



# METHODOLOGICAL AND ETHICAL CONSIDERATIONS FOR PREVALENCE SURVEYS ON VIOLENCE AGAINST WOMEN

**Workshop on gender statistics  
Geneva, May 9th 2023**

Photo | UN Women/Ryan Brown



World Health  
Organization



# How prevalent is violence against women?

## Definition of prevalence

# women who have experienced **abuse** in a certain **period of time**

**“at risk”** women in the study population



# Severe physical intimate partner violence

## Physical violence

- Slapped her threw something at her that could hurt her
- Pushed her or shoved her
- Hit her with a fist or something else that could hurt her
- Kicked, dragged or beat her up
- Choked or burnt her on purpose
- Threatened her with or actually used a gun, knife or other weapon against her



## Severe physical partner violence

- choked or burnt on purpose and/or
- being threatened or
- having a weapon used against you



# Acts-based v/s single questions to measure violence

Since you were 15, has anyone ever hit or physically mistreated you?

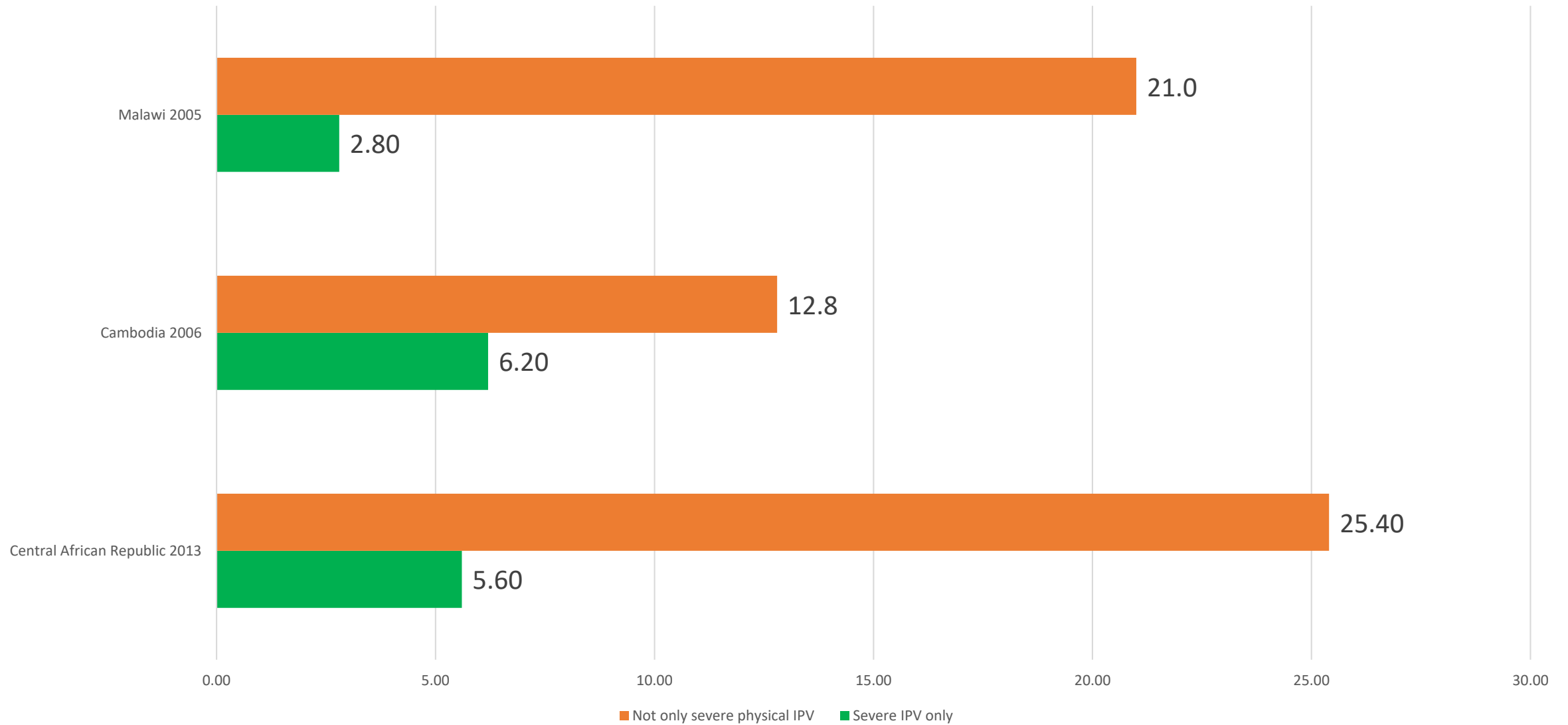
**14%** of women reported abuse by partner

Using a more detailed instrument that asked about occurrence and frequency of acts...

