

SVRI Knowledge Exchange

Pivoting to remote
research on violence
against women during
COVID-19



SVRI sexual
violence
research
initiative

I. What is the issue?

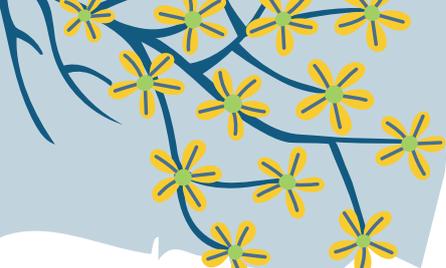
Asking women about violence is a highly sensitive undertaking, requiring adherence to established protocols that centre women’s safety as a first priority.¹ Failure to do so is highly unethical, as it places women at risk of (further) violence and other serious violations. Poorly designed research can also result in under-reporting and/or misrepresentation of the issue, and it wastes important resources. Even under ideal circumstances, it is difficult to ensure that conditions exist in which women can freely share their experiences and perspectives on violence—and accurately measuring incidences of violence against women (VAW) is particularly challenging (see Figure 1). It is thus essential that researchers establish emotional and physical safety for both themselves and respondents; doing so requires experience, intensive training, explicit protocols and the availability of referral services. The COVID-19 pandemic and consequent mitigation measures (e.g., physical distancing, mobility restrictions, lockdown, curfews, self-quarantine, etc.) are magnifying these inherent challenges for several reasons, including:

- Inability to conduct in-person interviews with women;
- Difficulty in assuring privacy and confidentiality when using remote data collection methods (thus exacerbating the risk of violent retaliation by perpetrators who overhear or otherwise come to learn about women’s disclosures);
- Inaccessibility of referral services, including psychosocial support and other VAW related services;
- High levels of emotional, physical and financial stress in the home; and
- Heightened risk that women are unable to seek help while trapped with abusive partners.

Figure 1: Challenges in safely and reliably gathering data on VAW



(Graphic adapted with permission from Kristin Dunkle, SAMRC-South Africa)

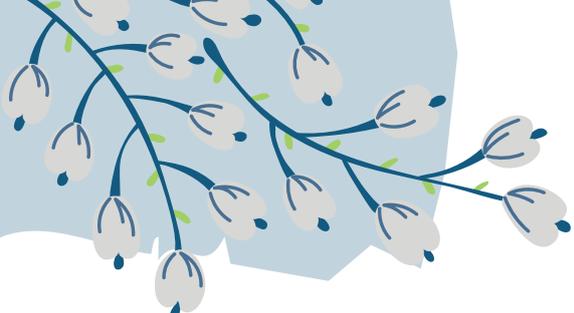


COVID-19 is also exacerbating the risk of women being subjected to multiple forms of violence. Around the world, service providers are reporting an increase in the number of women seeking help, while in some communities formal reports of VAW have been decreasing—the latter is likely due to women’s inability to find a safe and private space to call, or a lack of information about available providers. To effectively address COVID-19 related risks and support survivors during this unprecedented crisis, there is a pressing need to better understand women’s priorities and experiences, to know who is most at risk, and to identify the mechanisms through which COVID-19 is intensifying VAW.

Violence against women is a priority global concern especially during the COVID-19 pandemic. Supporting survivors during this time requires understanding the characteristics and magnitude of violence and effectiveness of responses – for which we need rigorous research. Researchers are well positioned to contribute to policy dialogue, drawing both on past evidence to inform critical pandemic responses, as well as studying dynamics as they unfold to inform real-time decisions within future pandemics.²

By asking about (and listening to) women’s experiences, we can gain insight into these salient questions and leverage findings to create more responsive services, policies and programmes. The urgency is clear, and given the inability to conduct in-person research in much of the world during the pandemic, many are turning to remote research modalities such as phones, tablets, web-based platforms, etc. This SVRI Knowledge Exchange discusses when—and how—to safely proceed with remote data collection about VAW during COVID-19 (or similar public health emergencies). The discussion builds on recent publications developed by VAW experts, and is intended to be immediately applicable for organisations considering qualitative and/or quantitative research involving adult women during the pandemic (see further resources on remote research involving girls that addresses issues such as children’s evolving capacities, mandatory reporting requirements, obtaining caregiver/parental consent, etc.).³ Remote research during COVID-19 is an emerging area of learning for the field, and guidance will likely continue to evolve as we deepen our collective experiences.

