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ETHICAL CONSIDERATIONS FOR RESEARCH AND EVALUATION ON ENDING VIOLENCE AGAINST WOMEN AND GIRLS

Guidance paper prepared by the Global Women's Institute (GWI)
for the Department of Foreign Affairs and Trade

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INTRODUCTION

This guidance paper was commissioned by the Office of Development Effectiveness (ODE), a unit within the Department of Foreign Affairs and Trade which monitors the quality and assesses the impact of the Australian aid program. The purpose of this paper is to inform ODE's [strategic evaluation of Australia's development assistance to end violence against women and girls](#). This evaluation will be a ten-year follow up to ODE's 2008 strategic evaluation *Violence Against Women in Melanesia and East Timor: Building on global and regional promising approaches*.

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SUMMARY

Ethical considerations are of considerable importance when conducting research on violence against women and girls (VAWG) and evaluating programming to end it. The purpose of this paper is to briefly summarise international best practice on VAWG research and evaluation (including DFAT's own obligations). It also makes specific recommendations for DFAT VAWG evaluations, including how ethical considerations will apply to key aspects of ODE's upcoming VAWG evaluation. Research on VAWG has significant ethical implications because of the sensitive nature of the topic. Similar to other sensitive topics, issues of confidentiality, problems of disclosure, and adequate and informed consent procedures must also be considered; however, the potentially threatening and traumatic nature of VAWG as a subject transcends research in other areas.

In response to these concerns, the World Health Organization published "Putting Women's Safety First: Ethical and Safety Recommendations for Research on Violence against Women." These guidelines were developed as part of the WHO Multi-Country Study on Women's Health and Domestic Violence against Women, which was originally conducted among 24,000 women in 10 countries. They have since been adopted by the majority of research institutions, donors and UN Agencies that carry out or fund research on VAWG and are considered a gold standard for the ethical conduct of research on VAWG (WHO, 1999). The recommendations advise that where the specific guidance regarding privacy and confidentiality and support for women experiencing violence cannot be adhered to, the research should not be conducted. The guidelines have since been adapted for research on VAWG in conflict and emergency settings, trafficking, perpetration of violence, violence against children, and intervention studies. The key recommendations are as follows:

- The safety of participants and the research team is paramount, and should guide all project decisions.
- Studies need to be methodologically sound and build upon current research experience about how to minimise the under-reporting of violence.
- All research team members should be carefully selected and have received specialised training and on-going support.
- The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer participants requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and design interventions.
- Additional measures should be considered when conducting research with particularly high-risk populations or settings.

ETHICAL CONSIDERATIONS FOR RESEARCH AND EVALUATION ON ENDING VIOLENCE AGAINST WOMEN AND GIRLS

Global Women's Institute, George Washington University
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INTRODUCTION

Ethical considerations are of considerable importance when conducting research on violence against women and girls (VAWG) and evaluating programming to end it.¹ The purpose of this paper is to briefly summarise international best practice on VAWG research and evaluation (including DFAT's own obligations).² It also makes specific recommendations for DFAT VAWG evaluations, including how ethical considerations will apply to key aspects of the Office of Development Effectiveness (ODE)'s upcoming VAWG evaluation. While it is not intended as a standalone guidance, it draws on leading ethical guidelines and references them clearly to allow the user to easily identify sources of additional detail and support.

METHODOLOGY

The paper is based on a desk review of guidelines, policies, and best practice documents related to general VAWG research and evaluation, as well as specific guidance for research with children, families, perpetrators, trafficking victims/survivors, and research focused on interventions or in emergency settings. Additional examples based on the experience of the authors is also included where relevant.

BASIC ETHICAL PRINCIPLES WHEN CONDUCTING 'HUMAN SUBJECTS' RESEARCH

Ethical considerations apply to any research involving human beings, regardless of the topics or subjects being examined. According to Jesani et al., "all scientific activities, including those by social scientists, are conducted with the participation of human beings or have an impact on human beings or on the wider society and environment. Therefore, it is essential that researchers understand ethical issues and the implications of their scientific work and act accordingly" (2004).

