



**MEASURING THE SHADOW PANDEMIC:**

**COLLECTING VIOLENCE  
AGAINST WOMEN DATA  
THROUGH TELEPHONE  
INTERVIEWS**

**AN EVIDENCE-BASED  
TECHNICAL GUIDANCE**

 **UN  
WOMEN** 

**WOMEN  
COUNT** 

## ABOUT THIS GUIDANCE:

UN Women conducted Rapid Gender Assessments on the impact of COVID-19 on violence against women (VAW RGAs) in 13 countries, in collaboration with Ipsos and with support from national statistical offices and national women's machineries. The VAW RGAs provided a first opportunity to test existing guidance and recommendations on remote data collection for VAW, and as a result, gathered learnings and empirical evidence, both in terms of safety protocols and VAW measurement.

This guidance offers a set of recommendations based on these learnings, to ensure the ethical and safe conduct of VAW data collection through computer-assisted telephone interviewing. It also complements UN Women and WHO's brief on violence against women and girl's data collection during COVID-19.

Additional resources on the VAW RGAs project, including methodological note and questionnaires used can be found on the Women Count Data Hub at: <https://data.unwomen.org/publications/vaw-rga>

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# EXECUTIVE SUMMARY

Remote survey data collection for violence against women (VAW) is an emerging approach that has been required for VAW researchers working in contexts where in-person interviews are not possible, such as has been the case due to COVID-19 shutdowns and periods of high infection. The VAW Rapid Gender Assessment Surveys (VAW RGAs) collect promising results from this approach using computer-assisted telephone interviewing (CATI), provided that comprehensive safety and ethical protocols are in place. Certainly, the approach offers no guarantee that violence will not result from women's survey participation or VAW disclosure, but that is also the case for in-person surveys on this topic. Consequently, VAW data collection requires continual monitoring, assessing and strengthening of safety and ethical protocols, based on empirical evidence as well as practice.

This guidance note offers a foundation for this approach, which can be used by VAW researchers and practitioners along with the UN Women, WHO and UNFPA decision tree for VAW research, which can guide decisions regarding whether VAW data collection is necessary and feasible and how best to deploy surveys for VAW assessment. In addition, consultations with experts and learning based on past experiences is important, as has been the practice of the Technical Advisory Group and specific agencies. Discussion of these methodologies will ensure not only that quality data are produced – but will also ultimately be used. Researchers cannot take the decision to undertake VAW research lightly, but there is a need to understand the impacts of crises on VAW and to make progress in efforts to eliminate VAW globally. This report provides guidance on how to undertake this work effectively and safely.

The use of CATI for VAW data collection was successful overall in the RGAs. Participants had generally positive attitudes towards the telephone surveys. In all countries, women who agreed to take the survey reported that they were generally comfortable with the survey topic and most welcomed the opportunity to talk about their life experiences, including their perceptions of safety and VAW. Cultural acceptability of talking about experiences of VAW, and the perceived support received by survivors of VAW in a community, might also have an influence on how participants feel about answering survey questions related to violence. Engagement of national partners through National Statistics Office and women's machineries has ensured national ownership of the data collection process and for the use of data to inform policy and programmatic interventions to mitigate the impact of COVID-19 on VAW.

**Safety and ethical protocols.** Maintaining the safety and privacy of participants and interviewers is the utmost priority. Following ethical guidelines is of paramount importance in carrying out VAW research. Recommendations developed based on the VAW RGAs, as noted in this guidance document, highlight key ways to maintain safety and minimize risks when undertaking this work. These efforts are not only important at the time of data collection and management, but also in terms of survey development and the training and monitoring of interviewers. Emphasis is on respectful and safe engagement with participants, including non-judgement and empathy from interviewers and safe VAW referrals, as well as safety and care issues for interviewers working on sensitive issues, including VAW. Safety should always be prioritized over research and data collection needs.

**Sampling.** CATI surveys that sample women with mobile phone access via RDD can yield a nationally representative sample for VAW surveys. However, there may be underrepresentation from older, rural and lower-resourced women. Supplemental sampling of underrepresented groups – including rural, lower-income, social minority and older women – prior to study initiation can facilitate the higher inclusion of these groups and allow for greater population representation in this work.

**VAW measures.** Survey questions asking directly about personal experiences of VAW should be understandable, acceptable, safe and socially valuable with regard to increasing social awareness of an issue that affects so

many women and girls globally. In VAW RGAs, few women reported feeling sad or distressed by the questions. Although this is not a concern specific to remote survey data collection, nor even specific to VAW, survey items can elicit distress or sadness over any life trauma, so it is important to assess their impact on respondents. These findings indicate that, as with F2F surveys, direct assessments of VAW can be included in remote surveys. List randomization experiments may be of use as a supplement to the direct survey measure, as they may provide a more robust estimate of IPV, for example, given known underreporting of this experience. Vignettes also are valuable to capture VAW descriptive norms, as a complement to survey items on direct experiences.

# BACKGROUND

## Why should we collect Violence Against Women data during the COVID-19 pandemic?

**With one in three women worldwide aged 15 and older experiencing intimate partner violence or non-partner sexual violence in their lifetime, violence against women (VAW) is a human rights violation of pandemic proportions, which is highly prevalent across all regions.<sup>1</sup>**

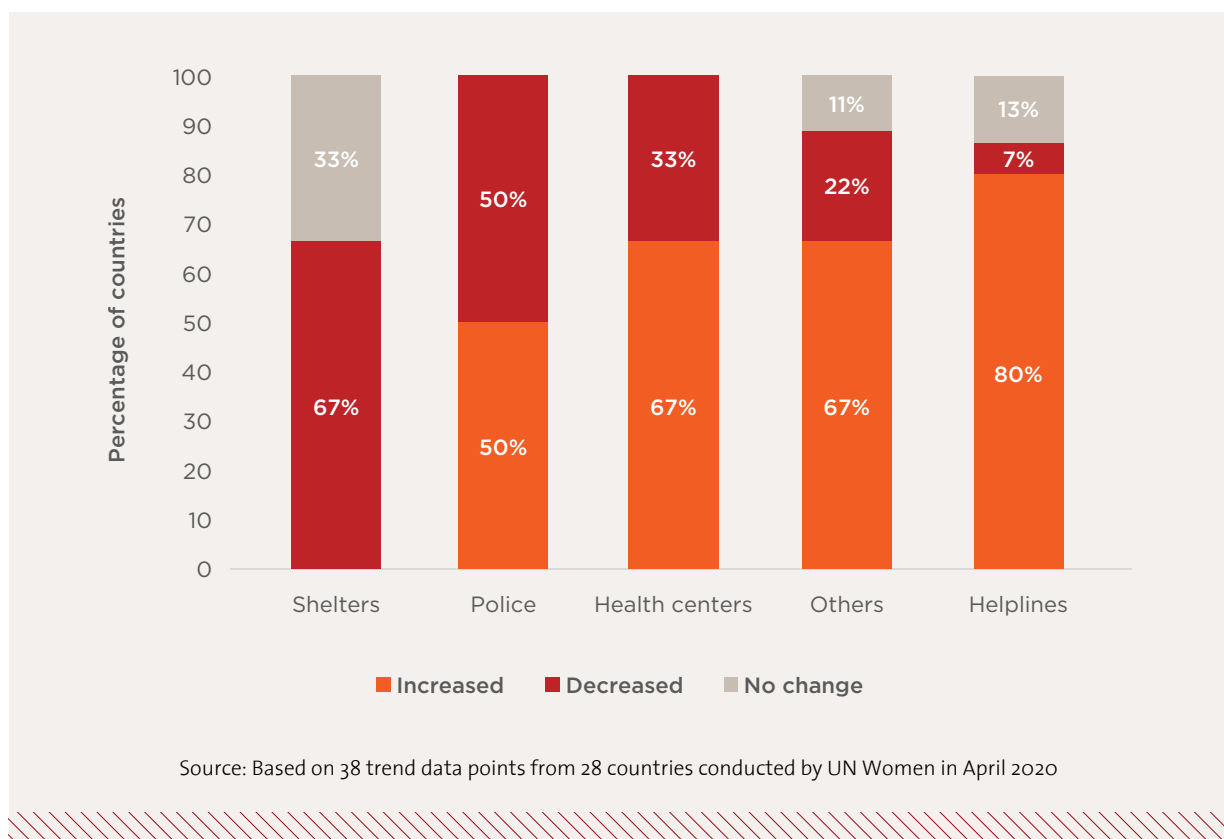
Since the COVID-19 outbreak, reports from multiple countries have indicated an intensification or suggested an increase of VAW, partly due to the widespread lockdowns, quarantines and mobility restrictions. In many cases, these measures have forced women to be trapped at home with their abusers, as well as heightened the risk of sexual violence in emptied public spaces.<sup>2</sup>