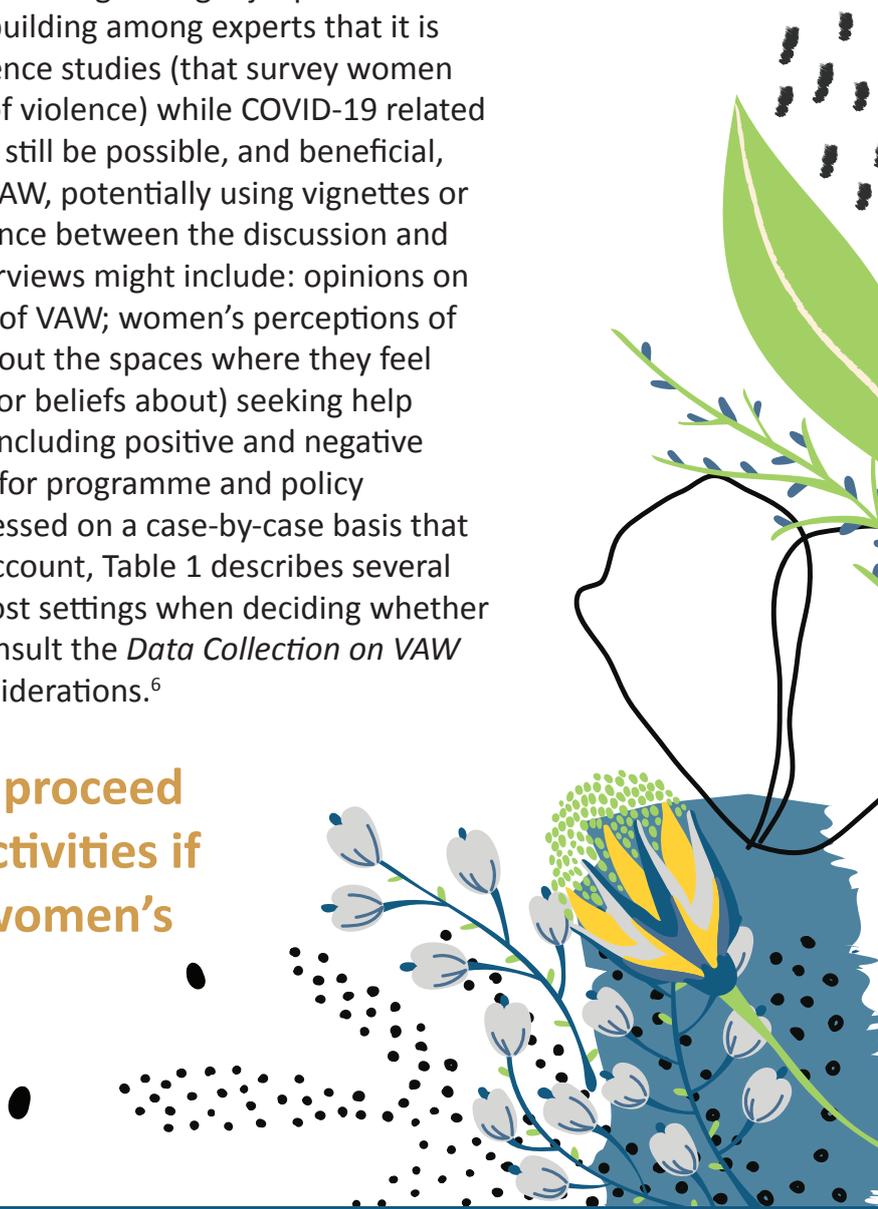




II. Difficult decision-making

Be clear about the objectives and rationale for data collection and weigh the risks of harm against the anticipated benefit. Do not prioritize data over women's safety. If the data collection exercise cannot ensure privacy and confidentiality; if referral of women to support services if needed is not possible; if it puts the woman at greater risk of harm or causes undue distress, do not proceed with data collection.⁴

The decision to proceed with remote research during the COVID-19 pandemic is difficult and requires careful consideration. Put simply, it is unethical to proceed with any remote research activities if doing so might jeopardise a woman's safety or wellbeing. Consensus is building among experts that it is inappropriate to conduct large-scale prevalence studies (that survey women and/or girls about their direct experiences of violence) while COVID-19 related measures remain in place.⁵ However it may still be possible, and beneficial, to undertake research on other aspects of VAW, potentially using vignettes or incomplete stories that allow for more distance between the discussion and personal experiences. Salient topics for interviews might include: opinions on community-level changes in the prevalence of VAW; women's perceptions of COVID-19 related risks; women's insights about the spaces where they feel more/less safe; women's experiences with (or beliefs about) seeking help from formal services during the pandemic, including positive and negative outcomes; and women's recommendations for programme and policy response. While each situation must be assessed on a case-by-case basis that takes the context and team expertise into account, Table 1 describes several discussion points that remain relevant in most settings when deciding whether or not to proceed with remote research. Consult the *Data Collection on VAW and COVID-19 Decision Tree* for further considerations.⁶



Put simply, it is unethical to proceed with any remote research activities if doing so would jeopardize women's safety and wellbeing.

