Rapid Guide to Collecting Survey Data on Gender Based Violence

This brief guidance was prepared to **mitigate any risks** resulting from collecting data on gender-based violence (GBV) through surveys and to **ensure the desired quality** of collected data. It was prepared for non-GBV actors operating in humanitarian and development contexts, especially for people who manage or supervise data collection. It is based on recommendations promoted by respected GBV actors.[i]

Gender based violence is an umbrella term for any harm that is perpetrated against a person's will based on their gender. GBV is rooted in gender inequality and may be physical, sexual, psychological, or economic. The vast majority of people affected by GBV are women and girls. For many people, talking about past or ongoing experiences of violence is difficult, and often traumatizing. It can also expose them to further violence if not handled correctly. Therefore, people working on collecting data about GBV have a **duty to ensure that it is done in a manner that is sensitive and minimizes the risk of any harm**. This means following a range of ethical and safety measures, some of which are outlined in this document. You can **use it as a checklist** when preparing and implementing data collection that concerns GBV. However, bear in mind that this overview cannot provide all the guidance that this topic deserves. Therefore, you must **seek support from a trained GBV specialist and refer to the resources listed below**. Failing to do so can have serious and harmful consequences for the people you interview.

Key Consideration

☐ **Is it worth the risk?** Talking about GBV can be very sensitive, cause further trauma and expose GBV survivors to more violence. Therefore, consider whether the benefits of collecting the data outweighs such risks: What will the data be used for? How will it benefit the respondents? Can the data collection process harm the respondents in any way? Whenever possible, use existing data or collect data from key informants, such as experts specializing in GBV. Collecting new data should be acceptable only if:

1) it is likely to result in an improved service delivery
2) the participating staff were trained in conducting GBV research, in-line with WHO's guidance
3) case management and psychosocial support services are available and the respondents can be referred to them, if they want to use them

Surveying children about GBV is particularly sensitive and requires specific skills. Unless you have them, you are strongly discouraged from surveying children about any GBV-related topics.

Preparation

☐ **Selection of interviewers**: To ensure confidentiality, interviewers should not be from the same or neighbouring communities. Experience shows that women and girls generally prefer talking to other women, so choose female interviewers. If men or boys are to be interviewed, consult local GBV experts on whether male or female interviewers are a better choice. Recruit interviewers who have previous experience of conducting interviews about GBV. Other considerations might apply, depending on the local context. Similar measures should apply to interpreters, if they are used. Keep in mind that the presence of interpreters can have a huge impact on disclosure – consider this when interpreting the results.

☐ **Safety measures**: Decide on where the interviews can be conducted, so that it is safe for both the interviewer and the respondent. They should not draw attention and no one should be able to overhear what is being said. It must not be known that the study is about GBV. If there a risk that safety cannot be assured (e.g. due to lacking privacy), the interview must not take place. Plan who will monitor whether the safety measures are strictly followed and how they will do so.

☐ **Data protection measures**: The collected data is likely to contain sensitive and personal information. It is your responsibility to 1) design measures that will ensure that the data is documented, transferred and stored (if necessary) in a safe manner; and 2) train all relevant staff in following the measures. Avoid collecting any data that can reveal the identity of the respondents, such as names, photos or a combination of data (e.g. age and profession). Plan who will monitor whether the data protection measures are followed and how they will do so.

☐ **Supervision**: Decide who will supervise the interviews to ensure their quality (including when / where / how feedback will be provided to the interviewers) and how they will do so.

☐ **Referral services**: It is likely that interviewers will meet people affected by GBV who need specialized support. Therefore, ensure that the person in charge of referrals knows:

- what competent services are available to GBV survivors who want to use them
- how the respondents can access the services or be referred to them (including any assistance for accessing these services)

Remember: if there are no case management and psychosocial support services available in the area, DO NOT collect any GBV data.

☐ **Emotional support to interviewers and respondents**: Talking about GBV might be difficult not only for the respondents but also for the interviewers. It is your responsibility to ensure that qualified psychosocial support is readily available to both interviewers and respondents.

☐ **Data Collection Tools**: The two main accepted methodologies for measuring the prevalence of GBV are the DHS module on violence against women (VAW) and the dedicated VAW surveys using WHO's multi-country methodology. Use the existing methodologies and tools to ensure the desired data quality. Also review IndiKit's guidance on GBV indicators. To ensure quality and avoid any harm, data collection methodology and tools must be reviewed by a trained GBV specialist.

☐ **Ethical Approval**: In many contexts, it is not allowed to collect data without the approval of a relevant ethics board. If such requirements are in place, consult a GBV specialist to ensure that you follow them.

