

**Pre-Meeting Review of Existing Guidance for Development of
“Guidance for Gender Based Violence (GBV) Monitoring and
Mitigation within Non-GBV Focused Sectoral Programming”**

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This presents a synopsis of primary documents comprising the existing guidance and M&E tools pertaining to GBV. The guidance documents and tools are meant to be used to address GBV in a more comprehensive manner than may be practical for sectoral programs, but they do provide the foundation for developing guidance for programs where addressing GBV is not an explicit objective.

The aim of this section is to reference key existing guidance documents—but it is not exhaustive. In other words, not all guidance documents on GBV M&E are included here, as many just reiterate what the standard (e.g., WHO documents) guidance said. Rather, this section covers the documents that are considered to be the current standards on GBV M&E. This also includes selected documents that provide different types of information that may be useful for persons wanting to explore the topics in more depth.

Ethical and safety principles for GBV research

The WHO has produced standard guidance on ethical and safety recommendations for conducting research on intimate partner violence,ⁱ and sexual violence in humanitarian emergencies.ⁱⁱ The guidelines provided by these documents may be extended to any type of GBV research, and most of the principles are relevant to any type of programming pertaining to GBV, including sectoral programming. The following list of recommendations is based on these two documents:

- The safety and security of research subjects and the research team (or program participants/program staff) is paramount and should guide all research/programming decisions.
- When considering research/interventions on GBV, the potential benefits to the respondents or targeted communities must be greater than the risks involved to them.
- Both gathering and documenting information must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experiences and good practice.
- Before conducting research, local availability of care and support services for survivors must be ascertained; if services are not available in the community or cannot be made available by the research team, then research should not be undertaken.
- The confidentiality of individuals and the information they reveal must be protected at all times.
- Informed consent approved by an Institutional Review Board (IRB) must be given by anyone participating in research on GBV.
- All members of the data collection team must be carefully selected and trained for this research, as well as receive ongoing support through the research process.

- If children (anyone under 18) will be research subjects, special safeguards must be put into place (see below for special guidance around children).

The Demographic and Health Surveys (DHS), a health-related nationally representative survey implemented in over 80 countries, provides a similar set of ethical and safety guidelines that were developed for country teams implementing their optional domestic violence module (see below). The guidelines were based on the WHO standards developed for the Multi-country Study.ⁱⁱⁱ The guidelines include the conditions under which the module should be implemented, as well as protocols for research teams when women reveal that they have/are experiencing violence.^{iv}

Please note, referrals to appropriate services must be made if a participant says that she is currently being abused at home or that she is fearful that she will be abused when she goes home. Women who have experienced forced or coerced sex, for instance, must be able to access post-exposure prophylaxis for HIV and other STIs, as well as emergency contraception, within 72 hours of the assault. If there are no services already available in the geographic area where research is taking place, temporary services should be made available by the research team. See, for example, Bloom, S., H. Fortune-Greeley, and M. Kincaid. *GBV Research Guidance: Considerations for Conducting Research on Gender-Based Violence*. Washington D.C.: PSI. Other sources reiterate the same messages. In research and programming, the safety of subjects, training of staff and confidentiality are paramount. The risks to survivors can often be complex, and need to be considered fully before research is undertaken. For example, perpetrators often interrogate children about their mothers' activities as a way of monitoring their lives. This risk should be considered if children might be present during any telephone or in-person conversations about violence/abuse.^v

The need for special consideration for children and minors in GBV M&E has led to several key pieces of guidance. The Child Protection Monitoring and Evaluation Reference Group (CP MERG) published an extensive literature review pertaining to ethical guidelines for conducting research on violence against children (VAC). The review is comprehensive in its scope, covering both published and soft literature on the subject. The aim of the review is to provide a foundation for the development of ethical guidelines for the collection of data pertaining to VAC, since as yet there are no agreed on standards pertaining to children, specifically. The document concludes with a discussion of special ethical challenges and dilemmas involved with doing research on VAC. In addition to the usual protocols around safety, sensitivity, and confidentiality listed above, violence among minors within the legal context of most societies requires reporting to appropriate authorities on discovery.^{vi}

The Horizons project produced guidelines on interviewing children and adolescents in international settings. This guidance is targeted towards program managers and researchers working with minors, and again notes the special concerns around the vulnerability of minors to exploitation and abuse and the need for special protections when engaging with them in any research or other endeavor. Also emphasized is the need to use approaches with children that differ from interviewing adults.

