

THE CHALLENGES OF CONDUCTING ETHICAL AND RIGOROUS RESEARCH ON VIOLENCE AGAINST WOMEN IN SMALL, ISOLATED, HIGH-PREVALENCE COMMUNITIES

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WHAT I WILL SHARE WITH YOU TODAY IS INFORMED BY:



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- Side-meeting held at SVRI 2017 in Rio de Janeiro, on conducting research on VAW in small, isolated and high-prevalence settings;



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- **A focus group discussion, hosted by Monash University in early-2019 with VAW researchers** who had extensive experience conducting rigorous and ethical quantitative and qualitative research on violence against women in LMICs; and



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- **A focus group discussion, hosted by Monash University in early-2019 with VAW researchers** who had extensive experience conducting rigorous and ethical quantitative and qualitative research on violence against women in LMICs; and
- **The experience of researchers from EQI and our partner organisations' conducting VAW research** and evaluation in the Asia-Pacific region.



Research on violence against women raises **unique ethical and methodological challenges.**

The **complex, hidden, and sensitive nature** of VAW means that issues of **safety and confidentiality** are critical.

If not conducted carefully,
VAW research can carry
significant risks.

Investigating the prevalence
and nature of VAW
requires careful design and
implementation to ensure
that the research is **ethical,
safe, and rigorous.**



2001

WHO PUTTING WOMEN FIRST: ETHICAL AND SAFETY RECOMMENDATIONS FOR RESEARCH ON DOMESTIC VIOLENCE AGAINST WOMEN (UPDATED 2003)



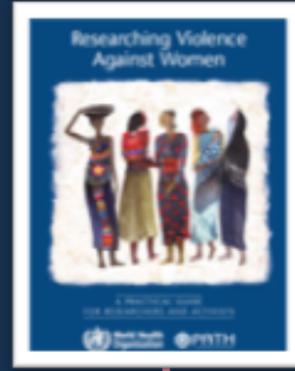
2012

MRC ETHICAL AND SAFETY RECOMMENDATIONS FOR RESEARCH ON PERPETRATION OF SEXUAL VIOLENCE



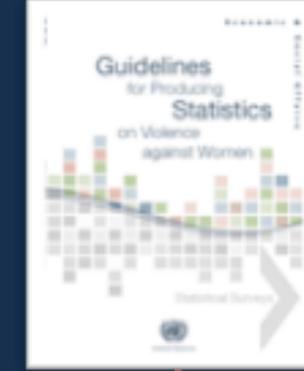
2018

DFAT GUIDANCE PAPER: ETHICAL CONSIDERATIONS FOR RESEARCH AND EVALUATION ON EVAWG



2005

WHO & PATH RESEARCHING VIOLENCE AGAINST WOMEN: A PRACTICAL GUIDE FOR RESEARCHERS AND ACTIVISTS



2014

UN GUIDELINES FOR PRODUCING STATISTICS ON VAW



2003

WHO ETHICAL AND SAFETY RECOMMENDATIONS FOR INTERVIEWING TRAFFICKED WOMEN



2007

WHO ETHICAL AND SAFETY RECOMMENDATIONS FOR RESEARCHING, DOCUMENTING AND MONITORING SEXUAL VIOLENCE IN EMERGENCIES



2010

P4P REPLICATING THE UNMCS: ETHICAL AND SAFETY GUIDELINES FOR RESEARCH ON GBV



2016

WHO ETHICAL AND SAFETY RECOMMENDATIONS FOR INTERVENTION RESEARCH ON VAW



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Conducting VAW research in **small, isolated, high-prevalence communities** present additional challenges related to:

- Sampling strategy
- Responding to disclosures
- Ensuring confidentiality & privacy
- Safety of respondents and researchers
- Vicarious trauma
- Data security issues
- Logistics
- Recruitment of local researchers

SAMPLING STRATEGY

Existing guidelines recommend:

- Sampling density should ideally not be higher than 1 in 10 households.

The realities of working in small, isolated, and high-prevalence setting:

- In a small or remote setting, such as a Pacific Island Country, it is difficult to achieve a large enough sample for statistical significance without drawing a higher sampling density.



MAINTAINING A LOW PROFILE

Existing guidelines recommend:

- Researchers should not stay for prolonged periods in research site.
- Use a 'safe name' for the study.
- Utilise 'dummy surveys'.

The realities of working in small, isolated and high-prevalence setting:

- Lack of transport options and lack of accommodation options.
- Some of the recommended safeguards are often less effective or can only be used limited times.
- People living in close quarters without private space.

DATA SECURITY AND MANAGEMENT

Existing guidelines recommend:

- Storing sensitive material (paper or tablets) in secure place.
- Destroy paperwork post analysis.

The realities of working in small, isolated and high-prevalence setting:

- Challenges related to destroying paperwork
- There often aren't lockable rooms or cupboards.
- In high-prevalence communities with rigid gender norms, it is often difficult for women to secure items privately.

RESPONDING TO DISCLOSURES

Existing guidelines recommend:

- Ample training for researchers so they understand how to handle disclosures in a sensitive, confidential, and safe way.
- Clear referral pathways.
- Establish a Safety and Support Plan.
- Additional resources (and funding!) for services.

The realities of working in small, isolated and high-prevalence setting:

- Formal services are non-existent.
- Referral pathways are patchy.
- In small communities people know one another – so while we strive for confidentiality, it is not always guaranteed.



SOLUTIONS AND WAYS FORWARD



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2. **Develop sets of guidelines** for these specific settings to supplement the WHO guidelines.
3. **Build a Community of Practice (COP)** of researchers who work in these settings.



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5. Greater engagement, valuing, and capacity development of **local, in-country researchers**.



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4. **Support capacity development** of research ethic boards.
5. Greater engagement, valuing, and capacity development of **local, in-country researchers**.
6. **Building the capacity of funders** so that this work is adequately funded.



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