In 1974, the National Commission for the Protection of Human Subject of Biomedical and Behavioural Research was established in the United States of America (USA). The Commission was charged with identifying basic ethical principles that would underlie guidelines to ensure that research is conducted in accordance with those principles. *The Belmont Report: Ethical principles and guidelines for the protection of human subjects' research*, published by the Commission in 1978, provided ethical arguments for laws

¹ The terms, "Violence against women and girls" (VAWG), "gender-based violence" (GBV), and "ending violence against women and girls" (EVAWG) are often used interchangeably in the research and programmatic literature. Although there are some differences in how these terms are interpreted, for the purpose of this report, we will refer to VAWG, as the term most commonly used in international research and policy, except for in citations where another term is used.

² For the purposes of this report, research will be understood to include monitoring and evaluation activities.

governing research with individuals. This report established the three ethical principles that are fundamental for research including human subjects, which are presented in a document commonly referred to as the Belmont Report. They are described in Box 1. The guidelines set forth by the Belmont Report are particularly crucial in cases with vulnerable subjects or on sensitive topics, including research involving children and research on VAWG.

The Australasian Evaluation Society (AES) has also published a Code of Ethics and Guidelines for Ethical Conduct of Evaluations, which are adhered to in all evaluations undertaken by the ODE. These Guidelines cover many of the same principles as the Belmont Report; for example, informed consent, confidentiality, independence, impartiality, and integrity, as well as respect for the rights, dignity and entitlement of those affected by and contributing to an evaluation. In addition, the AES Guidelines note the potential for exacerbating inequalities in society through research:

Account should be taken of the potential effects of differences and inequalities in society related to race, age, gender, sexual orientation, physical or intellectual ability, religion, socio-economic or ethnic background in the design, conduct and reporting of evaluations. Particular regard should be given to any rights, protocols, treaties or legal guidelines which apply. (AES, 1998)

The Guidelines provide specific recommendations for the preparation, conducting, and reporting of evaluations. Two other key documents for Australian researchers are the *National Statement on Ethical Conduct of Human Research* and the Australian Council for International Development's *Principles and Guidelines for Ethical Research and Evaluation in Development*. These documents provide a framework for ethical conduct of research and evaluation involving human subjects, including when and how ethical review of research is appropriate. However, they do not specifically address the methodological and ethical challenges inherent in research and evaluation on VAWG.

BOX 1: FUNDAMENTAL ETHICAL PRINCIPLES ARISING FROM THE BELMONT REPORT

- **Respect for persons.** This principle involves upholding respect for and protecting the rights, dignity and autonomy of participants. It makes two ethical assumptions: 1) that individuals are and should be treated as autonomous agents, and 2) that persons with diminished autonomy are entitled to protection. Adhering to this principle in research involves the voluntary and informed participation of research subjects, and special protections for those without full capacity for self-determination.
- **Beneficence.** The principle of Beneficence determines that research must make positive contributions towards securing the welfare of individuals. It involves two complementary actions: 1) do not harm and 2) maximize possible benefits and minimize possible harms. This principle has two contexts. In the context of particular projects, investigators must give forethought to the maximization of benefits and the reduction of risk that could occur from that specific investigation. In the context of society at large, one must recognize the longer-term benefits and risks that may result from the generation of knowledge and refinement of procedures.
- **Justice.** Given the historical background of ethics within human subjects' research, the principle of Justice, or the distribution of the risks and benefits of research, is integral to the field. This principle arises largely in two phases of research: 1) the selection of research subjects and 2) the application of the research and its benefits. While selecting subjects, justice demands that the investigator scrutinizes the process to determine whether populations are being systematically selected because of reasons other than those directly related to the problem being studied. With the application of research, advantages should be provided to those populations involved in the research and not only among those who can afford them.

(National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research, 1978.)

