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Gender Based Violence Research Methodologies in Humanitarian Settings

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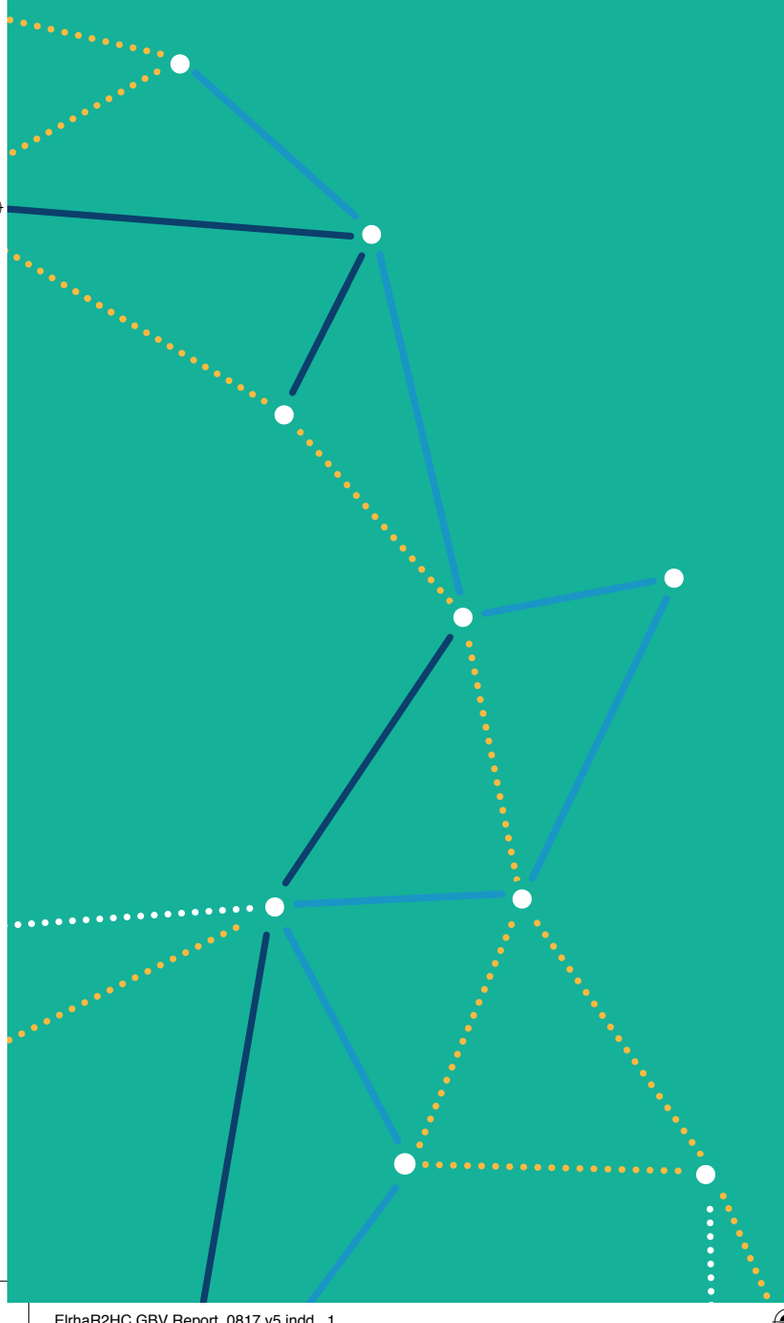
An Evidence Review and Recommendations



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Designed by Ross Redman

ABBREVIATIONS

ACASI	Audio Computer-Assisted Self-Interview
GBV	Gender Based Violence
HIC	High-Income Countries
IASC	Inter-Agency Standing Committee
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KAP	Knowledge Attitude Practice
LGBTI	Lesbian, Gay, Bisexual, Transgender, and/or Intersex
LMIC	Low and Middle-Income Countries
LQAS	Lot Quality Assurance Sampling
NPV	Non-Partner Violence
PAR	Participatory Action Research
R2HC	Research for Health in Humanitarian Crises
RDS	Respondent Driven Sampling
SRH	Sexual Reproductive Health
SV	Sexual Violence
UNHCR	United Nations High Commissioner for Refugees
VAWG	Violence Against Women and Girls
VSLA	Village Savings and Loan Associations
WHO	World Health Organization

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EXECUTIVE SUMMARY

Gender Based Violence (GBV) is an important human rights issue in humanitarian settings with long-term consequences for survivors' health and well-being. As attention to GBV has increased on the global level, gaps in the evidence base for effective programming have become more pressing as humanitarian aid agencies, donors and governments seek guidance on how to create programmes and policies that effectively prevent and respond to GBV. As an under-researched public health issue, ***the Research for Health in Humanitarian Crises (R2HC)*** programme, managed by Elhra, is committed to improving the evidence base on GBV prevention and response in humanitarian settings. As such, there is a need for more specific and relevant recommendations for best practice GBV research approaches in humanitarian settings.

This guidance document offers recommendations in the areas of research methodology and research ethics to support researchers in developing humanitarian GBV-themed research proposals for R2HC and other GBV research funding opportunities.
The authors developed the recommendations following a review of GBV evidence gaps in humanitarian settings, a systematic review of research evaluations in conflict settings and a review of GBV research methodologies with case study examples. The key findings are summarised below.

The guidance is intended to help address some of the challenges faced by researchers developing GBV-related research proposals and to inform future R2HC funding calls.

KEY FINDINGS

Key findings from a review of evidence gaps identify a need for:

- Timely and accurate prevalence data which includes context-specific information such as perpetrator types, conflict stage and setting type to ensure appropriate prioritisation for programming, policies, funding and research. However, prevalence data is not necessary to develop programming and is considered a later-stage priority in GBV research in humanitarian settings.
- Standardised definitions and measurement tools for researching specific forms of GBV that allow for comparability within and across settings.
- Increased evidence on how different types of GBV manifest in various stages of humanitarian crises. This includes a need for improved evidence on the associations between conflict and the prevalence of GBV and how conflict may influence other forms of GBV beyond physical and sexual violence (such as harmful practices, forced marriage, economic abuse, and psychological abuse).
- Increased evidence on health and other service needs for GBV survivors in humanitarian settings, as well as knowledge on barriers and facilitators to accessing clinical management of rape services for all sexual assault survivors, including male survivors.
- Increased evidence on the barriers and facilitators for women and girls in accessing GBV response services (i.e., threats of violence from the community for reporting, distance and costs).
- Improved evidence on the effectiveness, operational constraints, costs, sustainability and scalability of GBV-targeted interventions for prevention and response throughout all crisis stages in different contexts. Routine sharing of innovative and adaptable methodological approaches to overcome contextual and logistical constraints to GBV research in challenging settings.