**29%** of women reported abuse by partner



# Severe v/s not only severe physical intimate partner violence

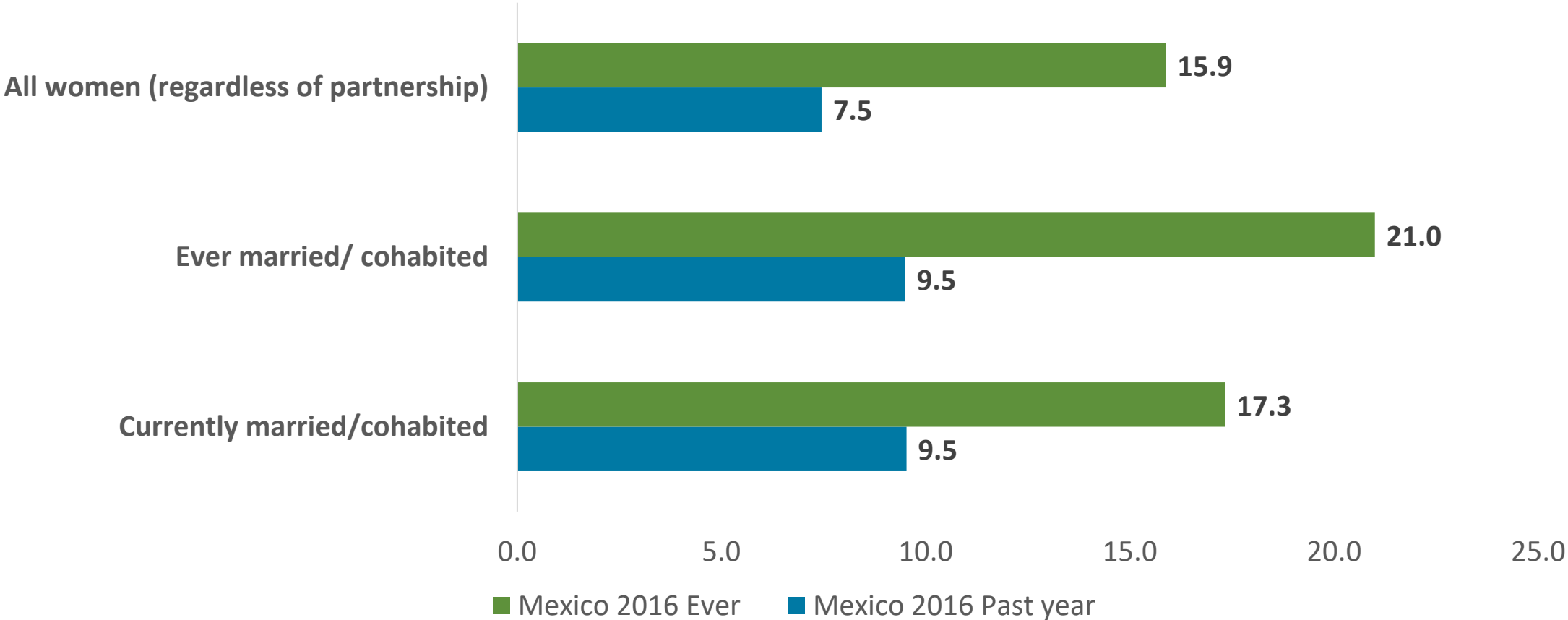


# Defining the study population → prevalence

	Sample age-range
Demographic and Health Surveys and Reproductive Health Surveys	15-49
Fundamental Rights Agency (FRA)/Organisation for Security and Conflict in Europe (OSCE)	18-74
International violence against women surveys	18-69
WHO Multicountry study +adapted	18-64