ETHICAL GUIDELINES FOR CONDUCTING RESEARCH ON VAWG

Research on VAWG has significant ethical implications because of the sensitive nature of the topic. Similar to other sensitive topics, issues of confidentiality, problems of disclosure, and adequate and informed consent procedures must also be considered; however, the potentially threatening and traumatic nature of VAWG as a subject transcends research in other areas (Ellsberg & Heise, 2005). Since the mid 1990's, when international research on VAWG began to emerge, preventing and mitigating potential harm to participants and researchers has been an ongoing concern. Anecdotal evidence suggested that women risked retaliation

Box 2: Putting Women's Safety First: WHO's Safety and Ethical Recommendations for Researching Violence Against Women and Girls

- The safety of participants and the research team is paramount, and should guide all project decisions.
- Studies need to be methodologically sound and build upon current research experience about how to minimize the under-reporting of violence.
- All research team members should be carefully selected and have received specialized training and on-going support.
- The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- Fieldworkers should be trained to refer participants requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and design interventions.
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from an abusive partner as a result of disclosing violence, or could be re-traumatized through the intrusive nature of the interview. These risks also extend to the researchers themselves, as there have been documented instances of fieldworkers being threatened by family or community members in the course of carrying out research on VAWG. Another concern involves the enormous emotional toll of listening to repeated stories of violence, particularly when researchers have experienced traumatic events themselves.

In response to these concerns, the World Health Organization published "Putting Women's Safety First: Ethical and Safety Recommendations for Research on Violence against Women" (see Box 2). These guidelines were developed as a collaborative effort of over 30 international researchers, as part of the WHO Multi-Country Study on Women's Health and Domestic Violence against Women, which was originally conducted among 24,000 women in 10 countries. They have since been adopted by the majority of research institutions, donors and UN Agencies that carry out or fund research on VAWG and are considered a gold standard for the ethical conduct of research on VAWG (WHO, 1999). The recommendations advise that where the specific guidance regarding privacy and confidentiality and support for women experiencing violence (Box 2) cannot be adhered to, the research should not be conducted. The guidelines have since been adapted for research on VAWG in conflict and emergency settings, trafficking, perpetration of violence, violence against children, and intervention studies.

Operational guidance for implementing the guidelines in the WHO surveys and subsequent research are described in *Researching Violence against Women: A Practical Guide for Researchers and Activists* (Ellsberg & Heise, 2005). This publication serves as a comprehensive resource for all aspects of carrying out research, from definitions and ensuring a sound ethical process to research design and methods, analysis, and dissemination for action.

Below is a summary of the key safety and ethical recommendations that are of critical importance to research on VAWG, together with some examples and practical considerations for their implementation. Although the core ethical recommendations are similar for all types of research on VAWG, they may be applied differently according to the type of research (population-based or service-based surveys, intervention research, qualitative studies, including participatory action research), and the different populations or contexts under study (e.g. survivors of different forms of violence, perpetrators, children, marginalised groups, conflict settings, etc.). The following recommendations are based on the original WHO guidelines, with some additional considerations for how they might be applied in diverse contexts. Where relevant, examples have been included from the 2007 ODE study, “Violence against women in Melanesia and East Timor: Building on global best practices.”

1. The safety of participants and the research team is paramount, and should guide all project decisions.

For individuals experiencing violence, the act of participating in a survey could provoke further violence or place the participant or the interview team at risk. This recommendation upholds that the physical safety of participants and interviewers from potential retaliatory violence by the perpetrator(s) is of utmost importance. In research on VAWG, and particularly intimate partner violence (IPV), safety must be ensured within a context where many participants may live with their abuser. Some recommendations to minimise risks are: explaining and acquiring full and informed consent, conducting interviews in privacy, explaining and ensuring confidentiality, and anticipating issues by planning measures to maintain the safety of participants and interviewers at all times. Researchers must be sensitive to the potential influence of social hierarchies on voluntary informed participation. Fieldworkers and service providers must be trained on approaches for minimising these power hierarchies, especially during informed consent procedures.

When conducting research involving vulnerable and marginalised populations such as children and adolescents, indigenous populations, persons with disabilities, and sexual and other social minorities, additional risks may arise, and special ethical and methodological approaches should be used to mitigate risks while working with and disseminating information about these populations. In particular, when working with populations that have diminished autonomy, such as children and persons with disabilities, the dynamics between researchers and participants are paramount, and extra care should be given to explain and ensure the concepts of informed consent, voluntariness, confidentiality and privacy. More information about working with vulnerable populations can be found in principle 7.