Key findings from a systematic review of GBV research evaluation methodologies used in humanitarian settings highlighted:

- Compared to research conducted in more stable settings, GBV-related research is lacking in humanitarian settings. There is an opportunity to address the evidence gaps in understanding GBV across the humanitarian sector.
- Rigorous and ethical impact study designs (i.e., RCTs, stepped wedge) are possible, especially when strong logistical and local research support is available. The availability of GBV psychological and medical support is also crucial.
- There are no restrictions on the type of research design suitable for GBV research, provided the methodology chosen is appropriate for the research question. In more fragile and acute crisis settings, where logistics such as complex safety and security coordination issues must take priority, or where there are limitations on access to study sites or populations, it may be difficult to apply the same rigour used in stable settings. Prevalence research is therefore not always considered a priority in humanitarian crises, but other forms of research may be used to fill gaps in understanding. It is recommend that research related to GBV programming should always proceed even in settings where there is a dearth of data (in line with the IASC GBV Guidelines).
- Definitions of different types of GBV vary by study and research aim. Therefore, research proposals should clearly state how violence and aggregate measures (i.e., sexual and physical violence) are defined, including details such as the type of violence, type and sex of perpetrators, and time period in relation to a crisis.
- Where ethically and logically feasible, the researcher should include GBV incidence levels and related risk factors for any research in a humanitarian setting.
- Although most research on GBV will focus on women and girls as that is the demographic that GBV programmes serve, when specific types of violence are being explored (e.g. sexual violence), and where ethically and logistically feasible, researchers should try to collect comparable data between females and males on: violence, physical and mental health outcomes, and associated risk factors. Comparable data can assist researchers to better understand the differential impact of conflict and disaster on health and how specific forms of violence affect females and males.
- Few of the studies included in the review were published in the peer-reviewed literature. Whenever possible, researchers should aim to publish findings in open access journals alongside non-technical briefs so that they are widely available to researchers, practitioners, policy-makers and funders.
- Most of the included grey literature studies reflected wide variations in reporting details suggesting a need to develop standardised reporting templates for interventions and evaluations across all published research.
- Strong collaborations between research organisations and local research partners are often the key to successful research projects.
- Longitudinal studies are needed to understand the drivers and long-term impacts of GBV in the humanitarian context.

Key findings from a review and synthesis of existing GBV research guidelines and case study examples found:

- At a minimum, research proposals should demonstrate background knowledge of GBV in similar contexts. Proposals should also include a clear methodology explanation and justification for the chosen methods and sampling strategy, taking into consideration any key context-related constraints.
- Traditional impact study designs (i.e. RCTs, stepped wedge) are not always feasible in some settings or necessary to answer some research questions. In many locations (i.e., refugee camps, acute and chronic conflict settings), a large sample size may be logistically difficult and cost-prohibitive, sampling frames are unlikely to be available, control groups may be challenging to set up, follow-up challenging, and response rates may be low due to the potential stigma and backlash related to reporting violence. Mixed methods approaches such as realist evaluations, longitudinal designs with qualitative components, or other observational designs may be more feasible in some humanitarian settings.
- Various setting and contextual factors may influence the types of violence that are prevalent, determine the target populations that are accessible, and inform the broader ethical protocols researchers need to consider. A mapping exercise, needs assessment, and other descriptive approaches are useful initial stages of the research development process.
- Given the challenges of conducting GBV research and increased vulnerabilities for the study participants during a crisis, it is important to ensure that the methodological approach is achievable and appropriate to answer the research aims and objectives. A local research partner, often humanitarian agencies in these settings, can ensure that the research implementation is feasible for the specific humanitarian setting and may provide important context.
- Ethical considerations should drive the choice of research design. These considerations include ensuring privacy and anonymity for study participants, obtaining informed consent (with due considerations for research with girls), understanding the local legal and cultural context for conducting GBV research, and ensuring participants are not re-traumatised during the research process.
- An additional ethical consideration should include operational plans to provide access to referral and support services for GBV survivors. In some humanitarian settings, funding for security and support services should be included within the research budget to ensure that ethical obligations are met.

> GBV researchers in humanitarian settings are constantly adapting to ongoing and new challenges driven by the often urgent and immediate needs of a crisis. Additionally, GBV researchers face unique challenges that are not necessarily present within other humanitarian sectors. At times, these challenges require new and progressive problem-solving strategies and a more open approach to the types of research methods that can answer the critical and priority questions facing the entire humanitarian sector.

CONTENTS

1. INTRODUCTION

Elrha's Research for Health in Humanitarian Crises (R2HC) programme commissioned this guidance to inform applicants preparing proposals for the R2HC annual grant call and for other funding opportunities.

THIS DOCUMENT AIMS TO PROVIDE GUIDANCE ON RESEARCH METHODOLOGIES AND ETHICAL CONSIDERATIONS FOR GENDER BASED VIOLENCE (GBV) RESEARCH IN HUMANITARIAN CRISIS SETTINGS.

This guide is tailored toward prospective R2HC principal investigators, research teams and partner organisations to inform the research proposal process. R2HC aims to fund strong, collaborative research that employs rigorous scientific methods in order to produce generalizable findings and to further advance our knowledge of addressing GBV in conflict and humanitarian settings.

A multi-staged approach was used to synthesize the available evidence on what is currently known and recommended for conducting GBV research, with a focus on humanitarian settings.

This guidance was developed through three literature reviews: evidence gaps in GBV research, methodologies used for GBV evaluation research and best practice recommendations for conducting GBV research.

These recommendations can support future applicants to R2HC and serve as a general guide for those considering GBV-related research in the humanitarian field.
Although focused on GBV, many of the issues raised in this document represent areas that should be considered in any research proposal.