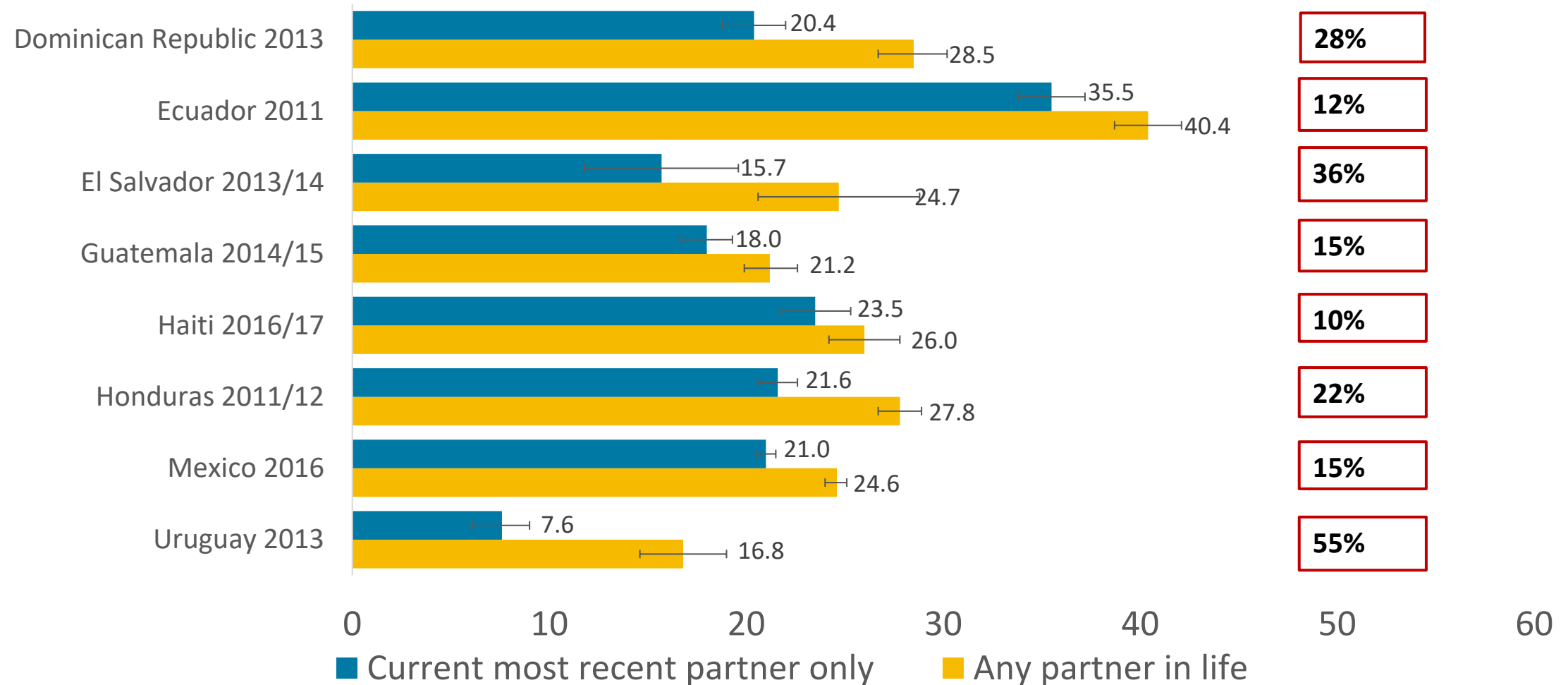
# How much does prevalence vary by partnership history? = DENOMINATOR

% of women aged 15-49 who reported physical and/or sexual intimate partner violence, by partnership history



# How much lifetime intimate partner violence is missed by measuring current/most recent partner ONLY?

% of ever partnered women aged 15-49 who reported physical and/or sexual IPV ever, by any partner in life versus current/most recent partner only





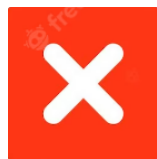
# Limitations with intimate partner violence prevalence data collection, measures and reporting