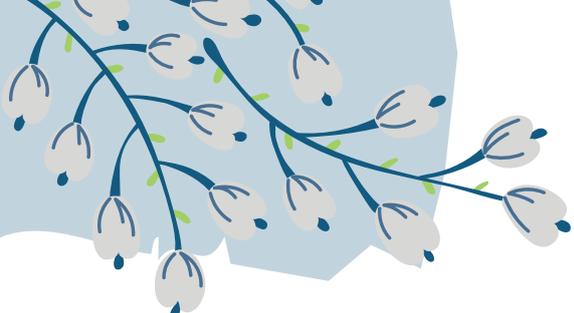
Table 1: Essential topics to discuss before moving forward with remote research

TOPIC	IS IT ETHICALLY VIABLE TO PROCEED WITH REMOTE RESEARCH?	RESPONSE	ACTION
1	Is this research likely to lead to actionable findings? In other words, will collecting this data generate learning that can be clearly interpreted and meaningfully applied to VAW-related policies, services, and/or programming?	IF NO	NOT ADVISABLE TO PROCEED
2	Could the research be postponed and carried out post COVID-19, for instance using a retrospective approach?	IF YES	
3	Is there existing data we can draw on to address the research questions? Note that service data is not a reliable proxy for prevalence of VAW (see Box 1).	IF YES	
4	Do you have existing experience using the research methods under consideration (quantitative, qualitative, participatory, etc.) to collect data on VAW?	IF NO	
5	Are you prepared to address the additional safety concerns related to remote research (privacy, confidentiality, establishing trust, etc., as further discussed in Section III)?	IF NO	
6	Do you have an up-to-date referral list (e.g., developed or revised since COVID-19) to refer women who disclose violence or are otherwise unsafe? Have you confirmed that these services are functioning properly and currently accessible (either in-person or remotely)? Is there a plan for reassessing this periodically/as needed?	IF NO	
7	Have you adequately considered the wellbeing of your research team, including their potential exposure to COVID-19 (as further discussed in Section III)?	IF NO	
8	Do you have the expertise and logistical support needed (e.g., in-person or virtually) to safely and adequately provide training for the team, including a module on remote engagement?	IF NO	
9	Have you secured ethical approval for the research, or (if the study was previously approved) submitted an amendment for the pivot to remote methods?	IF NO	
10	Are all partners in agreement about the importance of moving forward with this research during COVID-19?	IF NO	

Box 1: The inadequacies of service data to establish the prevalence of VAW

Accurately measuring the prevalence of VAW is highly sensitive and challenging, even during relatively stable times. While many countries are using service data (e.g., police reports, calls to hotlines/shelters, provider reports, etc.) to validate a surge—or drop—in violence, it is critical that such data are not equated with actual prevalence. Many women never report the violence they experience, and even those who want support may not have the privacy they need during COVID-19 to safely seek help, or they may not know about existing services (or if they are currently available). As such, changes in reported cases cannot be interpreted as an actual increase or decrease in VAW.

It isn't surprising that the police, NGOs and shelters [in South Africa] reported a drop in cases during lockdown. Could women confined with their abusers find a safe time, a private space, and means to make contact? Did they trust support systems enough to believe they would get help if they risked asking? Did they know who to contact? And in the face of highly publicised abuse by some security force members, could women risk trying to access shelters or courts? ⁷



III. Foundational steps for remote data collection

Below we discuss four foundational steps for prioritising safety and data quality when conducting remote research on VAW (with adult women) during COVID-19: (1) select your remote modality; (2) adapt and re-define ethical protocols; (3) build skills that address unique aspects of remote engagement; and (4) prioritise researcher wellbeing. Only after completing all steps is it advisable to proceed.

1) Select your remote modality

There exists a range of remote options to consider depending on your specific research questions, existing resources, and the level of connectivity and access to technological opportunities that exist within your community. Table 2 summarises key characteristics of each type of remote modality—it can be helpful for making an informed decision about which modality to use. Note that with the exception of audio phone calls, all other modalities will generate a data trail, which is extremely difficult to delete and may compromise the security of the information collected.