**“We know lockdowns and quarantines are essential to suppressing COVID-19. But they can trap women with abusive partners” - UN Secretary-General António Guterres.<sup>3</sup>**

Analyses of call records from VAW service organizations, however, have noted mixed findings, with observations of increases, decreases, and no change in VAW seen across different organizations and settings.<sup>4</sup> While call records are a valuable indicator of service use, they are not prevalence data and cannot provide an understanding of actual prevalence nor of changes in prevalence related to COVID-19. Moreover, disruptions in these services under the pandemic compromised clarity on whether there were actual increases in VAW, or if increases were limited to certain populations. Indeed, the pandemic has also led to greater barriers in accessing VAW-related support services and limited responses from the

police, justice and health systems. Alternatively, the reported decreases in VAW-related calls may have been due to limited capacities of services to respond because of the impact of the pandemic and the diversion of resources towards COVID-19 needs in many geographies. While big data analyses have indicated an increase in VAW-related online searches, this is limited to those countries that have wide digital access.<sup>5</sup> These mixed findings emphasize the need for the collection of robust and representative data on VAW during the pandemic, for effective policy design and action that can appropriately respond to women’s needs and reduce risks.

**FIGURE 1** Proportion of countries that reported an increase, decrease or no change in number of calls to different services, after the physical distancing measures started



## Contextual challenges and constraints

Collecting data on VAW during the pandemic poses its own unique risks. Face-to-face (F2F) interviews have been the standard means of assessing women's experiences of violence,<sup>6</sup> with existing global standards for VAW data collection preferring in-person surveys. But due to stay-at-home orders and social restrictions during COVID-19, F2F traditional methods were not feasible. During the pandemic, remote data collection thus appeared to be a viable alternative. However, as the safety of research participants remains the utmost priority, remote methods do not come without risks. This is especially true when perpetrators may be present during or after remote data-collection exercises, especially where electronic communications can leave a trail.

Recognizing the gap in the availability of standard protocols on remote surveys for VAW, the World Health Organization (WHO) and UN Women provided guidance on collecting data on VAW during COVID-19 at the onset of the global pandemic.<sup>7</sup> It highlighted the need to practise extreme caution when using remote data-collection methods, so that the risk of violence to women and their children is not increased. The guidance warned against

asking direct questions about respondents' experience of violence that might put survivors at risk. It suggested using existing data sources and repositories (such as data from VAW helpline services), or using longitudinal data on risk factors for violence, to get insights on the status of VAW during the pandemic. UN Women, WHO and UNFPA also laid out a decision tree that aimed to help organizations and government institutions in making decisions about when and how to best collect data on women's experiences of violence.<sup>8</sup>

**“With 90 countries in lockdown, four billion people are now sheltering at home from the global contagion of COVID-19. It's a protective measure, but it brings another deadly danger. We see a shadow pandemic growing, of violence against women”**

- Phumzile Mlambo-Ngcuka, former Executive Director of UN Women<sup>9</sup>

## Opportunities for guidance based on tested approaches to remote data collection on VAW

Mindful of this protocol and decision-tree as the guiding principles of safety and ethics – and recognizing the critical need for nationally representative data on VAW given the mixed findings from administrative data from service organizations during the pandemic – UN Women implemented VAW Rapid Gender Assessment Surveys (VAW RGAs) in 13 countries

across six regions,<sup>10</sup> with Ipsos as the survey research partner.<sup>11</sup> Carried out with the support of National Statistics Offices (NSO) and/or national women's machineries, the VAW RGAs sought to examine women's feelings of safety, perceptions and experiences of violence during COVID-19. Given that face-to-face interviews were still not possible or done to a limited

extent, the VAW RGA used computer-assisted telephone interviewing (CATI) while observing ethical and safety protocols. Telephone surveys were administered with women aged 18 years old and above (N=16,154) over the period from April to September 2021, in two phases. A multidisciplinary Technical Advisory Group (TAG) was set up, consisting of VAW research experts and practitioners. The TAG provided inputs on safeguards to ensure the privacy and safety of respondents, technical and methodological aspects – such as different direct and indirect measures to capture VAW – as well as how to promote the uptake and use of the

results from the VAW RGAs. Implementing multiple safeguards to ensure women’s safety,<sup>12</sup> the VAW RGAs presented a first-time opportunity to empirically test existing guidance and recommendations on remote data collection for VAW. At the same time, the RGAs included novel advances in the measurement of VAW.

**Read: Violence Against Women and Girls Data Collection during COVID-19**

## Concrete guidance based on these experiences can offer value to the field of VAW research and data collection

This guidance was produced based on learnings and empirical evidence from the use of CATI in the RGAs, both in terms of safety protocols and VAW measurement. It sets ethical and methodological considerations and pre-conditions for the use of telephone-based methods of VAW data collection that have

received growing interest in light of the COVID-19 pandemic and are applicable in all crisis contexts that do not allow for F2F surveys, including other future crises or emergency humanitarian situations, for which an escalation in VAW may be suspected.

### BOX 1

#### A reminder on critical precautions when remotely collecting data on violence against women

Collecting data on violence against women and girls involves potential risks that need to be carefully addressed to ensure the safety of both respondents and interviewers. Methods described in this guidance are not meant to replace F2F methods, which remain the main standard for VAW data collection, and have important safety conditions. Therefore, the guidance should be used if:

- safer alternatives to collect equally or more useful (different) data from other

sources have been explored and are found not to be feasible at the time;

- the data to be collected are really needed at the time of the survey, are actionable and will add value in addressing the information needs on policy and programmatic gaps;
- if women are at the centre of the entire initiative and will directly benefit from the use of results;
- if the survey implementer is able to ensure that the findings will be used.

