Research using existing records:

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• What records exist that could be used for research?
Advantages of using records

• Consent of the subject of the record is not needed so long as they have agreed to their record being used in research. This can simplify data collection and enables research that otherwise it would not be very hard
• It is not traumatic for the subject of the record
• It is easier to get information from large numbers of cases
• It is cheaper and can be much quicker
• Records sometimes have information that cannot be accessed in any other ways
• Records have particular types of biases (and are free from some types such as recall bias)

Record systems often provide a sampling frame and so enable random samples to be drawn in a relatively easy way
Disadvantages

- What can be collected from records is limited by what they contain, there is always more missing data when using records.
- Records have particular types of information bias: both systematic and random – NB we always care most about systematic bias.
- Records are often incomplete, chaotically stored, missing etc..
- The quality of records is out of control of the researcher.
- Access has to be gained by the record keepers who may have vested interests in preventing you getting access.
- Misclassification: it may turn out that the case has been misclassified – that causes problems for sample size (should then not include these).
Errors, bias & difficulties interpreting records

• Information may be erroneously recorded (probably random process)
• Information may not be included: did not recorded mean not asked /observed? Or asked/observed and the finding wasn’t interesting so not recorded? (former – random, latter – systematic error as negative answers are usually less interesting)
• Information missing – randomly lost or systematically removed if pointing in a particular direction for follow up (and then lost)?
• Have records of a particular type been destroyed to protect certain people?
• Why is it missing – is it dockets that have been ‘sold’?
• Fieldworkers may introduce error in recording on data capture sheets from records – how expert should they be to reduce this risk? How well trained?

Work is retrospective – do the findings reflect the present day?
General rules

• Records collect very valuable information
• Studying them often makes the best use of scarce resources
• There is minimum harm to the research subject
• If you want to understand a subject that is largely recorded in a routine record system, only collect data prospectively after you have analysed and learnt everything you can from records
• What can be found in records?
Police dockets

• **Information on the victim:** often quite limited and may not extend beyond age

• **Information on the perpetrator:** but only if the person is known or is apprehended, again it may be limited to age and victim perpetrator relationship

• **Circumstances of the crime:** level of detail varies, but there may be multiple witness statements that provide more information. May include: what victim doing when crime happened, details of anyone else involved, where it happened, how it happened (e.g. use of weapons), what the victim and perpetrator did afterwards

• **Medical or other expert reports and lab results** (if any – DNA)

• **Documentation of process:** of the investigation and justice seeking

Case outcomes
• How do you access them?
Access to police dockets

- Permission for examining these is required from the police & possibly from other Government Departments.
- They may be reluctant to give it if they think you will show them in a bad light.
- Police should not give access to ‘open’ cases as fieldworkers could tamper with the dockets or lose things – how long does it take to close cases? Which types of cases are closed first (bias)?
• What can be found in medical records?
What can be found in records?

• Medical records: may contain information on:
  – Patient history
  – Mental state/appearance at time of the examination
  – Often other aspects of patients’ health
  – Findings on examination: especially injuries
  – Tests performed and treatment given
  – Conclusions drawn
• How do you access them?
Access to medical records

• If they are held in facilities you will need to go through normal pathways to see these, possibly including:
  – Department of Health (national or of province)
  – Head of the hospital
• If they are in the police docket you will probably only need to go through the police channels for docket access
• Do you need ethics approval for record-based research – yes, but it is usually seen as ‘minimal risk research’ and so not very complicated to obtain and consent forms etc are not needed so long as prior approval has been given by a patient
• What other records exist?
Tracking Justice

• The objectives of this project are to:
  • describe the processing of rape cases by the police and courts at selected courts and police stations in Gauteng province;
  • describe the application of the rules of evidence and procedure in trials involving sexual offences;
  • identify factors associated with withdrawals, convictions and acquittals;
  • investigate the effectiveness of specialist sexual offences court and identify those factors (if any) that contribute to their greater conviction rate; and
  • develop indicators for monitoring the performance of police and court personnel in relation to sexual offences.
Methods

• **Study design:** retrospective review of rape dockets and court documents for rape and attempted rape cases in 2003

• **Setting:** 128 police stations in Gauteng province in South Africa

• **Sample:** a random sample of 70 police stations from Gauteng province have been selected with probability proportional to size and in each police station 30 rape dockets were selected using systematic sampling of all closed rape dockets that are available in the station.