REVIEWS
Evidence gaps in GBV research in humanitarian and non-humanitarian settings
Best-practice recommendations for researching GBV
Systematic review of GBV evaluation research in humanitarian settings

2. GENDER BASED VIOLENCE IN HUMANITARIAN SETTINGS

DEFINITION

The Inter-Agency Standing Committee (IASC)1 defines gender based violence (GBV) as:
"An umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. The term is primarily used to underscore the fact that structural, gender-based power differentials between males and females around the world place females at risk for multiple forms of violence. This includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty, whether occurring in public or in private life."

Although much less common, some actors use GBV to describe some forms of sexual violence against males and LGBTI populations. It is important to note that while the research methods may be similar, the conceptual foundations for research with these population groups are fundamentally different from violence against women and girls. The IASC GBV Guidelines emphasise the need for GBV research to centre on women and girls and reinforce linkages between GBV prevention and gender equality.[2-5]

HEALTH OUTCOMES

In all settings, GBV against women and girls is recognised as a risk factor for a range of poor health outcomes including poor mental health, adverse reproductive outcomes, poor sexual health, disability, chronic pain, coronary heart disease, traumatic brain injury and death, to name a few. [5-12] In addition, it has been shown that GBV adversely impacts daily functioning among survivors who may face restrictions on daily activities (e.g., walking in certain areas) due to a fear of violence.[13]

Among men, health consequences associated with sexual violence include sexually transmitted infections, HIV, injury, and sexual dysfunction. Male survivors of sexual and other forms of violence are also more likely to abuse alcohol or drugs, thereby increasing their likelihood to perpetrate violence against women.[14] Men and boys also suffer negative psychological outcomes after experiencing sexual violence. This may include guilt, anger, anxiety, depression, post-traumatic stress disorder, and attempted suicide.[15,16]

CONFLICT SETTINGS

Research suggests that at all stages of a conflict, women and girls remain at high risk of sexual violence, physical violence, and various forms of exploitation, including sex trafficking.[17-19] In armed conflict-affected settings, women and girls are often survivors of violence directly related to the conflict and of violence perpetrated by people they know, including their husbands, boyfriends or other family members.[20-22]

Existing research has shown that the patterns of violence often differ between females and males. For example, one study in Côte d'Ivoire reported that nearly a third of men experienced non-partner physical violence from other men including combatants, strangers, family and acquaintances.[23] Women, however, were more likely to report male and female family members as perpetrators of non-partner physical violence. Experiences of sexual violence by any perpetrator was higher among women. Any research that includes violence measures will need to account for different typologies of violence between females and males.

Within conflict-affected settings, violence can occur before, during and after a conflict period.[23-29] To date, estimates on reported rape and other non-partner sexual violence in conflict settings are wide, ranging from 0.2% to 72% among women reporting a lifetime experience, [26,30] and from 1% to 16.5% among men in sub-Saharan African.[14,26,30-33] Variations may be attributable to differences in definitions and data collection methodologies.

Globally, nearly 7.2% of women report an experience of sexual violence from a non-partner; one out of three women, however, report an experience of physical or sexual violence from an intimate partner.[8,32] Emerging evidence from humanitarian settings indicate that among women, intimate partner violence (IPV) occurs more frequently than other forms of GBV, including 'wartime rapes', which suggests that intimate partner abuse may be amongst the most common types of violence.[23,34]

More research is needed to understand the dynamics of violence against men and boys in humanitarian settings and how it impacts the perpetration of violence against women and girls.[14,35] The evidence is also limited among LGBTI and other vulnerable groups such as people with disabilities and religious minorities.[14,35-37]

NATURAL DISASTERS

GBV in natural disasters follows many of the same patterns of issues arising in conflict settings. Like conflicts, disasters may lead to a breakdown of the systems of law and order, as well as a disruption to infrastructure and support services. Recent evidence reviews conducted to inform GBV programming effectiveness in disaster-affected settings, have highlighted the lack of GBV research and corresponding lack of violence prevalence data before the natural disaster.[38-40]

Although there is a limited evidence base, some reports suggest that GBV may increase in some disaster-affected settings.[39] In settings where the prevalence of violence against women was already high, it has not been possible to determine whether the disaster led to a significant change in the incidence of GBV. However, reports from Haiti and Sri Lanka suggest that early and forced marriage and human trafficking may have increased in these disaster settings due to restricted options for livelihood and increased vulnerability.[41,42] As in conflict settings, additional research is needed to determine the frequency and forms of GBV in post-disaster settings.

3. RESEARCH PRIORITIES: EVIDENCE GAPS IN HUMANITARIAN SETTINGS

Many GBV-related research questions in humanitarian settings remain unanswered, ranging from understanding the dynamics of GBV in different humanitarian setting types, to appropriate and effective response and prevention approaches.[38,43,44] A 2014 mapping of violence against women and girls prevention interventions implemented in humanitarian settings found that only 6% of 305 interventions identified had a published evaluation of its effectiveness (Figure 1).[13]

There is an urgent need to understand how to effectively address GBV in all humanitarian settings. In order to determine the priority research areas, five recent evidence reviews on GBV were examined that highlighted some of the priority evidence gaps in humanitarian settings. Table 1 presents a summary of the evidence gaps specific to humanitarian settings identified in these reviews.

(The full table of GBV evidence gaps across humanitarian and non-humanitarian settings is included in Annex 1.)

The reviews demonstrate the wide spectrum of GBV evidence needed to understand GBV dynamics and how to address GBV response and prevention in humanitarian settings.

FIGURE 1. FREQUENCY OF INTERVENTIONS AND EVALUATIONS BY COUNTRY.[10]