Table 2: Attributes of different forms of virtual data collection methods

ATTRIBUTES	VIDEO CALL (Zoom, Skype, FaceTime, WhatsApp, etc.)	AUDIO CALL (mobile or fixed-line phone)	INTERACTIVE VOICE RESPONSE (automated phone survey)	PHONE-BASED SURVEY (SMS, WhatsApp)	ONLINE SURVEY (Survey Monkey, etc.)
Self-administered			X	X	X
Interviewer administered	X	X			
Requires internet access via smartphone/tablet/laptop	X				X
Requires literacy				X	X
Requires IT-literacy	X				X
Requires researcher training	X	X			
Ability to probe/ask follow-up questions	X	X			
Ability to address participant concerns immediately	X	X			
Easily reach large number of participants in diverse geographic areas			X	X	X
High flexibility (participants can respond on their own time)			X	X	X
May improve social desirability bias/accurate disclosures			X	X	X
Data trail/high security concerns	X		X	X	X
Privacy, confidentiality and other safety risks	X	X	X	X	X

It is critical to consider equity and to be mindful of any groups of women that may be included/excluded from your remote research due to the chosen modality.

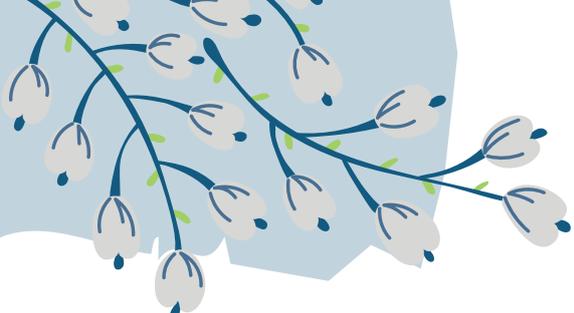
For instance, women lacking literacy will not be able to participate in web- or phone-based surveys. Even access to mobile (or landline) phones—the most widely accessible remote option—will exclude certain women (data suggests that women in low- and middle-income countries are 8% less likely to own a mobile phone than their male counterparts).⁸ These limitations must be understood and openly discussed, particularly when interpreting findings.

2) Adapt and re-define ethical protocols

When designing the research process, several ethical safeguards will likely need to be adapted for remote engagement and the broader COVID-19 context. Consider:

- Where will the interviews take place, considering the need for a private space — without distractions—for both researcher and participant?
- How will the graduated consent process be facilitated over the phone? What information will be shared with the individual who answers, and how will privacy with the interviewee be assessed?
- Without visual confirmation, how will the researcher identify (and respond) if privacy is breached and it suddenly becomes unsafe to continue?
- Recognising that remote engagement requires intense concentration and may be more physically taxing than in-person interviews, is there a possibility to include breaks or allocate the questionnaire/survey across several calls?
- How will emotional distress be assessed without observational cues?
- Is there a suicide risk protocol in place, particularly considering that the pandemic is exacerbating mental health challenges and, for some women, triggering past traumas?
- Is there a possibility that participants will disclose significant food insecurity or urgent medical needs caused by the pandemic, and—if so—what responsibility does the research team have in responding?
- Is it feasible to block the researchers' phone numbers (if they are calling from personal phones), or—if not—what actions will researchers be expected to take if participants call them back after the interview?; and
- How would an inability to meet expectations for immediate assistance (or benefits) impact on the emotional wellbeing of the research team and respondents?

None of these questions have easy answers, nor can we mitigate all risk; unexpected issues will inevitably emerge during the research. However, in order to limit situations where researchers are forced to quickly come up with an unplanned response, it is essential to proactively identify potential challenges as a team and agree on clear response strategies. Several practical steps can also enhance safety and data quality. Prior to the interview, consider a “pre-interview call” or try to make contact with the participant in some other way in order to agree on the time and location for the interview, and to discuss any preparations (e.g., asking participants to ensure their phone is charged, making airtime



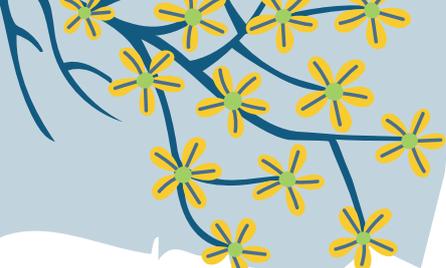
minutes available, etc.). During the interview itself, researchers may need to repeat statements and confirm that they have been understood, particularly for multiple response options (e.g., common scales such as “strongly disagree, disagree, neutral, agree, strongly agree”), which can be confusing and hard to remember. Also, given the increased risk of respondents being overheard when using certain remote modalities, it is important to pay attention to what the participant is being asked to state (or repeat) out loud. Close the interview with sensitivity and safety—perhaps consider ending with a more positive or aspirational question. For instance, asking “what has been the brightest part of your week?” or “who is one person that you can count on to make you smile?” may trigger a feeling of optimism or resilience after an emotionally taxing conversation.