Informed consent. Most surveys on VAWG do not require participants to sign an informed consent form, both to protect confidentiality, as well as to adapt to low literacy settings. In these cases, it is common for interviewers to verify that they have read the consent form to the respondent and that she has given verbal consent. The consent form has several parts to it and should be presented in language that can be understood in a low literacy setting. At a minimum, it should include an explanation of who is conducting the study and what the aims of the study are. Participants should be assured that their participation is voluntary and that they can refuse to answer any question, or stop participating at any time. They should be given some overview of the subject matter of the study and told about any compensation, if appropriate. The informed consent procedures should discuss any potential benefits or risks that could result from participation in the study, and how these risks will be addressed or mitigated. Particularly for program evaluations, participants should be assured that their decision to participate will have no effect on their ability to continue in the program. In the case of focus group discussions, a similar script should be read to the group, and the facilitator should verify that each individual has given verbal consent to participate.

Protecting confidentiality. A variety of measures have been used successfully to protect confidentiality. In household surveys, only the respondent is told that the study will include a discussion of violence. Everyone else in the household is told that the survey is about “women’s health and life events”, or something similarly innocuous. For the same reason, only one woman per household should be interviewed, and an interval of 5-10 houses in urban areas and 2-4 houses in rural areas is recommended between selected households, to reduce the risk of other family members finding out about the purpose of the interview. It is considered best practice not to interview men about experiences of violence in the same households, or even in the same sampling areas where women are being interviewed. This can have implications for study costs, or even the feasibility of doing a survey including men and women, as it requires additional sampling procedures. In a recent study in South Sudan (GWI & IRC, 2017), it was not possible to interview men in a camp for internally displaced persons where a VAWG study was being conducted with women, because dwellings were too close together to provide a reasonable expectation of maintaining confidentiality.

Another important aspect of protecting confidentiality is maintaining the security of data files and documents. In cross-sectional surveys, where there is no intention to revisit the respondent, identifiable information should not be collected. In longitudinal studies, or where revisits are necessary for other reasons (and informed consent is obtained), it is important to store the identifiers separately from the rest of the data before storage. All data should be stored in locked files, or password encrypted files.

During focus group discussions (FGD), participants should be advised not to share personal stories, as it will not be possible to ensure that no one else heard about what has been discussed. In one experience in Ethiopia, women were encouraged to talk about their experiences of domestic violence in a public meeting and a woman was beaten that night by her husband, who heard that she had talked about him in the meeting (Ellsberg & Heise, 2005). In general, survivors’ stories are best discussed in private, in-depth interviews, whereas FGDs are best suited for discussing events, attitudes and opinions about violence or programs. Participants in FGDs should be referred to according to age, sex, or location, but not using information that would make them identifiable. Taking photographs of individuals participating in the study requires additional consent from participants. As a general rule, photographs should not be taken of survivors of violence, and care should be taken when presenting photos in publications, not to imply that the individuals are survivors of violence.

Ensuring privacy. It can be very challenging to achieve privacy during an interview, particularly in settings such as refugee camps, where residents live in precarious and overcrowded settings. Researchers have used many creative measures to interview women alone, including accompanying women to farm or do washing, and using other team members to distract relatives or children during the interview. If anyone, including a child over the age of two, enters the room, field workers should be instructed to change the subject by using dummy questionnaires, or skipping to a different page if electronic tablets are being used. Often, in qualitative research, survivors are contacted through women’s organisations and interviews can be conducted in the organisation’s offices or another neutral setting, such as a health centre, where women can enter without arousing suspicion. If privacy cannot be ensured, then it is better to re-schedule or cancel an interview.

2. Studies need to be methodologically sound and build upon current research experience about how to minimise the under-reporting of violence.

Evidence suggests that rates of disclosure are related to the implementation of the survey, such as the skills and sensitivity of the interviewer, the nature and length of other questions in the interview, whether participants are given more than one opportunity to disclose violence, and the presence or absence of others during the interview (Ellsberg & Heise, 2002). This recommendation notes that under-reporting and

the collection of “bad data” could be harmful to the field, as low prevalence estimates could be used to challenge the importance of violence as an area of concern. By the same token, poorly designed evaluations can yield negative results, and discourage donors from investing in an intervention which could save lives.

