There was discussion of whether ‘informed consent’ is the appropriate concept for provision of information to survivors about collection and use of VAW administrative data and survivors agreeing or

declining to provide such data. International standards for managing PII and meeting privacy obligations establish that when PII is collected, the individuals providing this will receive information about what their data will be used for and who will have access to it—critical components of informed consent. Best practice for interactions with survivors by the police, health-care providers and specialized VAW services includes explanation of the process of criminal investigation or health-care and social service delivery and the options available to the survivor (e.g., to complete a forensic rape kit or not, to access support services or not, to agree to testify or participate in a criminal investigation or not, what options are available for health care or social services and how providing or declining to provide information may impact delivery of these services). But these best practices are not always implemented on the ground and there is frequently no explicit consent to document. Thus, some experts questioned the concept of ‘informed consent’ in the context of administrative data collection. For example, informed consent for data collection is not common when a crime is reported as the survivor is coming forward and voluntarily reporting. In health, there is generally no written consent for data collection and sharing because it is part of routine service delivery. One option is for the global guidance to seek to explain in sector-appropriate terminology how to reinforce the agreed-upon principles that survivors should be able to make decisions about what information to provide and to understand the implications of sharing and not sharing information as well as how their information will be stored and used. The global guidance could draw on examples from different sectors to illustrate how to share information with survivors about how information is collected and managed to meet international standards for PII data management and to reinforce the agreed-upon guiding principles for collection and use of VAW administrative data.

- The global guidance will reinforce the guiding principles. Among other issues, this means that survivors must not be asked about violence if services are not in place to respond to their needs, must know about any limits to confidentiality before disclosing and should understand that they can refuse data collection or sharing without negative consequences for receiving services. At the practical level, women require time to process what has happened to them and think about their options. The guidance can

support sensitization of service providers to this need, which is an aspect of being survivor-centred, and information collection and management systems can be designed to accommodate delays in response and refusals to share information. Finally, it is crucial to be meticulous in the management of PII to ensure that women’s information is kept confidential and that perpetrators are not able to learn of women’s disclosure of violence as this can put survivors at risk.

Femicide panel

- Different perspectives on what should be included in definitions of gender-related killings of women (femicide/feminicide) were shared, including ongoing joint work by the United Nations Office on Drugs and Crime (UNODC) and the United Nations Entity for Gender Equality and Women’s Empowerment (UN Women) to develop an operational definition for statistical purposes (as recommended by the UN Statistical Commission), based on the recognition that killings of women by intimate partners and family members (currently reported globally) only represent a proportion of the totality of cases, and that statistics should not only rely on national definitions based on national legislations. The Spotlight Initiative in Latin America is also contributing to work in the region towards the development of this operational definition.

- VAW administrative data will be important for determining the gender-related motivation for killings (e.g., history of intimate partner violence, history of sexual violence).

**UN WOMEN IS THE UN ORGANIZATION
DEDICATED TO GENDER EQUALITY
AND THE EMPOWERMENT OF WOMEN. A
GLOBAL CHAMPION FOR WOMEN AND
GIRLS, UN WOMEN WAS ESTABLISHED
TO ACCELERATE PROGRESS ON
MEETING THEIR NEEDS WORLDWIDE.**

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



**Planet 50-50 by 2030
Step It Up for Gender Equality**

220 East 42nd Street
New York, New York 10017, USA
Tel: 212-906-6400
Fax: 212-906-6705

www.unwomen.org
www.facebook.com/unwomen
www.twitter.com/un_women
www.youtube.com/unwomen
www.flickr.com/unwomen