# EVIDENCE-BASED RECOMMENDATIONS ON VAW DATA COLLECTION WITH TELEPHONE SURVEYS

The VAW RGAs included diverse measures of VAW, asking about women’s experiences of violence and perceptions and feelings of safety in public and private spaces using direct and indirect questions. The recommendations provided in this guidance are based on the survey results and field learnings, including weekly interviewer monitoring and feedback reports,

with key information regarding respondents’ comfort and comprehension of survey measures, and attention to the ethical and safety protocols.<sup>13</sup> All recommendations are objectively discussed to identify the benefits and potential limitations of the various aspects of this empirical testing of the telephone-based method of VAW data collection.

## BOX 2

### Defining forms of VAW

Forms of VAW were identified using behavioural definitions to try to ensure cross-cultural understanding of the question items with the aim of achieving nationally comparable VAW estimates:



#### Physical abuse:

slapped, hit, kicked, had things thrown at them, or other physical harm



#### Verbal abuse:

being yelled at, called names, humiliated



#### Denied basic needs:

including health care, money, food, water, shelter



#### Denied communication:

kept from communicating with other people, including being forced to stay alone for long periods of time



#### Sexual harassment:

being subjected to inappropriate jokes, suggestive comments, leering or unwelcome touch/kisses



# Survey design and sampling

## BOX 3

### Recommendations: survey design and sampling when conducting VAW surveys via CATI

**1** Maintain a short survey, no more than **20 minutes** in length.

**2** **Pilot-test the approach**, length and questionnaire content before going to scale.

**3** **Conduct cognitive interviews** for comprehension and clarity of items. This helps ensure quality data and good responses in the field.

**4** **Conduct multiple call attempts** to participants across different times of the day and days of the week, to maximize reach to diverse groups with diverse availability.

**5** **Use supplemental sampling only when necessary**, and to improve population representation.

**6** **Contact mobile phones**, not landline numbers, to increase privacy.

**7** **Use clear but brief introductory scripts** on the purpose of the survey, non-judgmental interviewing, and protocols for the respectful engagement of participants.

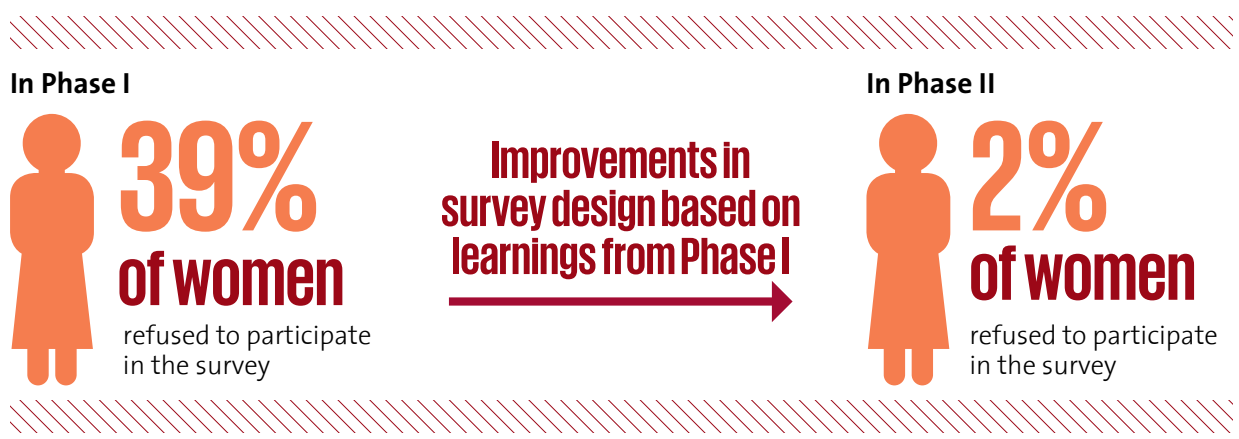
**8** **When reporting the findings, indicate if any sampling biases exist**, if VAW estimates are conservative, and how the estimates compare to findings from other national surveys.

**Develop short surveys adapted for CATI, with an ideal maximum duration of 20 minutes. Use pilot-testing on the length and questionnaire content to help ensure participant receptivity to the survey.** CATI offers efficiency in data collection but requires brief surveys. The VAW RGAs show that remote data collection using CATI allows for more rapid identification of potential participants and implementation of surveys, saving on transportation time and costs. Overall, most women who were eligible agreed to participate in the RGAs. In Phase I, 39% of women refused to participate in the survey, and in Phase II, 2% refused. Improvement in participation from Phase I to Phase II is in part due to the changes made to the introductory elements of the questionnaire, including shortening the introductory text, revising the first question to make it easier to answer, and asking for age ranges if exact age determinations were difficult.

**Use mobile phones only and use multiple contact efforts.** CATI is practical and appropriate for VAW data collection, at scale. In the context of the pandemic, where face-to-face data collection is challenging – and as an alternative to the high cost and lengthier timeframes associated with in-person surveys – CATI has proven to be a practical and appropriate method. Further, the use of random-digit dialling (RDD),<sup>14</sup> allowed for the collection of data from representative samples for each country, with weighting. In this study, RDD relied solely on mobile phone numbers to help ensure safety and privacy for participants. Landline numbers were not included as households typically

share these and locate them in a common area. Since RDD samples do not contain information on mobile phone-owners, interviewers first screened respondents for eligibility in terms of sex, then age. Fieldwork teams made multiple call attempts (up to three) at different times of the day and days of the week.

**Make cautious use of supplemental survey sampling for underrepresented demographic groups and only when necessary.** It can prove difficult to capture a representative sample in surveys implemented in CATI using RDD as there is unequal distribution of mobile phones by age and geographic location. To address this challenge, the RGAs set country-specific quotas based on national official figures for total number of sampled respondents, based on age groups (18–29, 30–39, 40–49, 50–59 and 60+ years) and region. Additional samples were used for group samples that were harder to complete, such as older women (60+), as well as supplemental databases (e.g., previous respondents in other surveys who have indicated that they can be contacted in future similar activities – but still limited to mobile phone-owners) in some countries where targets could initially not be reached. Additional measures employed included relaxation of the targets on region in the course of fieldwork to give priority to meeting targets by age group, effectively ensuring sufficient samples for women aged 60+ not often included in VAW survey modules (who might have been located in regions where the target was reached already).



**Pay attention to introductory scripts and take measures to ensure non-judgmental interviewing and respectful engagement to facilitate VAW disclosure.** Some groups, including women affected by VAW, may be underrepresented and VAW may be underreported. Women left behind are often overlooked in data due to the failure to ensure equal and meaningful participation in the data collection process. More concerning, **women in abusive relationships may be less accessible to interviewers or more likely to decline** – although this likely holds true for in-person interviews as well. Although there is possibly greater opportunity to generate rapport and trust with an interviewee during a face-to-face interview, telephone interviews provide more anonymity and can

be done from anywhere. Nonetheless, these efforts may be insufficient to address underrepresentation and underreporting, which is why it is important to remember that VAW prevalence data typically offers conservative estimates.

**Note biases and underrepresentation in the presentation of findings.** While the VAW RGAs took appropriate steps to ensure the inclusion of a representative sample of women in the surveys, rural, less educated and older women were underrepresented mainly because of the gender gap in mobile phone ownership and access. It is also important to note the relative lack of representation of women from developed and high-income countries in the RGAs.