To ensure that women feel comfortable talking about violence, it is essential that interviews are conducted by carefully selected and rigorously trained fieldworkers, using research tools that have been pre-tested and piloted. Pre-testing can help to identify questions or lines of inquiry that are particularly sensitive or unacceptable. For example, while pre-testing a questionnaire that asked men about their use of violence against women and girls in South Sudan, researchers found that men were willing to answer questions about perpetration of domestic violence, and to disclose experiences of sexual abuse victimisation. However, they were very wary of questions about perpetrating sexual violence as armed combatants, and these questions were dropped from the study (GWI & IRC, 2017).

There is a current trend to add one or two questions about experiences of violence in surveys designed for other purposes (e.g. food insecurity, maternal health, poverty, etc.). Often, these surveys are not able to incorporate the level of training and safety measures suggested in the WHO recommendations, and their disclosure rates tend to be lower than in-depth studies on VAWG. For this reason, the WHO recommends that violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

In qualitative research, a key aspect of methodological rigor is to ensure the inclusion of diverse perspectives, including the perspectives of marginalised populations (e.g. indigenous, disabled, or other social minority populations). In the ODE evaluation on VAWG in Melanesia and East Timor, this was achieved by conducting interviews and FGDs with a broad range of participants, including community men and women, youth, traditional leaders, local judges, police, and church authorities, government representatives, NGOs and faith-based organisations, as well as women’s rights activists and survivors of violence. By comparing the perspectives of diverse populations, it was possible to identify commonalities and differences, and ensure that the findings were credible and useful to local stakeholders.

3. All research team members, including interpreters, should be carefully selected and receive specialised training and on-going support.

Ensuring that field staff have the necessary skills, not only to collect data accurately, but also to create a rapport with participants that encourages disclosure, requires longer training periods than most studies. The fieldworker training usually lasts three weeks; two weeks of theory and practice and another week of piloting in the field. The training should recognise that team members may themselves be survivors of VAWG (whether or not they disclose), and also include opportunities for research staff and interviewers to confront and overcome their own biases and fears, in addition to coming to terms with their own experiences with abuse. Training should include basic concepts of gender and VAWG, empathetic listening and interviewing skills.

In addition to openly discussing these subjects during training sessions, it is essential that emotional debriefing sessions and other opportunities for support occur regularly during data collection.

Even with the above supports for the research team in place, vicarious trauma may result due to exposure to personal and sometimes upsetting accounts of participants’ experiences of violence (SVRI, 2015) for interviewers, transcribers, interpreters, or anyone coding and analysing qualitative data, which may take a more severe toll emotionally (Jewkes, et al., 2014). Key strategies to prevent vicarious trauma include adding time for self-care to the research process and reducing the number of interviews per day conducted by each researcher, extending the time needed to complete research and potentially increasing the number of

interviewers needed. Thus, preventive measures require additional funding and donor support from the outset. More information on vicarious trauma can be found in *Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence* published by the Sexual Violence Research Institute (SVRI, 2015).

More intensive training has financial implications, and this needs to be factored into research budgets. Researchers should also plan for attrition, as it is common for a certain number of interviewers to be dropped in the course of training, either because the participants find the subject matter too intense, or because they have entrenched views about violence against women (for example, that women deserve to be beaten, or women who are raped have done something to provoke it) that makes it difficult for them to carry out interviews with women in a non-biased, empathetic way. Some researchers screen fieldworkers on their knowledge and attitudes regarding gender along with other relevant skills and experiences. In the case of qualitative research, particularly when using participatory methods, less time may be needed for training, as it is possible for fieldworkers to “learn on the job,” by accompanying more experienced researchers and progressively taking on more responsibility as they become familiar with the methods used.

4. The study design must include actions aimed at reducing any possible distress caused to the participants by the research.