- Lack of data on violence against older women, violence against women with disabilities, and other marginalized groups
- Use of non-acts based questions: *'Have you ever experienced physical violence from your husband/partner in the last 12 months?'*
- Lack of disaggregation by form of intimate partner violence
- Limitations and lack of consensus measures for some forms of violence: psychological IPV, non-partner sexual violence, sexual harassment and technology-facilitated abuse
- Use of current and/or most recent husband/partner versus any husband/partner
- Population surveyed (all women, ever-partnered, currently partnered)
- Violence experienced from spouse only=husband only *versus* any intimate (cohabiting) partner
- Lack of or inadequate training of interviewers
- Lack of attention to ethical and safety standards

# Limitations with intimate partner violence prevalence survey reporting

- Poor labeling (no information about denominator, timeframe, or sometimes even type of violence, extrapolation to population)
- Heterogeneous age bands, missing age profile or unclear upper age limit of sample
- Lack of clarity on perpetrator of violence: spouse only; spouse or partner; non-partners perpetrating sexual violence
- Overreliance on figures vs. tables
- Lack of disaggregation (age, partnership, type of IPV, by act)
- Little/no information on ethical and safety measures
- Lack of clarity about methods (weighting, missings, operational definitions)

# Examples of Do's and Don'ts in prevalence survey reporting



Forme de violence	Taux de prévalence	Effectif des violentées
Psychologique	48%	4,6 millions
Atteintes aux libertés individuelles	31%	3 millions
Violence liée à l'application de la loi	17,3%	1,2 millions
Physique	15,2%	1,4 millions de femmes
Dont forme grave (agression avec objet contondant, brûlure)	1,9%	177 mille
Sexuelle	8,7%	827 mille
Dont rapport sexuel forcé	0,4%	38 mille
Economique	8,2%	181 mille

Table 5.3 Total and age-specific rate of ever-partnered women subjected to physical, sexual or psychological violence by current or previous intimate partner in the last 12 months

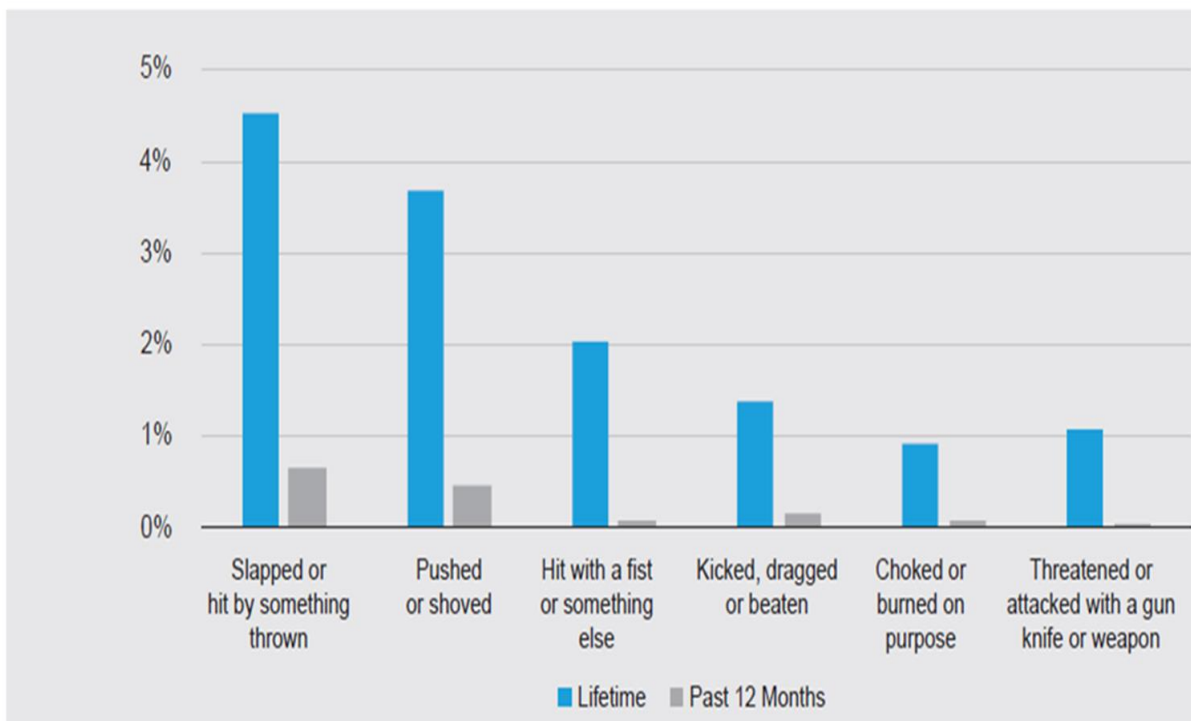
AGE GROUP	Physical		Sexual		Emotional		Physical or Sexual		Physical or Sexual or Emotional		Total ever partner-ed N
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	
15-19	6	8.0	1	0.4	14	13.7	6	8.0	16	14.7	140
20-24	49	16.0	9	2.7	80	24.7	51	16.4	88	26.6	392
25-29	147	15.7	34	3.7	269	27.3	161	17.4	283	28.4	901
30-34	174	16.6	43	5.6	286	31.6	181	17.7	302	32.5	1032
35-39	147	12.4	35	3.8	267	25.8	150	12.7	284	27.2	1025
40-44	124	13.4	42	4.7	223	24.9	132	14.8	238	26.6	902
45-49	61	9.3	11	1.1	142	20.4	64	9.5	146	20.8	783
50-54	49	6.1	6	0.7	116	14.7	51	6.6	119	15.1	769
55-59	22	3.3	7	0.7	58	9.0	24	3.6	60	10.1	593
60-64	9	2.7	0	0.0	18	4.2	9	2.7	20	4.8	377
TOTAL	788	11.9	188	3.0	1473	22.4	829	12.7	1556	23.6	6914
15-49	708	13.8	175	3.6	1281	25.5	745	14.7	1357	26.7	5175