## Ethical and safety considerations

### BOX 4

#### Recommendations: ethical and safety considerations when conducting VAW surveys via CATI

### 1 Prior to interview

- Ask a screening question to ensure the respondent is alone and in a private space.
- Establish rapport and comfort. Make clear at the start and throughout the interview that participation is voluntary and that the respondent can stop the survey anytime she wants.
- Do not obtain consent or initiate the survey until the respondent is in a private space. Once a respondent has moved to a private space, clearly explain the objectives of the survey, as well as how and what the data will be used for. The topic of the survey should be clearly understood by respondents for them to make an informed decision about their participation. While it is recommended not to introduce the survey as a study on violence against women but rather on women's well-being and experiences, it is important to clearly state that the questionnaire includes some questions that may be considered sensitive.
- Once alone, ask whether the respondent feels safe to answer these types of sensitive questions.
- Reduce any pressure a respondent may feel to participate by telling her it is understandable that it is not possible for many women right now, and that she should not feel badly in any way if she cannot participate.

- Provide a project number (phone number) for her to voice concerns about the project, if they arise.
- Make sure there is no app or other means of audio recording of the telephone interview, and make sure that the speakerphone is not on.
- Set a safety word agreed prior to the interview for the respondent to inform you in secrecy if she is no longer alone

or safe to respond to your questions. The safety word should be a context-specific common word that would not raise any suspicion (for the abuser or other individuals) when said aloud by women on the phone and would make the interviewer directly ask a final neutral question so as to avoid abruptly ending the interview and potentially raising suspicion about the phone call.

## 2 During the interview

- Maintain privacy. Do not ask questions on experiences of VAW if another person interrupts or joins the respondent during the interview. If needed, skip to another section of the survey, and do not return to the VAW assessments until/unless the respondent is alone.
- Prior to questions on VAW, remind the participant that discussion/disclosure of these items to others in her household or life may place her at risk, and advise her not to inform others about the content of

the survey. Remind her that she is free to skip any questions that she does not feel comfortable answering or to terminate the survey at any point she wants.

- Use simple response categories that are not indicative of the topic of the survey itself and where a participant can respond with neutral answers such as “yes”, “no”, “agree”, “disagree”, and other similar phrases.
- Check-in with the respondent periodically, to ascertain comfort and privacy. Moderate your check-ins, as too many of these can prove annoying for the participant.

## 3 Following the interview

- After completion of the survey, provide clear instructions to the respondent on how to ensure that information regarding the survey and her responses do not remain on her phone/app.
- Reassure the respondent that you will keep her information confidential. Adhere to confidential data management.
- Check-in and debrief on emotional discomfort or her needs. Offer information

about available services and sources of support (local agencies, if possible, i.e., helplines, women’s centres, psychosocial support) regardless of VAW disclosure.

- Consider options for safety and security in the absence of services, which may have shut down under the pandemic. Provide national hotline numbers, and it may be necessary to make available a phone for use of the number. Verify numbers and services before providing them.
- Confirm a call-in number for project staff if a participant wants to report concerns related to the study.

- Survey researchers may wish to follow-up with a participant in the one to two weeks following the survey to confirm comfort and no increased risk for VAW attached to survey participation. It is recommended only

for use with a subsample of participants rather than the full sample, if time and resources allow, reducing burdens of time for participants. Moderate efforts to ensure safety with respect for time and women’s choice for continued contact.

## 4 Confidential data management

- Only have unique identifiers attached to the data to ensure confidentiality.
- Do not maintain contact information for a respondent unless you will follow up with her.
- Maintain data in a password-protected database and remove any potentially identifiable information (e.g.,

geolocation information) before public sharing.

- Only share aggregate data in presentations, particularly when presenting data in local communities where data collection occurred. Do not include case examples.
- Maintain written informed consent and any other names or identifiable information separately from data collected, if these are available in your study.

### **Safety of respondents and interviewers is paramount and should guide all key project decisions.**

While global standards exist for VAW data collection, they are specific to face-to-face interviews, with recommendations related to safety, privacy and confidentiality.<sup>15</sup> Less clarity exists regarding how to use CATI and other remote methods of data collection for assessing sensitive topics ethically and effectively. In addition to the aforementioned UN Women-WHO guidance and the UN Women-WHO-UNFPA decision tree for conducting VAW surveys, few other recent academic studies and research groups provide specific recommendations related to safety and ethical considerations for remote data collection on sensitive topics such as VAW.<sup>16</sup> For example, a systematic review of studies using remote methods to collect VAW data recommends that interviewers ask women for a safe time

for the phone interview to take place or ask the women at the onset of the interview whether ‘now was a safe time to talk’, with rescheduling of calls if necessary.<sup>17</sup> Relatedly, all publications have emphasized the need to ensure women’s safety and privacy during VAW remote data collection. The UN Women-WHO guidance note states that data should not be prioritized over women’s safety, and interviewed women should always be provided with information on support services for VAW.<sup>18</sup> The VAW RGAs used and consistently applied this guidance.

### **Ensure implementation of informed consent and confidentiality.**

Using these guidelines and input from the TAG, the VAW RGAs established ethical protocols for research. These protocols covered informed consent, voluntary participation, confidentiality and anonymity, in accordance with the European Society for

Opinion and Marketing Research (ESOMAR) rules for ethical research.<sup>19</sup> The RGAs also implemented specific and tailored ethical and safety protocols related to the anticipated risks posed by the use of CATI. Before beginning the interview, interviewers provided respondents with information regarding the purpose of the study and then formally asked for their consent to participate. Interviewers informed respondents that their information would remain confidential and that they were able to revise and/or ask to delete any information. They asked if respondents understood this confidentiality clause and clarified it if any indicated confusion. No respondents requested further information related to the privacy notice or data protection for any of the countries, indicating comprehension and comfort on the part of the respondents.