Training of Team Members

☐ **Training Content**: Ensure that the training of interviewers (and any other participating staff, such as interpreters) covers, amongst others, the following topics:

- introduction to gender and GBV (prevalence, causes, common misconceptions)
- the importance and practice of ensuring confidentiality
- planned safety and data protection measures
- relevant interviewing skills, including;
  - how to introduce the survey in a safe manner (e.g. as a survey on women's health) both to the respondent and to other people, such as household members
  - how to assure the respondent of confidentiality and ask for consent
  - using non-judgemental language / tone and appropriate verbal / non-verbal responses
  - how to respond if the respondent discloses a case of GBV (consider explaining the DOs and DON'Ts included in the GBV Constant Companion and ask them to carry it with them)
  - how to quickly switch the topic if there is a risk that someone might hear the interview
  - how to close a topic and move to another question in a sensitive manner
- how to recognize signs of discomfort or distress and how to respond to them (i.e. providing psychological first aid)
- when and how to facilitate referrals to GBV specialised services in a safe and respectful manner

Take advantage of the useful recommendations provided in this Pocket Guide. Ensure that the training includes sufficient mock interview sessions. If your team is not experienced in such training, ask a GBV specialist for support.

☐ **Confidentiality Agreements**: Ensure that team members understand, agree to and sign confidentiality agreements.

During Data Collection

☐ **Voluntary Informed Consent**: Before the actual interview starts, monitor whether the interviewers have provided all the required information and asked the respondent for consent to participate in the interview (either written or verbal, depending on an organization's policy). The information must be communicated using simple language and include: the reason for the interview, the topics to be discussed, how the data will be used (incl. data protection, anonymization, etc.) and the consent statement. Time for questions must be given. It is recommended that participants are asked whether they feel safe participating. It must be clear to the respondents that they are free to refuse participation at any time, without any repercussions. It is not advisable to ask for the respondent's signature for reasons of confidentiality.

☐ **Referral services**: Consider instructing the enumerators to provide all the respondents with a piece of paper including the phone number of an accessible service for GBV survivors. When handing it out, the interviewers should explain that they provide it to everyone as part of their study protocol.

☐ **Supervision**: Ensure that the supervisors 1) observe whether interviewers follow the good practices promoted during the training; 2) organize debriefing sessions with interviewers each day; and 3) support interviewers in addressing any identified weaknesses or any unexpected situations that arise.

☐ **Monitoring Safety**: Monitor whether the planned safety measures are being used. If there is a concern that the safety of respondents or interviewers might be compromised in any way, data collection must be suspended immediately, or steps must be taken to eliminate the risk.

☐ **Handling Data**: Immediately after the data is collected, it must be stored in a safe location. If audio recordings are used, transfer them to a safe storage space and delete from the recording devices. Never use personal devices (e.g. smartphones) for recording interviews, taking photos / videos, collecting or storing data of any kind.

☐ **Support to Interviewers**: Ensure that interviewers are aware of the emotional support available to them and are able to access it in an easy, confidential and safe manner.

After Data Collection

☐ **Data Protection**: If recordings were used, ensure that they are deleted as soon as the transcripts are finalized. If any personally identifiable information (PII) is collected, assign each respondent a unique code, split the file before analysis and store the link between the PPI and the codes separately from the dataset that is used for analysis.

Published by: **People in Need (2022)** | indikit@peopleinneed.cz | www.indikit.net
Authors: Petr Schmied and Giulia Cappellazzi
Reviewers: Shelah S. Bloom, Miriam Hartmann, Henriette Jansen, Simona Varga, Devika Rai and Clare Sadd

---

[i] WHO (2007) Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies, access here

IASC website www.gbvguidelines.org

UNFPA (2019) The Inter Agency Minimum Standards for GBV in Emergencies Programming, access here

IASC (2019) Pocket Guide: Supporting Survivors for Non-GBV Specialists, access here

Shelter Cluster (2019) GBV Constant Companion, access here

RHRCC (2004) GBV Tools Manual for Assessment & Program Design, Monitoring & Evaluation in Conflict-Affected Settings, access here

WHO (2001) Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, access here

DHS (2001) Ethical and Safety Guidelines for Implementing the DHS Domestic Violence Module, access here

UNSD (2014) Guidelines for Producing Statistics on Violence against Women, access here

IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, access here

RSH (2021) How-To Note on Voluntary and Informed Consent, access here

kNOwVAWdata (2020) Sources of Data, access here

kNOwVAWdata (2017) Golden Principles for Interviewing Women Who May Have Experienced Violence, access here

kNOwVAWdata (2016) Measuring VAW - Survey Methodologies, access here