SDG indicator 5.2.2 is on non-partner sexual violence in the last 12 months. There were 2.6 per cent of women who experienced non-partner sexual violence in the last 12 months (Table 5.3). Rates are higher among younger women, particularly adolescents aged 15-19.

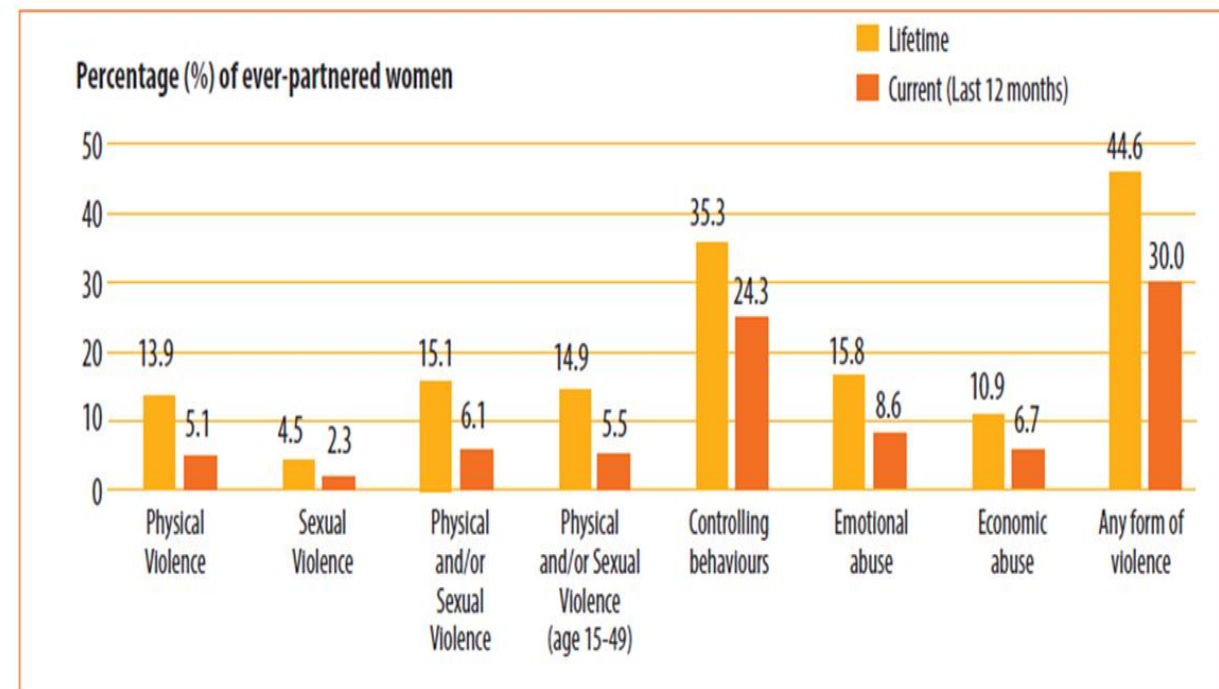
# Examples of Do's and Don'ts in prevalence survey reporting