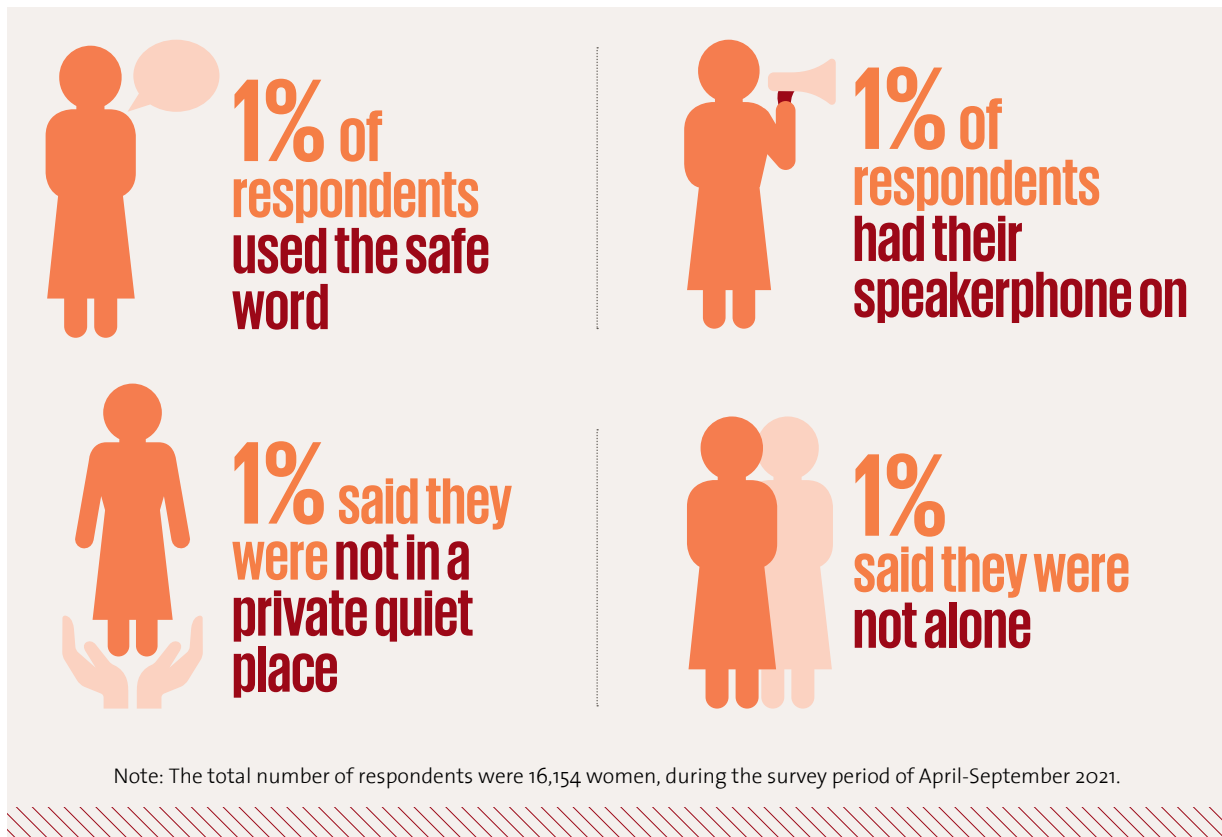
**Ensure and maintain privacy.** At recruitment and at the initiation of each interview, interviewers ascertained privacy. The interviewers confirmed that respondents were alone and in a private space before proceeding with the interview. If children were present, they confirmed that none was over the age of 2 years, following WHO guidelines.<sup>20</sup> As part of their training, interviewers participated in role plays to ensure that they would be attentive to background noise on the phone to help ensure confidentiality and privacy for the respondent. If interviewers felt a lack of privacy, they were to ask women if they were in a private space or could move to one. Across all surveyed samples, 1% (197) of respondents did not have their speakers off, 1% (233) said they were not in private quiet place, 1% (115) said they had someone around aged 2+, and 1% (119) said they were not alone (Box 5). In all these cases where privacy was not ensured, interviewers provided positive closure to the interview and offered women information on how to

reconnect when they could be available privately. Interviewers provided respondents with a link to further privacy information available in 22 different languages. Interviewers also made sure respondents did not have their speakerphone on. In Bangladesh, they also included a privacy-related question to ensure that there was no automatic recording of the interview through a phone app, as these apps were common in Bangladesh during the pilot survey. To further minimize the risk of compromised privacy, the survey used simple response categories that were not indicative of the survey topic itself. Women could respond to questions with “yes”, “no”, “agree”, “disagree”, and other similar phrases.

**Allow the respondents to pause or end the interview at any point through the use of a safe word.** The VAW RGAs used a safe word to protect respondents in cases of concern or breach of privacy. Interviewers gave respondents a safety word or a code word (a popular local food for each country) that they could use if wanted to pause or stop the interview for any reason. Overall, 1% of the respondents used the safety word, equivalent to 355 times across all interviews and countries (around 1–4% per country for both phases). Additionally, according to interviewers’ feedback, in most instances the safe word seemed to have been used to end the interview politely and with no need for justification, rather than because the respondent was unsafe. Another key learning with regard to use of a safety word was that providing the respondent with information on the use of this code word at the outset of the interview and before starting the module on experience of violence was optimal. Repeated reminders of the safety word did not lead to a more frequent or proper use of the word, and it also caused annoyance to a few respondents.

## BOX 5

### Reported use of safety protocols by respondents of UN Women VAW RGAs



**Build respondents' trust to ensure their comfort in responding to sensitive questions on VAW and consider following-up with respondents when safety can be guaranteed.** Another approach employed by the RGAs to ensure respondents' overall comfort and to build trust as the survey progressed was to structure the questionnaire with less-sensitive questions (e.g., demographics, food security) first and then ease into the more sensitive questions on VAW. Follow-up with a subsample two weeks later may be useful to verify safety in participation, on a country-by-country basis. However, follow-up is not recommended in cases where it might increase the risk of violence. For example, one case in Kenya involved a man clearly taking the phone from the woman and three other cases involved a man shouting in the background that led to an abrupt call drop. These cases are potentially indicative of men's control over and/or conflict with the women

respondents in the course of study, and research protocols should include guidelines on documenting such cases for assessment of patterns of risk and risk management.

**Provide helplines and other VAW resources for all respondents and prepare for situations of low availability of support options.** The VAW RGAs, as per global recommended guidelines for VAW research, provided women with resources for free VAW support services. A concern identified subsequent to Phase I related to the continued availability of these services in the context of the pandemic, where many operations were disrupted. For Phase II, respective country teams verified the list of helpline numbers to ensure their current activation. When data collection is spread over a long period, it is necessary to periodically check the validity of these numbers or other contact information.



# Training and management of interviewers

## BOX 6

Recommendations: training and management of interviewers when conducting VAW surveys via CATI

### 1 Survey structure

- Keep CATIs brief. Use respectful and sensitive language that is easily understood by participants.
- Make sure the interviewer uses a brief introductory script to specify the focus of the study and include text prior to questions on VAW to prepare participants, mentally and physically, for these sensitive questions.
- Initial questions should be those that are easier to answer, such as demographics.

### 2 Staff recruitment, training and supervision

- Recruit women interviewers to ensure that participants are more comfortable in answering sensitive questions regarding violence and other sensitive gendered issues.
- Interviewers should have prior experience in conducting surveys on sensitive topics, including VAW.
- Train interviewers to understand all forms of VAW, the ethical and safety principles of VAW research and confidentiality, as well as the use of CATI.
- Use Q&As for engagement during training.
- Train interviewers to detect and respond to auditory indicators and non-verbal cues of distress from respondents, and to help ensure no others are present during the interview. Train interviewers to demonstrate empathy, non-judgment, responsiveness and respect.
- Include role-play exercises to train interviewers to manage and address sensitive situations.
- Supervise and monitor interviewers by reviewing their surveys, checking for higher or lower VAW reporting from participants by enumerator, and via meetings with interviewers, to review difficult cases, problem-solve concerns and provide emotional support as needed.
- Provide interviewers with a manual outlining all aspects of the survey (e.g., how to ask the different questions, how to use the safety word, how to be empathetic and professional).
- During COVID-19, interviewers should follow pandemic protections including masks, social distancing, and vaccines, as well as government shutdowns if they occur, to protect each other from infection.