• **Total sample size:** 2100 rape dockets
Data collection:

• A data capture completed sheet including:
  – social and demographic details of the victim/survivor and perpetrator
  – circumstances of the rape including location
  – use of force
  – immediate victim responses
  – reporting to the police
  – details of the police investigation
  – progress through the legal system (if any)
  – the medical-legal record was copied
Questions that can be addressed by analysis of data from dockets

• Who are the victims of rape reported to the police and what can we know about the perpetrators?
• What is the distribution of victim/perpetrator relationships?
• What do crimes of rape (reported) look like in terms of:
  – what victim doing when crime happened
  – whether anyone else involved or a witness
  – where the abductions (if any) and rapes happen
  – how rape happens (e.g. degree of force used)
  – how women respond to the threats
  – what the victim and perpetrator do afterwards
• What is the quality of the investigation and justice seeking processes?

What proportion of cases drop out at which points in the legal system after cases are reported and for which reasons?
Research questions that can be addressed by analysis of data from records: medical records

• Who are the victims (that report to the police)?
• What is their mental state at the time of examination?
• What proportion of victims have which types of injuries? How do injuries vary by victim characteristics?
• Quality of medical documentation: completion of forms or notes and relevance of conclusions
• Quality of medical management: eg. pregnancy testing, evidence of treatment
• What is the contribution of medical evidence to case progression in the legal system and legal outcomes?
• Are particular types of medical findings (injuries, DNA, negative conclusions etc..) more likely than others (or no findings) to contribute to legal outcomes?
Data from medical records & police forms can:

• Provide information for understanding the role of medical care after rape
• Assist in defining health needs after rape and especially competing priorities
• Assist in defining the focus of medical care after rape, especially the balance between treatment and support v. documentation

**Service & policy implications:**
• for policy, organisation of services, level of staff providing care, training of staff, curriculae etc..
• We need to ask whether there are particular circumstances in which medical records have different relationships to legal outcomes (such as children) → focus of examinations differently according to the characteristics of the situation

We may need to debate changes needed in the legal system or medical activities to enhance impact
Implications of findings: these obviously differ between settings, but they may be:

• Hugely important for public understanding of rape and engaging with rape myths through research evidence
• Useful for advocacy campaigns
• Useful for reducing individual chances of rape and to the extent that there are opportunistic elements, possibility reducing rape (c.f. burglar alarms increasing the likelihood that robbers target your neighbour)
• Important for managers in the police & justice system trying to improve quality
• Of value in some court cases, especially where arguments are led that X can’t have been raped because she did (or didn’t do) A, B, C
Strengthening the value of the findings

• Sample size – with more power more sub-groups can be examined and the precision of estimates is greater
• Generalisability is key to enhancing the value of the findings and this depends on how the sample is drawn
• Findings are more convincing if they are more generalisable and the sample is seen to be logical
• Random samples are the best and drawing cases from a year is better than some randomly chosen weeks
• Sampling from a define political unit e.g. a State or Province or the whole country, is much more powerful than from a handful of police stations
• Covering a larger area requires more transportation resources but provides much more convincing findings
Ethics of using records

• Remember confidentiality - ensure records are not reviewed by someone who may know the subject (or people connected to the case)
• Make sure no identifiers are copied
• Ethics of representation: gaining access via the police and support of the police for the work may lead to an expectation that findings should be reported in a way that may be less unfavourable to the police than otherwise
• Important to get the right balance:
  – negative reports can be important and lead to awareness of a neglected issue;
  – but sensationalism is never helpful,
  – invoking hostility of those who need to take action for policy impact is unwise
Generalising from findings

- At point that a police case is opened the crime is defined and categorised
- Subsequent information may raise uncertainty as to whether this was correct
- It may be that the circumstances clearly meet the legal definition of another crime
- Keep to the original definition of the cases you will describe as the original one e.g. cases recorded as rape after report to a police station, as that was the basis on which you draw your sample and is the basis from which you can generalise
- You may then present findings of sub-groups within these – e.g. those the subsequently were seen to meet the legal definitions of X or Y
Lessons from Tracking Justice: research partnerships

- Huge amount of data in records
- Requires a multi-disciplinary team to really do justice to it
- Skills required (at least):
  - epidemiology & biostatistics
  - social sciences
  - medical expertise
  - legal expertise
Making collaborations work

• Successful collaborations require humility, respect and trust
• Be respectful of all researchers & what they bring to the process
• Develop a contract between partners with clear definitions of roles in the project
• Spell out data ownership & rules of partnership
• Outputs: clarify responsibilities for the projects and authorship rules