**Figure 4.1:**  
Types of physical intimate partner violence reported among ever-partnered women aged 15-64



**Figure 1** Lifetime and current prevalence of partner violence among ever-partnered women aged 15-64 by form of violence (N=1907)



Measurement limitations	Gold Standard
Severe physical and/or sexual violence only”	severe and nonsevere physical and/or sexual violence
Physical IPV only or sexual IPV only (or psychological IPV only but no combined measure	Measure and report by specific type of violence and combined measure
Only combined violence measure reported	Measure and report by specific type of violence and combined measure
Only currently-partnered women or all women included in the denominator	For IPV the gold standard denominator is ‘ever-partnered women
Only violence from a current and/or recent (cmr) partner measured	Measure and report violence from any current or previous partner in addition to cmr

# Checklist to ensure quality when planning surveys on the prevalence of intimate partner violence against women

	<b>OVERALL SURVEY DESIGN, PLANNING, IMPLEMENTATION AND MANAGEMENT</b>
<b>A</b>	Has the research team given stakeholders from both government and civil society a significant role from survey planning through to analysis and dissemination? Specifically have they:
<b>B</b>	Has the research team developed plans to adhere to international ethical and safety guidelines on VAW?
	<b>QUESTIONNAIRE DESIGN</b>
<b>C</b>	Has the research team made plans to ensure that the questionnaire is developed with...
<b>D</b>	Do plans for measuring the partnership history of women and girls include...
<b>E</b>	Has the research team selected survey questions for measuring IPV with reasonable validity and reliability, that conform to current international best practice including...
<b>F</b>	Has the research team included questions about context, consequences, and help-seeking or questions about other forms of violence?
<b>G</b>	Has the research team included questions to measure domains known to be potential correlates for intimate partner violence
	<b>ANALYSIS</b>
<b>H</b>	Has the research team developed a plan for constructing key IPV prevalence indicators and disaggregating data in ways that conform to international good practice
	<b>REPORT WRITING AND PRESENTATION OF FINDINGS</b>
<b>J</b>	Will the planned report include enough information about the sample design to assess the representativeness of estimates for the target population
<b>K</b>	Will the report describe measures taken to meet WHO safety and ethical guidelines for research on VAWG (e.g. informed consent, privacy and confidential, etc.)?
<b>L</b>	Will the report provide enough information to clarify how IPV estimates were analysed, constructed and disaggregated
<b>M</b>	What analysis and narrative will be provided to place findings into context
<b>N</b>	Has the research team made plans for disseminating findings and turning research to action? Specifically, has the research team

# Background

- Inquiries into incidents of violence against women (VAW) are sensitive.
- Collecting and sharing information on VAW can be dangerous, even life threatening to survivors, communities, and those involved in collecting the information.
- There are several ethical and safety issues that must be considered and planned for in advance.