**Use rigorous recruitment and training of interviewers, particularly on ethical and safety protocols.** All interviewers should be trained on the definitions, extent, drivers and impact of various types of VAW, as well as on ethical and safety protocols and study procedures. As part of the VAW RGAs, the training plan focused on both the content and approach related to VAW data collection using a structured and detailed manual which was provided to all interviewers as a reference guide. There was positive feedback and no reported serious adverse events from the VAW RGAs, as well as strong adherence to safety and ethical protocols, due to the rigorous process of recruiting and training interviewers. Interviewers were encouraged to ask questions during the training sessions. Through role-play, they were taught how to handle special situations and specific protocols such as use of the safe word by the woman, how to react if a woman asked for help, and how to react if they heard someone in the background or someone entering the room. The role-play helped prepare trainees for sensitive situations in their telephone interviews. Interviewers also received training on how to be responsive and empathetic towards respondents experiencing violence. Interview protocols stated explicitly that interviewers should not make assumptions, and should overcome their own prejudices and stereotypes, if any, with regard to women who experience violence. Such sensitivity training ensured that the interviewers conducted the survey with the utmost professionalism as well as empathetic neutrality. The trainings included discussions on how interviewers could handle situations supportively when respondents appeared to be negatively affected by the questions on VAW. The

training manual provided to interviewers also covered this.

**Incorporate monitoring of feedback to, and support for, interviewers.** Given the sensitivity and complexity of survey research on VAW, ongoing monitoring of interviewers is required. This can and should include periodic data analysis to determine whether there are differences in VAW reporting by interviewer, and whether reporting is comparable to prior reports or if there is any justification for making some changes to the survey. Additionally, there should be regular meetings on a weekly basis with interviewers to review difficult cases, any confusion related to survey questions, potential adverse effects, and to assess the emotional well-being of interviewers.

**Ensure the safety and well-being of interviewers.** It is paramount to recall and take into consideration that interviewers are vulnerable to secondary trauma from VAW disclosure. The physical distance created by the use of CATI might move interviewers one step away from the stories they are collecting, but it can also increase the feeling of loneliness and create additional stress. The RGAs offered counselling, check-ins and support for interviewers. While this was on an as-needed basis, future work should maintain standard meetings for interviewers. These types of support for interviewers are particularly important now, given the mental health impact of COVID-19. One interviewer did leave the study due to feelings of distress. Other COVID-19 protections for interviewers are also important. To ensure the safety and well-being of the interviewers, the team followed the standard recommended COVID-19 safety measures, including masks, vaccines and social distancing.

# RECOMMENDATIONS ON THE USE OF VAW MEASUREMENT TOOLS

## BOX 7

### Recommendations: VAW measurement when conducting VAW surveys via CATI

## 1 Vignettes

- Surveys can use vignettes as an indirect measure of descriptive norms related to VAW.
- Vignettes should be brief to avoid participant drop-outs in CATI.
- Vignettes should include stories that are culturally and socially relevant, so that there is ease of comprehension. If names are to be included in the story, make sure to use common names in the survey area.

## 2 List-randomization experiment

- List-randomization (LR) experiments can be used as another indirect tool for measuring VAW in surveys, either when asking direct questions regarding VAW is not feasible or to overcome challenges related to underreporting through indirect disclosure of experiences of VAW. List randomization can provide an estimate of VAW prevalence. However, this needs to be read cautiously within a context such as having a direct question on prevalence that can supplement the LR prevalence estimate. Only implement LR if statistical and methodological pretexts (such as detecting design effects – ceiling effects, floor effects, correlation issues between statements; safety protocols, robustness checks for prevalence estimates, etc.21) were conducted.
- When using list randomization, avoid a large number of items/statements to prevent participant fatigue. Ensure that the sensitive statement is not correlated to other statements in the list.
- List randomization is quite hard to implement and takes time. In planning for the survey and estimating the duration, include the time for the participants to understand the exercise.

### 3 Direct question on VAW experience (of self and others they know)

- Surveys can use a direct proxy question that asks participants whether they, or someone they know has experienced physical violence (e.g., being slapped, kicked, hit, etc.). While this question cannot be used for VAW prevalence estimates, when asked for different timeframes, it can indicate the change in VAW over time.

### 4 Direct question on women's safety

- Surveys can use a direct question that asks participants whether they feel safe in their home, and in public spaces, to assess women's safety in communities.

- When using direct questions on women's safety at home, clarify that the focus is on bodily, and not property, safety (such as from burglary, theft, etc.). For safety in public spaces, there may be a need to clarify this as safety from others rather than from environmental concerns.

### 5 Direct question on intimate partner violence (IPV) experience

- A direct question can be used to ask participants about their previous experiences of IPV, only when safeguards related to safety, privacy and ethics can be ensured (as noted earlier). A phased approach can be adopted before including any direct question to ensure

the efficiency of the ethical and safety protocols are efficient.

- Ask local teams and women from response communities (via pilot testing or cognitive testing) about the framing and inclusion of the direct question to guide the determination of its inclusion. Do not assume what is best for the local context without obtaining local input.
- Connect with locally available VAW services and support networks prior to undertaking data collection to decide on the best approaches for VAW measurement and what questions to ask.

The VAW RGA surveys used a set of both classic and innovative tools to measure women's experiences of violence.<sup>22</sup> In-person cognitive interviews were conducted on a selection of measurement items to assess their efficiency and their sensitivity.<sup>23</sup> The VAW RGAs conducted cognitive interviews after the main survey and found that all survey questions were

comprehended and easy to understand. It is suggested that specifics on survey instruments and interviewer notes should be sufficiently detailed to provide a set of definitions or a frame of reference so that respondents can understand the types of behaviours or situations that are relevant for this study.

## Measure perceptions on VAW via vignettes

To be able to capture proxy measures on violence against women while still ensuring the safety of the respondents, the survey used exclusively projective techniques, including vignettes. With vignettes, respondents hear

a narrated story about a specific topic and are then asked to reflect on their thoughts regarding the story. The RGAs included two vignettes: one on the topic of partner abuse and a second on sexual harassment in public spaces.

### BOX 8

#### Questions using vignettes

##### Vignette A:

“I would like to learn a bit more about what the area where you live is like. This will help us understand what type of support people in the area where you live need. To do this, I will tell you some short stories. These are stories and not real. But we will ask how similar these stories are to real couples in the area where you live. OK?”

*[WOMAN NAME] and [MAN NAME] are a couple. They have been married for several years and have two children. [MAN NAME] works in a repair shop, but lately the business has been bad, and they are worried about money. Sometimes when [MAN NAME] gets stressed, he takes out his anger by yelling at [WOMAN NAME], and sometimes he hits her. [WOMAN NAME] feels hurt and wants him to stop but does not know what to do.*

##### Vignette B:

*[WOMAN NAME] is a woman. She sells goods in a store in town, she commutes to and from the store in the morning and in the evening. [WOMAN NAME] often finds herself alone in the store, especially when she is in charge of closing it at night. Sometimes, men in the town come into the store to say things about her appearance and their desires that are unpleasant and make her feel unsafe. Because of this, [WOMAN NAME] is afraid of traveling in the evening, in case one of them may harm her.*

##### Following both vignettes, interviewers asked respondents:

- How common do you think this type of situation is for women in the area where you live?
- Would you say the situation of COVID-19 has made things better, worse or the same for [Scripter: insert WOMAN NAME] from this story?”