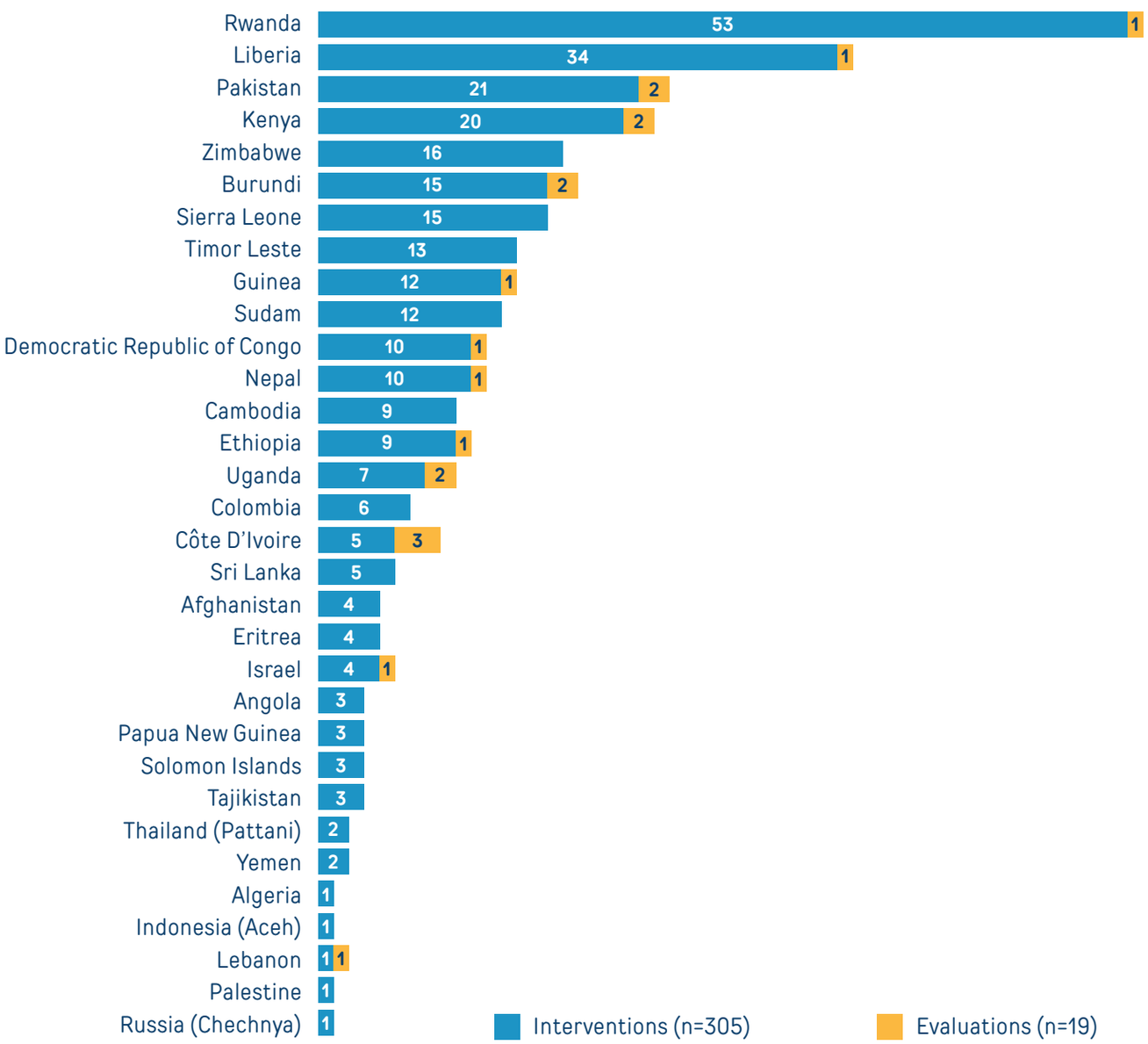

TABLE 1. SUMMARY OF EVIDENCE GAPS ON GBV RESEARCH IN HUMANITARIAN SETTINGS.

REVIEW: STATE OF THE FIELD OF RESEARCH ON VIOLENCE AGAINST WOMEN AND GIRLS RESEARCH (VAWG).[40]

- There is limited data on VAWG from fragile states.
- Need to understand the macro-level factors that influence the geographic distribution of different types of violence and how global, economic and political processes feed into and affect the dynamic of VAWG.

REVIEW: AN EVIDENCE REVIEW OF RESEARCH ON HEALTH INTERVENTIONS IN HUMANITARIAN CRISES.[45]

- More information is needed overall on the spectrum and context of GBV in humanitarian settings.
- There is limited evidence on the effectiveness and operational constraints of GBV targeted interventions for prevention and response.
- The appropriateness and use of international humanitarian GBV guidelines has not been systematically evaluated.
- Innovative methodological approaches are needed to overcome contextual and logistical constraints to GBV research in challenging settings.
- There is limited evidence on feasible and effective primary and secondary GBV prevention programming throughout all crisis stages.
- There is limited evidence on health service needs for survivors in humanitarian settings.

REVIEW: WHAT EVIDENCE EXISTS FOR INITIATIVES TO REDUCE RISK AND INCIDENCE OF SEXUAL VIOLENCE IN ARMED CONFLICT AND OTHER HUMANITARIAN CRISES? [43]

- Literature on combatant violence is extensive but most interventions were opportunistic and in the post-conflict period.
- Promising interventions were generally ones with multiple components, including community engagement, but methodological issues limit the evidence base.

REVIEW: PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS: WHAT DOES THE EVIDENCE SAY? [44]

- The specialty of violence prevention programming is at an early stage. Further investment is needed to expand the evidence base for what interventions are effective in different contexts, to assess a broader range of intervention models, and to explore issues of intervention cost, sustainability, and scalability.

REVIEW: EVIDENCE BRIEF: WHAT WORKS TO PREVENT AND RESPOND TO VIOLENCE AGAINST WOMEN AND GIRLS IN CONFLICT AND HUMANITARIAN SETTINGS? [46]

- The availability of timely and accurate prevalence data is a clear gap and an overall understanding of the issue remains limited.
- The lack of consensus by the international community on a standardized methodology for collecting data on VAWG in humanitarian settings creates added difficulties for researchers on the ground.
- Much of the research does not specifically examine the associations between conflict and prevalence of VAWG, nor does it examine how conflict may influence other forms of VAWG beyond physical and sexual violence (such as harmful practices, forced marriage, economic abuse, psychological abuse, etc.).
- Data on the drivers of VAWG during times of conflict is also very limited. More evidence is needed to better understand these linkages between VAWG (including types of VAWG beyond physical and sexual violence) and the various stages of humanitarian crises.
- The available evidence on the effectiveness and impact of interventions to prevent and respond to VAWG is weak. A limited number of intervention evaluations have been conducted, and many focus on post-conflict contexts rather than examining the effectiveness of interventions during conflict or in the aftermath of natural disasters.
- There is limited evidence on effective strategies for VAWG prevention and response in urban settings where most refugees and asylum-seekers now reside.
- There is a need for more rigorous reviews of survivor service delivery programmes to identify best practices.
- Further research is needed on the effectiveness of economic empowerment programmes on VAWG.