## ❖ Research involving human subjects requires justification

- Clear research questions
- Clear justification
- Benefits outweigh risks
- Background and literature review to assess and build off prior research

## ❖ Rigorous protocols

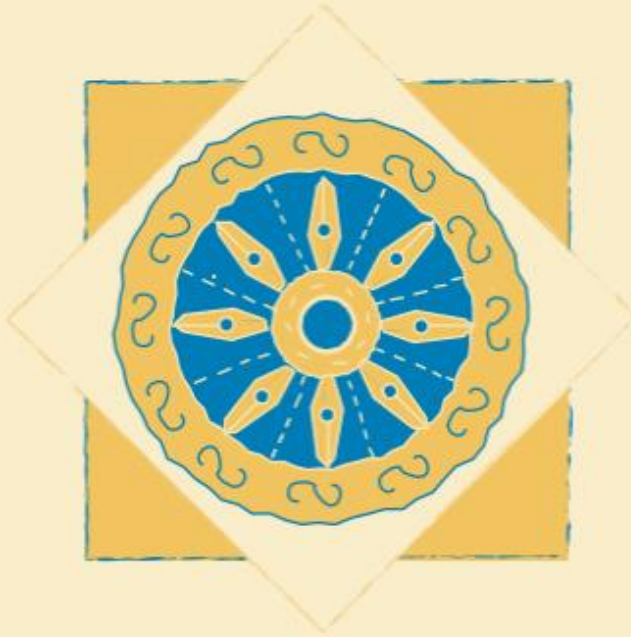
- Clear and concise science
  - Theory
  - Methodology
  - Analysis plans
- Consent procedures that take into account the study population and the sensitive subject matter
- Build upon current research to minimize under-reporting
- Plans for adverse events



There is the danger that a well-intentioned but poorly conceptualized or implemented study may result in a serious under-reporting of violence. This raises both ethical and practical concerns.

Ethically, it is unacceptable to conduct a poorly designed study that cannot hope to address its primary study aims.

## ***Putting Women First***



## PUTTING WOMEN FIRST:

Ethical and Safety Recommendations  
for Research on  
Domestic Violence Against Women



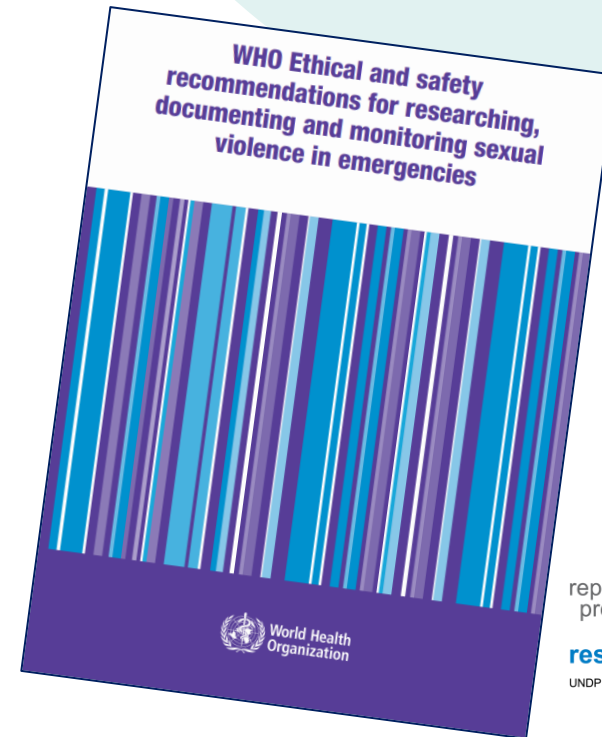
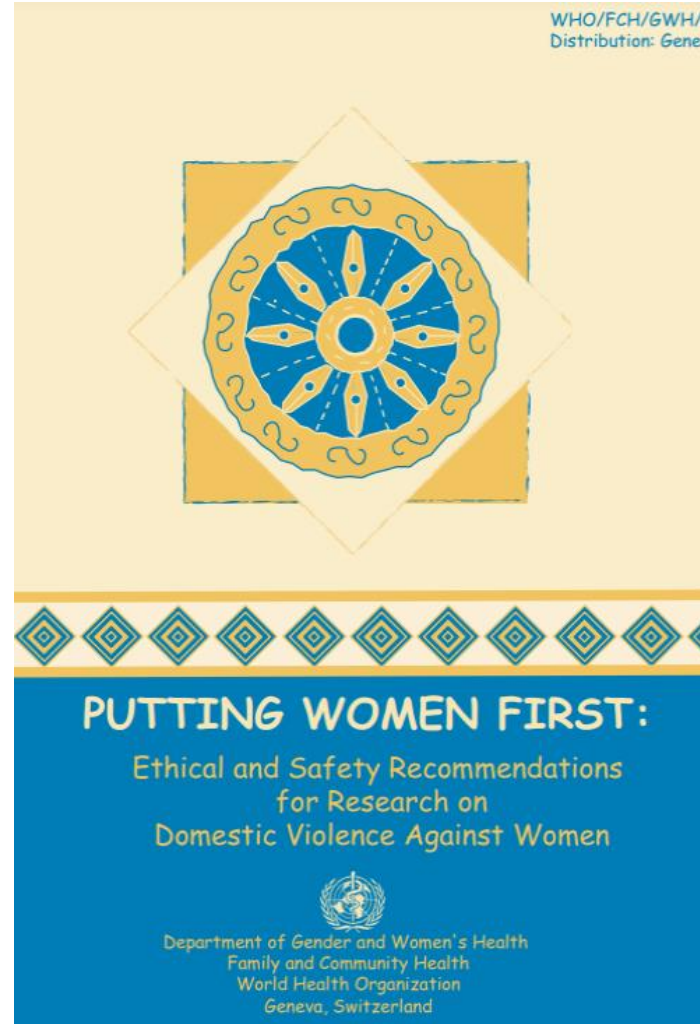
Department of Gender and Women's Health  
Family and Community Health  
World Health Organization  
Geneva, Switzerland