**Use of vignettes as strong tools to capture norms on VAW.** While vignettes do not assess direct experiences of VAW, they can capture the extent to which VAW is prevalent in a community. While VAW norms are increasingly a target for change, our measures of

VAW remain primarily focused on attitudinal and not norm-based assessments. The question on commonality of the experience described in the vignette captures a VAW descriptive norm. There was internal consistency between responses to the vignettes and direct

questions where women indicated whether they or someone they knew had ever experienced violence. This indicates the strength of vignettes to assess VAW norms. The final responses to the vignettes indicate a high prevalence of sexual harassment of women in public spaces. The vignette also captured change due to the pandemic, and the indications are of increased sexual harassment.

**Keep vignettes short.** Vignettes take more time to administer than do standard survey questions, as they include a story that will depict possible situations in the community (in this case, VAW) as well as follow-up questions. CATI requires simple and short stories given the reliance solely on auditory information. Brevity and the use of commonly known and seen forms of VAW are important when using vignettes with CATI. Dropout rates for the vignette questions were among the highest of the VAW RGAs, alongside the other long questions of the surveys.<sup>24</sup>

**Adopt vignette for indirect VAW measurement.** Although vignettes can be a good tool for community-level measurement of VAW, researchers should be mindful that these data do not provide prevalence estimates for VAW, as they are not direct measures of VAW. Nonetheless, given the sensitivity of VAW, indirect measures can be beneficial to gain respondents' perspectives on the issues without requiring personal disclosure. Vignettes can thus minimize the risk of trauma and harm in data collection. Cognitive interviews show that respondents are both able to comprehend the tool and answer the questions comfortably.<sup>25</sup> They noted that their familiarity with the situation described in the vignette was their primary reason for ease of answering. This suggests that vignettes should assess common forms of VAW.

## Measure VAW experiences indirectly via list randomization experiment

Given known underreporting of IPV, VAW RGAs included list randomization, also known as the unmatched count technique, to help determine a population-based IPV estimate for the country. List randomization allows respondents to report on sensitive behaviour without having to disclose it to the interviewer in an individually identifiable way. In this method, half of the respondents are randomly selected to receive a short list of statements and asked to report how many, but not which, statements are true. The other half of the respon-

dents receive the same list of statements and one additional statement designed to capture the sensitive behaviour (i.e., experience of IPV). By subtracting the mean number of true statements in the first group from the mean number of true statements in the second group, one can estimate the proportion of respondents that experienced VAW. Two questions using list randomization were included in the questionnaire to measure physical IPV before and since the onset of COVID-19.

## BOX 9

### Questions using list randomization

**Question:** You will read a set of statements and the respondent should listen to them all. Only once you are done reading, the respondent should indicate to you the number of

statements that are true. That is, they should not reveal to you which of the statements are true, only the total number.

Group One	Group Two
Question 1	
<ul style="list-style-type: none"><li>• I prefer [LOCAL FOOD ONE] to [LOCAL FOOD TWO]</li><li>• I like [NAME OF WELL-KNOWN LOCAL MUSICIAN, BUT NOT ONE EVERYONE LIKES]</li><li>• I have been slapped or hit by my husband or partner BEFORE THE ONSET OF COVID-19</li><li>• Women in my family enjoy watching [POPULAR LOCAL SPORT].</li></ul>	<ul style="list-style-type: none"><li>• I prefer [LOCAL FOOD ONE] to [LOCAL FOOD TWO]</li><li>• I like [NAME OF WELL-KNOWN LOCAL MUSICIAN, BUT NOT ONE EVERYONE LIKES]</li><li>• Women in my family enjoy watching [POPULAR LOCAL SPORT].</li></ul>
Question 2	
<ul style="list-style-type: none"><li>• People in my family have played [POPULAR LOCAL SPORT].</li><li>• I have been slapped or hit by my husband or partner AFTER THE ONSET OF COVID-19</li><li>• I like [NAME OF WELL-KNOWN TV SHOW, BUT NOT ONE EVERYONE LIKES]</li><li>• I prefer [LOCAL FOOD THREE] to [LOCAL FOOD FOUR]"</li></ul>	<ul style="list-style-type: none"><li>• People in my family have played [POPULAR LOCAL SPORT].</li><li>• I like [NAME OF WELL-KNOWN TV SHOW, BUT NOT ONE EVERYONE LIKES]</li><li>• I prefer [LOCAL FOOD THREE] to [LOCAL FOOD FOUR]"</li></ul>

**Use the list-randomization experiment (or other similar tools) to measure VAW without direct disclosure.** Given likely underreporting of IPV via direct measurement, list randomization (LR) may hold value in offering a more accurate prevalence estimate. Further study is needed to assess the extent to which LR experiments capture VAW experiences. This is being addressed by UN Women, World Bank and Ipsos through a joint research study that will produce a methodological note on the use of LR by late 2022.

Cognitive interview respondents found this exercise easy to follow and felt comfortable responding to the questions. Based on field observations of the RGA pilot survey, the RGA included an instruction after the list randomization statements, asking respondents to use their fingers to count statements they regarded as true. This was to avert their repeating any of the statements aloud, so no others in the household could know these items. Provision of only four statements likely made the exercise easier. An increase in the number of statements could make the exercise more difficult, particularly for those who are less numerate.

## Measure direct experiences of violence against self or knowledge of violence against other women

As part of the indirect measurement tools, a question was asked to capture either the personal experience of respondents, and/or their

knowledge of the experiences of women they know, of different forms of violence using behavioural definitions.

### BOX 10

#### Questions on direct self-experience or knowledge of others' experience

**Questions:** *For each situation, please tell me if you or any other women you know have experienced this only before the start of COVID-19, only since the start of COVID-19, both before and since the start of COVID-19, or not at all:*

- Been slapped, hit, kicked, had things thrown at them, or other physical harm
- Been yelled at, called names, humiliated

- Had resources (like health care) or basic needs (like money, food, water, shelter) denied
- Been forced to stay alone for long periods of time or denied communication with other people
- Been the subject of inappropriate jokes, suggestive comments, leering or unwelcome touch/kisses

**Use questions on direct experiences of violence against self or knowledge of violence against other women to capture personal experiences of VAW, generally and in a given crisis context.** Cognitive interviews indicated that participants understood and were comfortable with this question where personal disclosure of VAW is not required. Cross-national survey analysis indicates an association between feeling unsafe at home and reporting that they or a woman they know has experienced VAW since the pandemic.<sup>26</sup> Findings suggest that the questions include the capture of participant experiences. They also allow for an assessment of increased risk under COVID-19.

**Be mindful that the question has low specificity of VAW.** By double-barrelling this question to include self and others, the question does not allow for disaggregation of personal versus others' experiences of VAW. Additionally, information on the perpetrator and location

of VAW is unknown, so it is unclear whether these are forms of domestic violence or violence in public spaces. Thus, estimation of and clarity on the nature of VAW is poor. Survey data suggest that the measure yields over-estimation by collapsing own and others' experiences and by collapsing violence in public and private spaces, and with known versus unknown perpetrators, across all 13 countries. For example, in Colombia, 41% of women reported that they or a woman they know experienced VAW since the start of the pandemic, but 12% reported that they had directly experienced physical intimate partner violence in this same timeframe.<sup>27</sup>

**Give particular attention to the situational context to avoid any misunderstanding in question wording.** Cognitive interviews revealed that some women had difficulty in understanding the concepts on "forced isolation" and "denial of basic needs." As the survey offered definitions for "isolation" and



“basic needs,” it is likely that confusion lay more in the terms of “force” and “denial” of these, respectively. Better definitions and concrete examples of “forced isolation” and “de-

nial of basic needs” could help clarify this for participants and qualitative work may offer insight into best examples.