The sensitive and stigmatised nature of violence and related topics (sexuality, HIV/AIDS, drug use, transactional sex) can leave participants feeling especially vulnerable as they talk about their own experiences. This recommendation highlights the need for interviewers to be trained to use non-judgmental, supportive language when asking questions and to be aware of the effects of the interview on the informant. Interviewers should be able to respond appropriately when a participant is in distress, including expressions of sympathy, providing short breaks, or offering to recommence on another date if distress is enduring and severe. Also, interviewers should be trained to recognise when a participant is experiencing re-traumatisation or disassociation, and when to obtain immediate support from a supervisor or referral network. Experience from research conducted using the WHO recommendations suggests that many women, if approached in a sensitive and non-judgmental manner, benefit from having the opportunity to tell their story. Benefits reported by research participants include “feeling valued and listened to, being treated with respect and dignity, gaining personal insight, and finding the experience to be meaningful” (Cromer & Newman, 2011).

In the case of the WHO Multi-Country Study on Domestic Violence against Women, adverse events reported during interviews were minimal and consisted mainly of husbands entering a room and demanding to know what the interview was about, or women becoming distressed and needing to discontinue the interview. A review of participant satisfaction in seven countries found that between 60-95% of women interviewed said at the end of the interview that they felt “good or better,” irrespective of their experiences of violence. Although referrals for counselling, medical or legal support were offered to all women, less than 1% of participants actually availed themselves of the services (Garcia Moreno, et.al., 2003; Jansen, et.al., 2004). In this sense, the interview can be considered as an intervention. A longitudinal population-based study conducted in Leon, Nicaragua found that 18% of the women who disclosed IPV during pregnancy reported that being asked about abuse in the baseline interviews conducted three years earlier had assisted them in their process to be free of partner abuse (Salazar, et al. 2009).

It should be noted that some participants, for example survivors of trafficking, are considered particularly vulnerable and guidance directs interviewers to “treat each woman and the situation as if the potential for harm is extreme until there is evidence to the contrary” (WHO, 2002).

Monitoring potential unintended consequences during and after data collection. In addition to planning for measures to prevent and mitigate risks to participants, the research team has an ethical obligation to monitor harms or threats of harms that may occur during or after a study and determine what resulted from participation in the research. Therefore, researchers must anticipate and define a process for documenting, investigating, and responding to safety issues and incidents before beginning work in the field. By setting up mechanisms to measure reports of violence through accessible partner and referral organisations, the research team can examine unintended consequences of the research while also mitigating negative outcomes.

In all settings, but particularly for work conducted in humanitarian contexts, there is an obligation to carefully consider, in weighing the benefits vs risks of information gathering, how information will be used and reported, who will see it and who will benefit from it (WHO, 2007). As Ellsberg and Heise (2002) note,

“The inherent risks entailed in research can only be justified if the interview is used to provide information on available services and is a source of immediate referral when necessary, if high-quality data are obtained, and if findings are used to raise awareness of, and improve services for, women who experience domestic violence.”

5. Fieldworkers should be trained to refer participants requesting assistance to available local services and sources of support.

Prior to conducting research, the project team must set up collaborations with and links to local providers of support, which could include existing health, legal, and social services, educational services, or other less formal providers, including women’s organisations and religious leaders. A list of these resources should be developed and offered to all participants, irrespective of whether they have disclosed experiences of violence. If these resources do not exist in a location, or if they are not of an “ethically sound standard of care”, it may be necessary to train teams to provide this support on an “as needed” basis (Hartman & Krishnan, 2014). Often, researchers use small information cards that can be easily hidden, with information about local services and laws, as well as safety planning. It is important to ask women whether it is safe for them to receive the cards, as finding the materials could provoke an abusive partner to further violence.

In qualitative research, the most practical way to ensure that survivors of violence have access to services is to recruit potential participants through local women’s groups who provide services for VAWG. This method of recruitment allows women to decline to participate without actually having to engage with the research team. If they do decide to participate, the connection to a trusted provider can foster greater trust and security for the survivor while telling her story to a researcher.

The process of creating or verifying existing referral pathways is critical and forms the basis upon which research teams develop procedures to handle cases of abuse. Depending on the setting and mandatory reporting laws (see below), procedures may include provisions for accompaniment or transport. In resource-poor settings, inclusion of a trained counsellor as part of the research team and/or building local service capacity may be necessary. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.