4. METHODOLOGY REVIEW: GBV RESEARCH IN HUMANITARIAN SETTINGS

OVERVIEW

To understand the methods currently used in GBV research in humanitarian settings, we conducted a systematic review of GBV evaluation research in conflict settings. Given the diversity of GBV interventions, this review focused on interventions that aimed to prevent VAWG in conflict settings in order to understand some of the methodological approaches currently being used in humanitarian settings. Many of the conclusions drawn are applicable to other areas, such as GBV response or prevalence studies.

Other reviews have found limited evidence for response and prevention intervention evaluations published in the peer-reviewed literature.[44,45] Therefore, this systematic review focused on prevention research published in the peer reviewed and grey literature to facilitate a comparison of similar research questions and corresponding methods.

METHODS

A systematic review of the evidence base on VAWG prevention interventions implemented between 2000 and 2017 in conflict settings was conducted. The reviewers searched six peer-reviewed databases, four grey literature databases and relevant organisational websites for research evaluations that included quantitative outcomes. The search criteria was expanded to include the grey literature as other reviews have emphasised the limited evidence base in the peer-review literature.[44,45] All findings are reported using PRISMA publication guidelines. (See Annex 2 for a detailed description of the systematic review methods.)

RESULTS: ASSESSMENT OF RESEARCH DESIGNS

7,892 articles were identified and 19 met the inclusion criteria. These articles were evaluations that aimed to measure the impact of a VAWG prevention intervention using quantitative methods. The majority of included studies focused on interventions that examined the impact of attitude and behaviour change interventions with targeted community-level activities, or they sought to build the capacity of local organisations to target VAWG prevention. Table 2 provides an overview of each included study.

Among the studies included, most were commissioned or conducted near the completion of the intervention. Few studies presented a theory of change or collected baseline or control population data, making it difficult for the research teams to assess the impact of the intervention activities on the outcomes of interest. In addition, and perhaps most importantly, just over half of the studies (58%) included VAWG levels as an outcome measure and collected comparison data.

The research designs represented a range of methodologies (randomised trials, cohort studies, cross-sectional, mixed methods approach) (See Table 2). In addition to the included studies, 13 qualitative studies and 3 monitoring studies were also found, but did not meet the inclusion criteria.

Studies were most frequently excluded due to incomplete information (missing intervention aim, study design unclear, outcomes not defined, etc.) All but three of the studies reviewed were found in the grey literature.[20,47,48] Other reviews have shown that most evaluations of VAWG interventions occur in more stable settings.[44,45,49] This highlights an important need for knowledge management and sharing – standardised reporting is needed to effectively convey the intervention and research components and methodologies; and research uptake should include publication in open access journals in addition to more accessible reports and briefs. This will require a strong partnership between the researchers and the implementing agencies to ensure that the findings are useful to both researchers and practitioners.

TABLE 2. SUMMARY OF INCLUDED STUDIES

AUTHOR *(YEAR)*	COUNTRY	CRISIS PHASE	STUDY AIM	STUDY POPULATION	GBV OUTCOMES REPORTED	OTHER OUTCOMES REPORTED
RANDOMISED CONTROLLED TRIALS						
Dagadu (2016)[50]	Uganda	Post-conflict	Impact evaluation of adolescent mass media and group based interventions to promote healthy life choices	Community adolescents (girls and boys, 10–19 years old)	Not reported	Sexual and reproductive health care knowledge and decision-making, gender-equitable attitudes and behaviours
Green (2015)[48]	Uganda	Post-conflict	Impact evaluation of poverty alleviation programme on women's empowerment and IPV	Intervention participants (women, men)	IPV (physical, sexual)	Gender attitudes, quality of partner relationships, marital control, autonomy, women's earnings
Gupta (2013)[47]	Côte d'Ivoire	Chronic / Post-conflict	Impact evaluation of a VSLA intervention with a gender discussion group component	Intervention participants (adult women, adult men)	IPV incidence (physical / sexual IPV) among women and men	Economic abuse, acceptance of wife beating, ability to refuse sex
Hallman (2016)[51]	Liberia	Post-conflict	Impact evaluation of life skills and financial literacy training among girls	Intervention participants (girls) + caregivers + psychosocial service providers	GBV incidence among girls (type unclear)	GBV-related behaviour and attitudes
Hossain (2014)[20]	Côte d'Ivoire	Chronic / Post-conflict	Impact evaluation of men's discussion group IPV prevention intervention with a community-based response and prevention programme	Intervention participants (adult men) + female partners (violence outcomes only)	IPV incidence (physical / sexual IPV) among women and men	Intention to use physical IPV, acceptance of sexual IPV, conflict management skills, participation in gendered household tasks
IRC (2008)[52] and Iyenger & Ferrari (2011)[53]	Burundi	Post-conflict	Impact evaluation of a VSLA intervention with a gender discussion group and empowerment component	Intervention participants (adult women, adult men)	IPV incidence (physical / sexual IPV) among women	Women's empowerment, attitudes-IPV, spending behaviour, reproductive decision-making, financial decision-making, earnings, negotiation skills

AUTHOR *(YEAR)*	COUNTRY	CRISIS PHASE	STUDY AIM	STUDY POPULATION	GBV OUTCOMES REPORTED	OTHER OUTCOMES REPORTED
LONGITUDINAL STUDIES						
Guedes (2004)[54]	Lebanon	Chronic	To access impact of GBV-related programming at local women's NGO on families accessing services	Families (15+ years old, women and men) participating in NGO programming; Palestinian refugees in camps and host community	IPV incidence (physical)	Gendered knowledge, attitudes, practices
Koch and N'kolo (2011)[55]	DRC	Chronic	Impact evaluation of mass media messaging	Community (students, local authorities, security forces, farmers)	Not reported	Attitudes towards hiring women, child protection and sexual IPV
Pulerwitz (2010)[56]	Ethiopia	Post-conflict	Impact evaluation of group education and community engagement intervention to prevent GBV and HIV	Youth groups (adolescent/ young men), intervention participants	Male IPV perpetration (physical / psychological)	Gender equitable norms knowledge, masculinities
Moor (2011)[57]	Israel	Chronic	Impact evaluation of school-based sexual violence prevention programming	Secondary school students (female, male)	Not reported	Knowledge / comprehension of sexuality, sexual consent and sexual violence acceptability
PATH (2012)[58]	Kenya	Post-conflict	Evaluation of a facilitated scout intervention has changed gender norms	Boy scouts and girls in secondary school	Male GBV against girls: intimidation, unwanted touching, hair pulling	Gender equitable norms, ability to refuse sex, condom use
Rashid (2012)[59]	Pakistan	Chronic	To assess change in gender attitudes and awareness of VAWG among boys/ young men exposed to group discussions, advocacy and community events	Men and boys in peri-urban area	Not reported	Gendered attitudes