## Putting women's safety first: Ethical and safety guidelines in violence against women surveys and research

- ❖ Safety of respondents and research team
- ❖ Studies need to be methodologically sound
- ❖ Confidentiality for safety and data quality
- ❖ Selection and training of team members
- ❖ Actions to minimize any distress to respondents
- ❖ Possibilities of referrals and support mechanisms
- ❖ Proper interpretation and use of survey/study data and results
- ❖ Violence against women questions in the other surveys



# Putting women's safety first in violence surveys/research using remote modalities of data collection



# Safety of respondents and research team

- Interviews only in a private setting, participant should feel free to reschedule or relocate
- Frame the study not in terms of violence (but further information should be give as part of consent procedure)
- Only one woman per household
- Train interviewers about interruptions
- Logistics and budget planning should consider respondent and interviewer safety

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## Confidentiality for safety and data quality

- Address this in training of interviewers; no interviewers working in their own community
- Confidentiality procedures, consent process
- No names or identifiers
- Presentation of findings: no one community or individual can be identified
- Handling of photographs
- Limit use of translators



## Selection and training of interviewers

- ❖ Training should include introduction on gender and violence
- ❖ Training as opportunity for research staff to come to terms with own experiences
- ❖ Addressing emotional needs of team members
- ❖ Role of interviewers: Not counselling, not trying to "save" respondents

# Actions to reducing distress to respondents

- Ask all questions in supportive and non-judgemental manner (language of questions)
- Train interviewers to deal with distress
- Train when and how to terminate interview
- All interviews should end in a positive manner



# Services for Participants in Need

- ❖ Protocols should be in place for participants who need services
- ❖ Should be voluntary
- ❖ Types of services: psychosocial, protective services, medical, police/justice
- ❖ Acute cases may need to be handled differently
- ❖ Be aware and make participants aware of impacts to confidentiality
- ❖ Coordination of referrals and loss to follow-up is critical
- ❖ Consider making these same services available to interviewers
- ❖ Expect low uptake
- ❖ Consider providing a reference list to leave with all participants
  - Violence services should be imbedded in a broader list

# Proper interpretation and use of study results

- Research findings should be used for advocacy, policy-making and programming
- Involve advocacy and service groups from the beginning as part of research team or advisory committee.
- Researchers need to be proactive in ensuring that research findings are interpreted appropriately by public and media-

# Key points

- ❖ A population-based survey on violence against women can and should be done ethically and safely
- ❖ It must be undertaken carefully
  - Methodologically rigorous
  - safety of participants paramount
- ❖ Important to understand and apply recommendations from prior research and to be creative and thoughtful about new solutions
- ❖ Disseminate results, best practices and lessons learned
- ❖ Women are willing to share experiences with trained and empathetic interviewers