In some situations, for example in humanitarian settings or in work with highly vulnerable populations such as trafficking survivors, the interviewer must be prepared to respond (i.e. refer to emergency interventions) if a woman says she is in imminent danger (WHO, 2003).

It is important to recognise that referral to services, particularly to the justice system, may be “re-victimising”, due to “unsympathetic treatment survivors sometimes face in dealing with the justice or health

system....” (VAWG Resource Guide, 2005). For this reason, it is important to provide realistic information the interviewer may use to inform her decision-making.

6. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and design interventions.

One approach that can improve the relevance of research projects is, from the outset, to involve advocacy and direct-service groups either as full partners in the research, or as advisors. Such groups can play an important role in guiding the study design, training fieldworkers, and developing referral networks, as well as ensuring that the findings are used to advance policy and program. In the ODE Study, which covered five countries, a local advisory group was set up in each country to guide the research process. The advisory groups were typically comprised of representatives from women’s groups, justice authorities (police, judges), traditional leaders, government representatives, and academics or experts in VAWG. The group gave input regarding the appropriateness of research questions and critical understanding of the local context. They provided suggestions and introductions to organisations and individuals to include in the study, as well as referral options for survivors of violence. In order to ensure that the researchers’ interpretations of findings were credible, a regional workshop was held with members of the country advisory groups where the findings were presented and discussed, and recommendations arising from the study were developed jointly. As a result of this participatory process, regional and local ownership of the study recommendations was greatly enhanced, and the results in each country were presented jointly with the local advisory groups.

It is important to avoid presenting results in a way that can further stigmatise or polarise already marginalised populations. This is particularly important in conflict/humanitarian settings, where ethnicity, religion or regional disputes are drivers of conflict, and revealing or emphasising these differences in the results could exacerbate the conflict. In the recent South Sudan study, where there is a strong tribal component to the conflict, tribal identities and languages were not included in the description of various forms of violence (GWI & IRC, 2017).

It is important to ensure, to the degree possible, that findings are fed back to the same communities where data were collected. This can be done through popular pamphlets, community meetings, theatre, or other creative means that are easily understood and appropriate to the setting.

7. Additional measures should be considered when conducting research with particularly high-risk populations or settings.

In recent years, research and evaluation on VAWG is being conducted in a variety of settings, such as school-based programs, conflict and humanitarian settings, and with particularly vulnerable populations, such as children and adolescents, survivors of trafficking, or marginalised groups such as Indigenous people, persons with disabilities or refugees. While this research adds a great deal to understanding the different forms and drivers of VAWG and the effectiveness of interventions to prevent it, it has also raised additional ethical and safety considerations. Examples of how the WHO ethical and safety recommendations have been adapted to different populations and settings have been included throughout this paper. The following discussion focuses on some of the key concerns and resources for conducting VAWG research involving special populations or circumstances.

Research involving children and adolescents. Many researchers and international organisations have developed specific ethical approaches on conducting research with children to address the issues that arise while working with such a vulnerable population. Two such approaches are the *Ethical Research Involving Children (ERIC)* project compendium with UNICEF (Graham, Powell, Taylor, Anderson & Fitzgerald, 2013), and the Population Council's *Ethical Approaches to Gathering Information from Children and Adolescents in International Settings: Guidelines and Resources* (Schenk & Williamson, 2005), both of which focus on ethical considerations specific to research with children and the dynamics between researchers, children, families, communities and other stakeholders.

The primary duty of the researcher is to maintain the protection of participating children. The investigator must balance the need to maximise children's participation in the research and the benefits from participating with the need to minimise their exposure to harm. Before starting research, the research team must identify and think through all potential consequences, both intentional and unintentional, of the research activities on the participating children and their families.

As with research on GBV mentioned above, talking to children about potentially distressing experiences can provoke strong reactions. Interviewers should be trained to identify and comfort a child feeling discomfort or distress and know when to stop the interview if a child becomes upset. When necessary, interviewers should be prepared to make referrals to other services, such as psychosocial, health or legal services specialising in dealing with children. If appropriate safeguards cannot be put into place, the research should not proceed.

In the case that a child reveals a current situation that is harmful, such as violence occurring in their home, confidentiality should be breached to provide immediate protection to the child or adolescent. Researchers should make sure that participants are aware of this before beginning the interview.