The InterAction Protection Working Group has produced guidance that focuses on the special considerations of collecting data within emergency settings. The same ethical and safety considerations discussed above are mentioned. A brief description of special considerations for data collection with ethical guidelines around Do No Harm—minimize the possible negative effects and maximize the possible benefits. Participants must be protected from harm and experience the greatest possible benefits of involvement in research. While gathering information with displaced groups, the question asked must not only add value to the exercise but must also be greater than any harm that might be done.^{vii}

Tools for GBV data collection

M. Ellsberg and L. Heise developed a comprehensive guide for GBV researchers. Methodological and ethical challenges of conducting research on violence against women (VAW) are addressed along with innovative techniques that have been used to meet these challenges. There are details and examples on how to conduct research in a sensitive and ethical manner, such as how to conduct an interview so it best benefits the survivor who is reiterating her experience.^{viii} Research guidance has also emphasized the need for tailoring instruments and studies to the type of violence being studied, noting the importance of qualitative approaches.^{ix}

Clinical management protocols

There are many resources outlining appropriate clinical management of GBV cases. The WHO released new guidance that provides standard protocols for health care providers in 2013. The guidance also includes information on developing programs to respond to IPV and sexual violence. The guidance addresses the range of care services that should be offered to address immediate needs to the kinds of services needed for long term follow-up.^x

Integrating GBV into sectoral programs

The health sector is by far the most advanced in producing guidance for integrating attention to GBV into health programs, in particular for HIV and AIDS and reproductive health. PEPFAR produced guidance on how to integrate GBV into PEPFAR programs based on their three-year GBV Response Initiative in Mozambique, Tanzania and DRC. Program examples are provided to illustrate best practices pertaining to integration:

- A home-based care program that incorporated training for community home-based care providers (CHBCP) to sensitize communities about GBV and develop referral systems. CHBCPs visit homes to provide information to caregivers about basic nursing skills, HIV, GBV prevention information, emotional support and referrals.
- The CHAMPION Project (Channeling Men's Positive Involvement in the National Response to HIV and AIDS), led by EngenderHealth, worked to promote dialogue about men's roles in HIV and reproductive health, including by training community members and local leaders in GBV sensitization and prevention.^{xi}

Humanitarian settings

The Inter Agency Standing Committee's (IASC) guidelines focus on approaches for the prevention and response to sexual violence in humanitarian emergencies. Three types of activities are described: an overview of activities to be undertaken for preparedness, how to implement minimum prevention and response during the early phases of an emergency and an overview of comprehensive action to be taken in more stabilized phases during recovery and rehabilitation. The document provides several tools to assess essential functions and interventions across sectors. The functions that must be coordinated across sectors are coordination, assessment and monitoring, protection (the act of protection of women and children within all activities to be launched), human resources, and information, education and communication (IEC). The sectors involved in these functions are protection (e.g., security forces), water and sanitation, food security and nutrition, shelter, site planning and non-food items, health and community services, education. Though this document is focused on emergency settings, the information pertaining to interventions across sectors may be useful to consider. For example, when planning water and sanitation, assuring that access to resources is safe for women is something that would apply to such projects in any setting.^{xii}

The Reproductive Health Response in Conflict (RHRC) GBV Tools Manual is a set of tools designed for GBV-related situational assessments, program development, and monitoring and evaluation within emergency settings. The tools include ethical guidelines and considerations to take into account during all three of these activities. This is a comprehensive set of tools that are designed specially for humanitarian settings, but like the other documents in this section, can be applied to other settings as well and has very useful information on programs over a range of sectors.^{xiii}

ⁱ World Health Organization (WHO). 2001. *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva: WHO. WHO/FCH/GWH/01.1
<http://www.who.int/gender/documents/vawethics/en/index.html>

ⁱⁱ WHO. 2007. WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies. Geneva, Switzerland: World Health Organization. Available at:
http://www.who.int/hac/network/interagency/news/ethical_and_safety_recommendations/en/index.html

ⁱⁱⁱ WHO (2005). Multi-country Study on Women's Health and Domestic Violence against Women. Available at:
http://www.who.int/gender/violence/who_multicountry_study/en/

^{iv} DHS. *Ethical and Safety Guidelines for Implementing the DHS Domestic Violence Module*. Adapted from "Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women" World Health Organization, 2001.

^v Sullivan, Cris M. and Debra Cain (2004). *Ethical and Safety Considerations When Obtaining Information From or About Battered Women for Research Purposes*. J Interpers Violence 19: 603.

^{vi} CP MERG (2012): Ethical Principles, Dilemmas and Risks in Collecting Data on Violence Against Children: A Review of Available Literature.

^{vii} InterAction Protection Working Group. *Data Collection in Humanitarian Response: A Guide for Incorporating Protection*. https://www.jointokyo.org/images/cms/Data_Collection_in_Humanitarian_Response.pdf

^{viii} Ellsberg, Mary, and Lori Heise. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH; 2005.

^{ix} Violence Against Women: A Statistical Overview, Challenges and Gaps in Data Collection and Methodology and Approaches for Overcoming Them. Expert Group Meeting. Geneva: UN Division for the Advancement of Women,

Economic Commission for Europe (ECE), and World Health Organization (WHO), 2005; Ellsberg, Mary, and Lori Heise. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington DC, United States: World Health Organization, PATH; 2005.

^x WHO (2013). Responding to intimate partner violence and sexual violence against women. Available at: http://apps.who.int/iris/bitstream/10665/85240/1/9789241548595_eng.pdf?ua=1

^{xi} Khan, Alia Gender-based Violence and HIV: A Program Guide for Integrating Gender-based Violence Prevention and Response in PEPFAR Programs. Available at: http://www.aidstar-one.com/focus_areas/gender/resources/pepfar_gbv_program_guide

^{xii} IASC (2005). Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies. Geneva: IASC.

^{xiii} García-Moreno C, Pallitto C, Devries K, et al. *Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence*. World Health Organization.