AUTHOR (YEAR)	COUNTRY	CRISIS PHASE	STUDY AIM	STUDY POPULATION	GBV OUTCOMES REPORTED	OTHER OUTCOMES REPORTED
CROSS-SECTIONAL STUDIES						
ARC (2006)[60]	Guinea	Post-conflict	To assess mid-point impact of youth life skills and income generation intervention on violence	Community (women, men, 16-35 years old)	GBV incidence (service use data), perception of violence prevalence	Knowledge of conflict prevention skills / behaviour, good governance, personal health and well-being; GBV awareness, business development skills
Chesterton (2004)[61]	Nepal	Post-conflict	To assess short-term impact, process and sustainability of mass media campaign to raise awareness on life skills, gender equity, HIV and GBV against children	Households (children, mothers, teachers) in districts exposed to mass media campaign	Not reported	School attendance, gender equity in home, gender attitudes and behaviours among children, hygiene practices
	Pakistan	Chronic				
Kendall (2012)[62]	Burundi	Post-conflict	To assess mid-point impact on IPV, use of health services and gender attitudes / behaviours that condone VAWG	Intervention participants (women)	IPV incidence (sexual, physical, psychological, economic)	Sexual and reproductive health decision-making and service use, attitudes towards SGBV
Williams (2013)[63]	Côte d'Ivoire	Chronic / Post-conflict	To assess impact of mass media awareness-raising campaign, hotline and social centre use on IPV	Community (women, men), call centre users (women)	IPV incidence (physical, sexual) among social centre and hotline users	Attitudes towards IPV
UNHCR (2001)[64]	Kenya	Chronic	To assess impact of firewood provision and patrol programme on SV incidence	Dadaab refugee camp – household survey (women), official camp reports on SV incidents	GBV incidence (sexual)	Not reported
Omollo-Odhiambo & Odhiambo (2011)[65]	Rwanda	Post-conflict	To assess mid-point impact and implementation process of domestic violence prevention programme using mass media, couples dialogue groups, VSLA, capacity building, psychological support	Community members (women, men), couples dialogue group participants (women, men)	IPV incidence (unspecified)	Exposure to radio message, IPV-related attitudes and behaviours, knowledge of women's protection laws and policies

Abbreviations: GBV: Gender Based Violence; IPV: Intimate Partner Violence; RCT: Randomised Controlled Trial; SV: sexual violence; UNHCR: United Nations High Commissioner for Refugees; VSLA: Village Savings Loan Association

Few of the included studies reported findings from pilot testing, the development process to develop a theory of change, adaptations made to the intervention, or how the research was designed to capture how and why the intervention worked to achieve its stated outcomes. This gap may indicate a lack of funding for research during the development stages of interventions, or short time frames allocated to the research.

Table 3 summarises the methodological approaches reported for each included study. (See Annex 2 Table A.2 for an overview of methodological approaches for the included studies.) Seven RCTs,[20,47,48,50–53] six longitudinal studies (cohort/quasi-experimental)[54–59] and seven cross-sectional studies were included[60–65]. A counter factual (control or comparison group) was included in 10 studies.[20,47,48,50–53,56,59,62] Definitions of violence varied, limiting comparability, and while most studies included men and boys, few collected comparable incidence data among men and boys.[20,47]

Most interventions were post-hoc designs. Intervention implementation and follow-up periods reported were often short (range: 6–36 months) or were unspecified (n=8). This may be attributable to funding restrictions tied to the intervention implementation period.

Six studies reported adhering to recommended ethical procedures of specific GBV training and establishing referral protocols.[20,47,48,52,56,63] As most of the included studies were found in the grey literature, research ethics procedures were not required to be reported.

The studies included in this review represent a small evidence base, but highlight that in some settings (post-conflict, chronic) experimental and quasi-experimental designs are possible, especially when conducted in collaboration with an in-country implementing agency and research partner. In more fragile and acute crisis settings, where trial logistics include complex safety and security coordination issues, this must take priority. In other settings, where there are limitations on access to study sites or specific populations, a mixed methods or qualitative approach may be more appropriate. The stronger studies reviewed included qualitative components to complement and explain the research findings.

This review has demonstrated that it is possible to conduct GBV research combining scientific rigour and attention to ethical issues. However, it is impossible to be prescriptive on methodologies as no single research design is appropriate for all GBV-related research across all humanitarian settings. Rather, GBV researchers should aim to use the most rigorous and appropriate research designs for their specific research question that is feasible for the setting. Flexibility during the design, and often the implementation phase is necessary. Humanitarian settings require evidence-based interventions on GBV-related outcomes for response and prevention. Further research is needed to understand the processes of multi-component interventions to identify interventions that are effective and replicable on a larger scale. RCTs and longitudinal designs are not feasible in all settings and, in emergency and acute crisis settings, innovative approaches that utilise qualitative methods, limited quantitative data collection and routine data can help inform later stage approaches to addressing GBV. In many cases, an understanding of the local types and drivers of violence in a crisis setting can be the foundation for the development of effective response and prevention interventions following the emergency period.

The findings confirmed what other literature has suggested: there is limited rigorously conducted research to understand how these interventions function, for whom they are best suited, how effective they are, what components are scalable, and, importantly, how a conflict and, more broadly, a humanitarian setting affects the outcomes. Most importantly, this review also confirms that rigorous research is possible in challenging settings.