Each research project must continually ask itself at every step if survivors are at the heart of its purpose and protocols. Every time a new challenge arises, researchers must ask if their response is keeping survivor support the top priority. As survey [and other] tools are being devised and updated, they must ask if the tool is amplifying the voice of the survivors and those who are harmed by IPV. Researchers must perpetually search for methods to make each IPV research project safer (Elizabeth Dartnall, SVRI, and Ellen Bates-Jeffries, IPA).⁹

3) Build skills that address unique aspects of remote engagement

Over decades of VAW research we have learnt that in order to share their experiences and stories, women must feel emotionally and physically safe. This requires a genuine feeling of connection, trust, and non-judgement. Effectively creating this environment requires practice and skill, maybe even more so when the interview is conducted remotely, since the dynamics of the conversation may feel more stilted or unfamiliar. For instance, most experienced researchers have honed their ability to decipher body language and other non-verbal cues in order to identify any signs of emotional distress or discomfort. On the phone this is more complicated, and researchers may need time and support to develop other ways of assessing emotional safety. Techniques might include deep listening for changes in cadence or tone, identifying prolonged pauses, and being aware of changes/shifts in background noises. As a team, spend time brainstorming (and practising) methods for building rapport, and develop protocols to ascertain that the space in which the respondent finds herself is conducive for the interview (e.g., by asking if it is private, checking if a seat is available, etc.), as the researcher will not be able to verify this visually. One possible strategy is for the researcher to explain any safety requirements, and ask the interviewee to play an active role in ensuring these criteria have been met.

One of the big things we realized is that with face-to-face, it's usually the interviewer that ensures all ethical principles are followed. But with the phone interview, you have to engage the interviewee themselves. For example, much as we ask about privacy, in the end you have to rely on the participant to assess and ensure the place is private... We also learned to rely on the tone of voice, and other clues like how long the person is pausing, because we couldn't see their facial expressions or body position. So when the tone or cadence changes, we might ask something like, 'Is it okay for us to continue?' Or 'is this still a good environment to talk?' (Sylvia Namakula and Agnes Grace Nabachwa).¹⁰



During COVID-19 (and at any time) it is essential to follow best practice approaches with regards to researcher training.¹¹ Depending on the nature of the research, this could involve up to three weeks of intensive, participatory engagement—if the training is being conducted virtually, this will require added creativity. In addition to the standard training modules, introduce a new section on remote engagement and how the broader COVID-19 context is likely to influence the research process.

4) Prioritize researcher wellbeing

In addition to the safety and wellbeing of research participants, the wellbeing of the research team is another critical pillar for ethical data collection. We are all being profoundly affected by COVID-19, and researchers are likely to be experiencing elevated stress and uncertainty at this time; they may also be at increased risk of violence. Even with remote methods, the research process could expose team members to COVID-19, for example when travelling to a central location for calls, training, and/or debriefs. Do not make any assumptions about a team member's willingness to carry out the research, and check in to assess whether everyone is currently in an emotionally stable and secure environment. Even if contracts are already in place, confirm (ideally one-on-one) each researcher's desire to move forward. In addition, it is always critical to pay all researchers fairly. Given the increased risk of financial instability during COVID-19, provide regular payments when possible, with at least a portion disbursed at the beginning of research assignment (rather than issuing full payment upon completion of the work).

Vicarious trauma is also an important concern. Before any data collection happens, allocate time to role-play difficult disclosures, and for researchers to share suggestions for handling such situations. It is also useful for researchers to discuss any strategies they have used previously to manage their own emotional response. If appropriate in your context, provide relaxation exercises or related resources. Most importantly, be intentional about cultivating a feeling of solidarity and connection within the team. If each researcher experiences genuine support—and can rely on a clear protocol in challenging situations—they will be less likely to feel emotionally burdened and/or responsible for any traumatic experiences shared by participants. See the SVRI's Guidelines on mitigating the risk of secondary trauma among VAW researchers.¹²

A final word

When done with care and sensitivity, it is possible to safely conduct remote research about VAW during the COVID-19 pandemic. These conversations can be critical opportunities for women to connect with a non-judgemental, compassionate interviewer and ensure that women's experiences and priorities inform emerging policy and programming. For women with urgent needs, the research process can also help overcome social isolation and connect them to essential services. However, carrying out research during COVID-19 comes with additional risks, and the decision to proceed should not be taken lightly. Before moving forward, it is essential to ascertain the future value of the knowledge generated and openly discuss the potential for harm. Careful planning, consistent debriefing and the flexibility to adjust as needed is, as always, vital.



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