Ethics and safety in intervention research on Violence against Women

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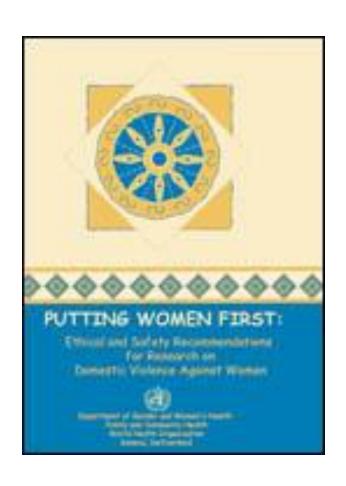
Objectives of the session

- To understand the ethical and safety recommendations on intervention research on VAW
- To be able to apply the recommendations in practical situations in research

- Experience of the group: Who has done research on VAW?
- Exercise: Each member will write in each post it a word or phrase stating one major problem on ethics and safety when researching VAW – have in mind researchers, women and HCP
- Role play(15 min)-One case of ethical issues which may appear during the interviews will be played by the facilitators, and the group will be invited to play the interviewer.

What are the ethical and safety issues when we research VAW?

Ethical and Safety Recommendations for intervention research on VAW: main points of the WHO documents





Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met. The safety of respondents and the research team is paramount and should guide all project decisions.

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

Prevalence
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Protecting confidentiality is

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Fieldworkers should be trained to refer women 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.

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

All research team members should be carefully selected and receive specialized training and ongoing support.

- Study frame: Women's health, life experiences, family relations – do NOT use the word violence
- Interviews conducted in a private setting
 just children bellow 2 years may be present
- Household sampling:
 - only interview one women
 - Be prepared to change the subject if interrupted
- Planning and budgeting: safety needs of interviewers and interviewees

The safety of respondents and the research team is paramount, and should guide all decisions

Institute regular process of ongoing consent – women must be able of withdraw at any moment

- Use staff not conducting the intervention to confirm consent
- When research involves members of a woman's social network as part of the strategy to address violence: offer an opportunity to make informed decisions about their recruitment
- Ensure risks/benefits are fully explained and verify participants comprehension

BE AWARE:

- The consent sheet might be a risk to the participant
- Legal constraints to disclosure can be discussed
- No form or signature required

Participant consent

- Bad data is worse than no data
- Rates of disclosure:
 - are linked to the manner in which questions are made: ask about specific acts
 - Related to the amount of opportunities that respondents are given to disclosure
- Female respondents feel more comfortable with women interviewers
- Important to discuss data with stakeholders

Prevalence studies need to be methodologically sound and built upon current research experience about how to minimize the underreporting of violence

- Address the confidentiality topic in interviewer's training
- No interviewers should conduct interviews in their own community
- No names should be used in questionnaires use codes
- Delete tapes of in depth-interviews after translation – permission to record sought before taping
- Participants should be informed of confidentiality as part of the consent form
- On presentation of research findings: no one can be identified (community or individual)
- Photographs should have a specific part on the consent form and participants should be informed of it use

Protecting confidentiality is essential to ensuring both women's safety and data quality

- Ask participants to acknowledge their responsibility to respect confidentiality of others (eg. Focal groups context)
- Communicate limits of researchers' ability to respect confidentiality of participants: mandatory reporting, suicidal attempt
- Identify safe methods and times for participant follow-up and assess on an ongoing basis:
 - Confirm privacy levels of mobile phones
 - Identify trusted contacts

- Training should have proper time and include: domestic violence, gender concepts and gender discrimination/inequality – critical and reflexive
- After training some people may need to be dismissed (characteristics of staff)
- Regular debrief meetings and refresher trainings
- Establish appropriate boundaries and explain clear role: distinction between research and service roles
- Offer strategies for maintaining professional relationships
 with participants especially on longitudinal studies
- Be aware of research team members own experiences of domestic violence
- Offer to staff access to hired or external support services (counseling) or even some time away from the field
- To analyse transcripted interviews can also affect researchers

All research team members should be carefully selected and receive specialized training and on-

going support

- All questions about violence and its consequences should be asked after a reinforcement of the confidentiality and consent and should be framed in a supportive and non-judgemental manner: pay attention tudy design must to language on questionnaires
- Interviewers aware of the effects that the questions may have on the respondent
 - be prepared to respond based on women's level of distress: offer a break for them, tissues if needed and be aware of the option of ending the interview if the impact of questions become too negative
- End the interview in a positive manner: reinforce the woman's coping strategies and remind that what she shared can be used to help other women good idea to have a question on how she feels

include actions aimed at reducing any possible distress caused to participants by the research

- Researchers should meet with potential providers of support – health, legal and social services in the community
- Maintain staff knowledge of support services by regular visits and contacts
- List of support should be developed and offer to all respondents – BE AWARE OF RISK: can add other types of services to avoid alerting the perpetrator
- Where few resources exist, it may be necessary to create short-term support mechanisms
- Build capacity to handle crises as needed while maintaining confidentiality: train local providers

Fieldworkers should be trained to refer women requesting assistance to available local services and sources o

- Moral obligation on research and donors to try to ensure that study findings are applied in the real world
- Research findings must be fed into ongoing advocacy, policy making and intervention activities
- Advisory committee
- Important that community receives an early feedback in appropriate language
- Ensure that research findings are interpreted appropriately by the public and media
- In intervention research:
 - Consult local stakeholders to assess contexts that may affect the intervention provision
 - Clarify actions needed for intervention adoption

Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development

Violence questions should only be included into surveys designated for other purposes when ethical and methodological requirements can be met

- Intervention studies need to be methodologically sound and build on the current evidence base of interventions and intervention research experience
- Processes and criteria for participant recruitment should be carefully considered to avoid excluding women who may not initially disclose experience of violence
 - In areas of high incidence of VAW, consider foregoing disclosure of violence as a criterion
 - Ask questions multiple times and in multiple ways
- Participant randomization should be transparent and described in a way that can be easily understood by those involved in the research
- Participants must know that there is no proved benefit in the intervention being tested
- The provision of services to participants should maintain a minimum standard of care: build local capacity of services if none are available
- Measuring and monitoring harm related to the research should be incorporated into safety protocol procedures

New recommendations for intervention research

Back to the countries (10 min): each country will list the main points they need to include in their research protocols to cover the issues raised.

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Thank you!

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