TABLE 3. METHODOLOGICAL APPROACH SUMMARY AMONG INCLUDED STUDIES

	STUDY DESIGN			SELECTION BIAS		
Author *(year)*	Design type	Baseline & follow-up measurements	Comparison group	GBV incidence measured	Sample size calculation	
RANDOMISED CONTROLLED TRIALS						
Dagadu (2016)[50]	Cluster RCT	Yes	Yes	Yes	Yes	
Green (2015)[48]	Cluster RCT	Yes	Yes	Yes	Yes	
Gupta (2013)[47]	Pair-matched cluster RCT	Yes	Yes	Yes	Yes	
Hallman (2016)[51]	RCT	Yes	Yes	Yes	Yes	
Hossain (2014)[20]	Pair-matched cluster RCT + cross-sectional community survey	Yes	Yes	Yes	Yes	
IRC (2008)[52]	RCT	Yes	Yes	Yes	Yes	
Iyenger & Ferrari (2011)[53]	RCT	Yes	Yes	Yes	Yes	
LONGITUDINAL						
Guedes (2004)[54]	Cohort	Yes	No	Yes	No	
Koch and N'kolo (2011)[55]	Cohort + cross-sectional community survey	Yes	No	No	No	
Pulerwitz (2010)[56]	Cohort (quasi-experimental, 3-arms)	Yes	Yes	Yes	Yes	
Moor (2011)[57]	Cohort	Yes	No	No	No	
PATH (2012)[58]	Cohort	Yes	No	Yes	n/d	
Rashid (2012)[59]	Cohort	Yes	Yes	No	No	
CROSS-SECTIONAL						
ARC (2006)[60]	Cross-sectional (baseline / midpoint) + monitoring data	Yes	No	Yes	No	
Chesterton (Nepal) (2004)[61]	Cross-sectional	No	No	No	No	
Chesterton (Pakistan) (2004)[61]	Cross-sectional	No	No	No	No	
Kendall (2012)[62]	Cross-sectional (baseline / midpoint)	No	Yes	Yes	n/d	
Williams (2013)[63]	Cross-sectional + monitoring data	No	Yes	Yes	No	
UNHCR (2001)[64]	Cross-sectional + monitoring data from official reports	No	No	Yes	No	
Omollo-Odhiambo & Odhiambo (2011)65	Cross-sectional	No	No	Yes	No	

	ANALYSIS		INTERVENTION		ETHICS	
	Same outcome measures across intervention and comparison groups	Statistical control for confounding	Intention-to-treat analysis	Intervention aims and description	GBV-specific training for interviewers	GBV referral protocol
	Yes	Yes	Yes	Yes	n/d	n/d
	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	n/d	n/d
	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	Yes	Yes	Yes	Yes
	Yes	Yes	No	Yes	n/d	n/d
	Yes	No	No	Yes	n/d	n/d
	Yes	No	No	Yes	n/d	n/d
	Yes	Yes	n/d	Yes	Yes	Yes
	Yes	No	No	Yes	n/d	n/d
	Yes	No	No	Yes	n/d	n/d
	Yes	No	No	Yes	n/d	n/d
	n/a	No	No	Yes	n/d	n/d
	n/a	No	No	Yes	n/d	n/d
	n/a	No	No	Yes	n/d	n/d
	Yes	No	No	Yes	n/d	n/d
	Yes	No	No	Yes	Yes	Yes
	Yes	No	No	Yes	n/d	n/d
	n/a	No	No	Yes	n/d	n/d

5. RESEARCH GUIDELINES: REVIEW OF GBV RESEARCH RECOMMENDATIONS FOR HUMANITARIAN SETTINGS

OVERVIEW

In addition to reviewing GBV research methods used in humanitarian contexts, we reviewed a number of primary GBV research guidelines for conducting ethical and robust research on GBV. Where relevant, we included case studies of recent GBV research to highlight these approaches. (See Annex 3 for the full list of guidance documents.) This section presents a summary of some of the key ethical and methodological issues faced by GBV researchers and recommendations on how they may be addressed.

KEY METHODOLOGICAL AND ETHICAL CONSIDERATIONS

During the study design and later implementation process, multiple inter-related methodological and ethical issues should be considered. The following section presents recommendations put forward by experts experienced in conducting GBV research, alongside case study examples.

RESEARCH AIMS AND DESIGN CHOICE

The research question and design for any study should ideally be determined in collaboration between the research team and local partners.

There are no restrictions on the type of research design appropriate for GBV research; however, the design chosen should be able to answer the research question. Ideally, an expert familiar with research methodology should review the research questions and design. It is not worthwhile to invest time and resources into a large-scale trial if a smaller scale design would be more appropriate.

An expert in research methodology (e.g., epidemiologist, social science methodologist) can help to ensure that the research design is feasible and sampling strategies appropriate to answer the research question. Given the logistical challenges, associated costs and the risk of re-traumatisation for the participants, it is important to ensure that the methodological approach is appropriate to answer the chosen research aims and objectives.

DESIGN CONSIDERATIONS

While randomised controlled trials (RCTs) are considered the 'gold-standard' for understanding causal impact between an intervention and impact outcome, it is not always the best option.[66] For example, in settings where there is a limited understanding of the dynamics of GBV or service needs, or the intervention approach is too complex to account for all potential confounders (historical, geographic, internal, etc.),[66] a randomised approach may not be feasible. Observational methodologies may be more appropriate or a longitudinal design may be better suited to capture the on-going changes occurring within the study population.[67,68] This may include a pilot study using qualitative methods to determine types of violence and contextual factors influencing the levels of violence, or cross-sectional community quantitative and qualitative surveys to determine community-level needs and understand the drivers and consequences of GBV. For example, a realist design is one method that offers a rigorous methodological approach to understand the context, mechanisms and outcomes for a promising new GBV prevention or response programme.[69,70] (See Case Example 1.)

A RCT is feasible in settings where several key design factors can be met. This includes having access to a reliable sampling frame, control group, sufficient sample size, feasibility of follow-up and sufficient time and resources to measure change.[71] In some humanitarian settings, where access to communities is difficult, resources are limited, or individuals are difficult to recruit or follow-up due to displacement or death, a mixed methods small-scale pilot RCT to detect the direction of effect of the primary outcomes of interest or studies with plausibility designs may be more suitable.[13,66] Designs that capture implementation process outcomes can be essential to interpret the research findings, demonstrate external validity and make appropriate recommendations.[68] Observational studies (especially with follow-up) allow for further refinements to an existing intervention, the development and testing of quantitative measures, and refinement of the outcome measures of interest, all of which will minimise bias or prepare the way for a later RCT, if needed. No one design is perfect and it is important to consider the strengths and weaknesses of a chosen design type and present the research findings accordingly.[68]