## Use direct questions on experiences of safety at home and in public spaces

Two sets of questions on respondents’ feelings of safety were included in the questionnaire,

both in public spaces and at home.

### BOX 11

#### Direct questions on experience of safety

##### Questions on feelings of safety in public spaces

- To what extent, if at all, do you feel safe when walking alone in the area where you live during the day?
- To what extent, if at all, do you feel safe when walking alone in the area where you live at night?
- How, if at all, has your feeling of safety while walking alone at night changed since the onset of COVID-19?

##### Questions on feelings of safety at home

- In the last six months, did you ever feel unsafe in your home?
- Would you say the situation of COVID-19 has made things better, worse or the same in terms of how safe you feel in your home?
- Why did you feel unsafe in your home?

**Use direct questions on feelings of safety as they are generally regarded as comfortable for respondents.** Cognitive interviews indicated participants understood and were comfortable with this question. Personal disclosure of VAW is not required, but safety can be indicative of personal experiences or risk perceptions.

**Opt for direct questions on feelings of safety to capture change over time and under the pandemic.** Use of a recent timeframe and reference to the period since the onset of COVID-19 additionally allow for the assessment of altered risk to women’s safety under pandemic circumstances. Cognitive interviews indicate that participants are able to understand and respond to these differences in timing questions, but interviewers must ask these

with careful adherence to protocol to ensure that participants are clear on the timing of the safety concerns assessed.

**Use follow-up questions to assess whether or not safety concerns are from people known to them and related to bodily safety.** Results from the cognitive interviews reveal that women had different ideas about what constituted safety or contributed to their feeling unsafe. Some respondents interpreted the question as being about external forces such as vandals, thieves, floods, etc., instead of domestic or family threats. Estimates from these questions might thus be difficult to interpret for communities with high crime rates, or communities in crisis.



## Include direct questions on experiences of intimate partner violence

A direct question on personal experience of IPV was eventually added to the questionnaire based on the positive feedback and fieldwork monitoring from countries surveyed during Phase I that provided the necessary safety

assurances to test direction questioning. For concerns of sensitivity, and because the RGAs adopted a phased approach,<sup>28</sup> this question was only field tested at scale in Colombia.<sup>11</sup> The cognitive interviews also assessed this item.

### BOX 12

#### Direct questions on experience of IPV

**Question:** *How often, if at all, in the past 12 months, has a spouse or partner pushed you, thrown something at you that could hurt you, punched or slapped you?*

#### Follow-up questions:

- Did this experience happen before the onset of COVID-19, after, or both?
- Has this experience changed at all as a result of the conditions of COVID-19?

**Use direct questions on experiences of VAW, which have high response rates.** Cognitive interview respondents report the items as understandable, acceptable and socially valuable with regard to increasing social awareness of an issue that affects so many. There was no respondent refusal to answer this question in Colombia.

**Provide respondents the opportunity to disclose experiences of VAW but anticipate possible discomfort in some cases to prepare and respond accordingly.** A few cognitive interview participants reported that the question did elicit feelings of sadness and embarrassment; however, they and all other participants unanimously agreed on retaining this question in future surveys. Respondents emphasized that women should have the opportunity to disclose their experiences by the inclusion of such questions, and they noted the importance of these data to raise awareness on the pervasiveness of these issues. Nonetheless, potential discomfort and stigma of VAW may still yield some underreporting of direct experiences.

**Assess potential reporting bias in the direct question on IPV.** Direct assessment of IPV via a survey item is best for remote data collection, but the estimate should be viewed as conservative given the bias toward more resourced and educated women, a group who reports lower IPV. Where this question was asked, in Colombia, 12% of women surveyed reported IPV in the past 12 months, a prevalence rate lower than that seen in the most recent data from Colombia on this topic, which found a 17.5% past-year prevalence of IPV.<sup>29</sup> Taken together, findings from Colombia indicate that, as seen with the multi-country pooled estimates, more directly assessed measures of IPV yield more conservative and likely more accurate estimates. Lower prevalence of IPV under COVID-19, relative to that reported in the past year in Colombia, may be attributable to a decline in IPV in the country from 2015 to 2021; however, it is more likely due to previously discussed bias towards a more urban and educated population than that included in the nationally representative 2015 data from Colombia.

# ENDNOTES

- 1 WHO, on behalf of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data. 2021. Violence against women prevalence estimates, 2018. Global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women.
- 2 UN Women. 2020. The shadow pandemic: Violence against women during COVID-19; UN Women. 2020. COVID-19 and Essential Services Provision for Survivors of Violence against Women and Girls.
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- 8 UN Women, WHO and UNFPA. 2021. Decision tree: Data collection on violence against women and COVID-19.
- 9 Mlambo-Ngcuka, Phumzile. 2020. "Violence against women and girls: the shadow pandemic."
- 10 The VAW RGAs were conducted in Albania, Bangladesh, Cameroon, Colombia, Côte d'Ivoire, Jordan, Kenya, Kyrgyzstan, Morocco, Nigeria, Paraguay, Thailand and Ukraine.
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- 13 For more details on the design, implementation and fieldwork of the RGAs, please see the global technical report and country technical reports published here: <https://data.unwomen.org/publications/vaw-rga> (forthcoming in March 2022).
- 14 RDD is a method for generating telephone numbers at random, to generate samples from the pool of all individuals who have access to a mobile phone. In the VAW RGA survey, women were asked whether they own the phone on which they received the call but were allowed to participate even if they do not own this or any other phone.
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- 16 Hersh S, Nair D, Komaragiri PB, Adlakha RK. 2021. "Patchy signals: capturing women's voices in mobile phone surveys of rural India." *BMJ Global Health*. 6(Suppl 5): e005411; Seff, I, et al. 2021. "Remote evaluations of violence against women and girls interventions: a rapid scoping review of tools, ethics and safety." *BMJ Global Health*. 2021. 6(9): e006780; Khalil K, et al. 2021. "Ethical considerations of phone-based interviews from three studies of COVID-19 impact in Bihar, India," *BMJ Global Health*. 6(Suppl 5): e005981; Alvi M, Gupta S, Meitzen-Dick R and C. Ringler. 2020. "Phone surveys to understand gendered impacts of COVID-19: A cautionary note," CGIAR.
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- 25 UN Women. 2021. Cognitive Testing Report for Rapid Gender Assessment on the Impacts of COVID-19 on Women's Well-Being and Safety.
- 26 UN Women. 2021. Measuring the shadow pandemic: Violence Against Women during COVID-19.
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- 28 Phase I included Cameroon, Kenya, Thailand and Ukraine. Phase II included Albania, Bangladesh, Colombia, Côte d'Ivoire, Jordan, Kyrgyzstan, Morocco, Nigeria and Paraguay.
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