Research involving indigenous peoples. A key resource for addressing the ethical issues around research involving indigenous peoples is *Guidelines for Ethical Research in Australian Indigenous Studies* (AIATSIS, 2012) which notes:

It is essential that Indigenous people are full participants in research projects that concern them, share an understanding of the aims and methods of the research, and share the results of this work. At every stage, research with and about Indigenous peoples must be founded on a process of meaningful engagement and reciprocity between the research and Indigenous people.

This principle has some practical implications for VAWG research involving indigenous people. The guidelines suggest that, in some cases, consent to participate in research should be obtained not only by the individuals involved, but also by the community. One way to do this is by involving leaders from indigenous communities in the technical advisory group (TAG), an independent body of experts in VAWG research and programming made up of local, national and international practitioners representing both NGO and government structures, to ensure that the study aims and methods are appropriate and acceptable for the communities involved. Community leaders are often contacted before entering a community to conduct research on VAWG. However, ethical guidance suggests that they not be informed about the specific nature of the study, in order to protect the safety and confidentiality of participants. Researchers should discuss with the TAG how to engage indigenous communities in research in a way that acknowledges and respects their rights, while safeguarding the wellbeing of individual participants.

Research involving perpetrators of violence against women and girls. International research on the prevalence and risk factors for men's use of violence has increased in the last decade, leading to the need to consider specific considerations for research on VAWG involving men and boys. While many of the aspects mentioned above also apply to research with men, this field required its own specific guidelines. The *Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence* were published in 2012 in response to

this need (Jewkes et al., 2012). The following are some specific considerations for research involving perpetrators:

- ✓ Studies should not be openly identified as ‘perpetration research’. In research where participants are potentially revealing perpetration and incriminating themselves by doing so, it is essential that they do not experience harm, including legal consequences, as a result. The guidelines recommend, in these circumstances, not including perpetration as the focus of the study in the title of the survey and not introducing the study to the community as such (Jewkes, et.al. 2012).
- ✓ Informed consent is complex in situations of incarceration, where little is secret, so confidentiality is hard to maintain. Recommendations include repeated statements that participation is not linked to treatment and refusal is not linked to punishment, and not interviewing someone before their conviction, as well as developing a referral process for those who are incarcerated.
- ✓ Perpetrators may also be victims of abuse, yet it is important not to collude in minimising the harm done to others. Duty of care is limited (Partners for Prevention, 2013).
- ✓ In the case of a research participant expressing an explicit intention to harm, the researcher has a duty to inform the proper authorities. Such circumstances require researchers to take reasonable steps to protect a future victim by reporting the case to relevant authorities.

CONCLUSION

“We must remember that women living with violence are already at risk. Researchers cannot eliminate this reality, just as they cannot fully eliminate the possibility that further harm will be caused by their study. They do, however, have an obligation to carefully weigh the risks and benefits of any study, and to take every precaution possible to restrict possible harm and maximise possible benefits. At the very least, we must ensure that when women take risks to share their stories, we honour that risk by using the findings for social change....”

Ellsberg & Heise, (2002)

All of the recommendations for ethical research outlined above have been validated by many studies. They should serve as a key reference for the execution of any VAWG research. However, different study settings, including social and cultural norms and legal systems, may require innovative approaches. The research team should work with local research and academic partners, civil society and community members—particularly women’s organisations—at every stage of the project cycle to ensure a relevant and context-specific ethical approach.

While a key ethical principle is ‘Do no harm’, in reality this principle is almost impossible to guarantee. Researchers should carefully consider the ethical implications of every aspect of their work, following the body of guidelines and recommendations reviewed here, which arise from over a decade of dedicated practice, learning and documentation alongside women’s organisations and activists. By putting in place referral pathways and systems for responding to adverse events, alongside mechanisms to continuously check for unintended negative consequences both during and after the research, researchers will be prepared to respond to harm, should it occur. By doing their utmost to ensure methodologically sound science helps to better respond to and prevent violence in women and girls’ lives, researchers can contribute to minimise the ‘everyday’ harms this research seeks to address.

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