CASE EXAMPLE 1: REALIST EVALUATION

A study in the Dadaab refugee camp aimed to understand how to effectively deliver GBV response services in a humanitarian setting. Following an assessment of the camp conditions, service delivery model and the implementing partner resources, the research team chose to use a realist-informed design rather than a RCT. The main factor influencing the decision was resource limitations. It was not possible to offer an alternate service delivery model nor would it have been ethical to withhold care from GBV survivors who might benefit from the intervention. Other factors that influenced the decision to choose a realist-informed design rather than a RCT included the issue of high mobility for the study population and feasibility of follow-up needed for a successful trial as the camp faced numerous closure threats from the Kenyan government. The realist-informed design used a mixed methods approach to collect data from national GBV staff, GBV refugee community workers, and GBV survivors seeking services with qualitative in-depth interviews, a cross-sectional survey, a cohort survey and stakeholder workshops.[72]

When researching GBV in humanitarian settings, it is not always feasible to have a control population. For example, it may be difficult to offer a control intervention by altering GBV response programming in settings where trained staff are limited in resources and stretched with work demands. In cases where a reliable comparison group cannot be established, quasi-experimental or non-experimental approaches should be considered.[71] GBV prevention is a long-term process and is unlikely to be achieved in the short research funding period, therefore, proposals should consider the short-term GBV-related outcomes (in addition to violence outcomes) if examining programmatic impact and be prepared to modify the research design if (and when) the context changes.

In addition to quantitative methodologies, there are a wide range of qualitative approaches that can add depth and help explain unexpected findings in populations that are likely to be under constant change. They can be useful to meet certain research objectives such as hypothesis generation or adding contextual understanding. A qualitative approach may also be appropriate in cases when a comparison group is needed and the population is purposively sampled (i.e. GBV client vs. Non-client) or the control group is implicit (change before and after accessing GBV services). In this case, the counter factual is what would have happened if the GBV programme had not been available.[71] Model testing such as qualitative comparative analysis is another promising qualitative approach that may be more suited for complex settings where RCTs are not feasible.[67,73]

IDENTIFICATION OF CONTEXTUAL AND LEGAL ISSUES

Various setting specificities influence the types of violence that are prevalent, determine which target populations are accessible, and often dictate study logistics and the broader ethical protocols to follow. **Mapping exercises, needs assessments, or other descriptive approaches are useful early stages of the research development process.** These approaches can add contextual understanding before tool development,[74] clarify the parameters for the sampling strategy and guide timing of the research. **At a minimum, research proposals need to demonstrate background knowledge of the subject area and context as well as a methodology explanation and justification. A developmental period should ideally be included in the timeframe and budgeting of a research proposal.**

Logistical and safety issues should be accounted for in the design and importantly, the budget. At a basic design level, urban and rural settings will have very different options for public transportation, food and lodging as well as access to basic needs.[74] For GBV research, it is recommended that interviewers are not from the study communities,[74] and they will therefore need safe transport and accommodation. In addition, communication between the research team and security officials will be essential in many conflict-affected settings.

Researchers need to be informed on the cultural, political and legal contexts of the study to ensure the study protocol is appropriate. For example, in some settings reporting rape to the authorities would put a woman or girl at serious risk of further violence or prosecution.[75] In other settings, sexual violence against men is not legally recognized and reporting violence may criminalize the male survivor. A recent survey of national laws in 189 countries found that most have no explicit legal protection for male victims of sexual violence and that 67 states criminalize men who report abuse.[35] In the case of a humanitarian setting (i.e., urban IDPs, informal settlements, disaster zones, refugee camps), the researchers must consider the legal context within the country and the legal context of an UN-governed area. For example, in some refugee camp settings, it may not be legally possible to interview adolescents about their experiences of violence without their parents being present. In other cases, mandatory reporting laws may make research risky or life threatening for participants and researchers. In humanitarian settings, it is important to assess the reporting laws in the specific country, crisis and camp setting (if relevant) during the design stage as access to safety resources and alternate forms of support may be extremely limited.

CASE EXAMPLE 2: PARTICIPATORY ACTION RESEARCH

As part of an assessment of gender inequitable norms and gender-based violence in South Sudan, the research team used community-based participatory methods. They organised a community steering committee that gave input into mapping the geographic areas of communities where the intervention was taking place. The community steering committee also helped identify some of the research objectives.[76]

LOCAL PERCEPTIONS ON THE ACCEPTABILITY OF VIOLENCE

GBV research is inherently sensitive. Researchers unfamiliar with the cultural norms of a study population should take time to develop an understanding of any cultural differences and sensitivities on issues pertaining to GBV, for example such as the perception of childhood and how this may affect research on girls' exposure to abuse.[77] This can be achieved by working closely with collaborating local partners familiar with the context. **A research partnership can often provide insight and direction at all stages of the research from choosing the right questions, to suggesting appropriate ways to inquire about GBV and helping interpret the findings.**

Research proposals should consider how some key contextual issues would affect the implementation of the research. Where feasible, short-term and process indicators should be included to assess the acceptability and nature of violence according to local perceptions.[40]

One methodological approach to prioritise sensitivity to the contextual factors and maintain a survivor and community centred approach is to employ participatory action research (PAR).[78] PAR helps to transform study participants into active contributors to the research design and implementation. This method recognises the survivors of violence and their communities as a wealth of knowledge and agents that can bring change to their communities.[78,79] This method also creates an opportunity for personal experiences to be incorporated into the scientific methods. Participatory methods include quantitative, qualitative and mixed methods that can be included in any research project with various opportunities to include community members in mapping, designing and implementing geographically and culturally aware research. (See Case Example 2.)

This methodological approach can aim to assure that the questions being asked are relevant to the context, document a process of change, and lead to community support and engagement in the wider goals of the research. It may also empower research participants, and in some cases, lead to social change as participants discuss new ideas (i.e., gender norms and behaviours associated with violence perpetration). This approach requires skills that are more aligned with facilitation and education and, for many researchers, will require collaborations with local research partners.[78,79]

This relational approach is an important addition to any research study working with highly vulnerable populations and, as such, attention needs to be paid to the ethical and safety issues that may arise. For example, research participants who are quoted, named and photographed in a research brief highlighting ongoing research or programming success may become targets for violence from community members who disagree with the research or related programming.

SAMPLING STRATEGIES

Regardless of the study design chosen it is critical that the sampling strategy is decided carefully. Population-based study designs should achieve the necessary sample size for confidence in the findings. However, in most humanitarian settings this may not be logistically or financially feasible, especially for research among marginalised groups. This may be an issue with research among young children, male survivors of sexual violence, individuals with disabilities, elderly or other marginalised populations who may be stigmatised or physically unable to report violence.

In humanitarian settings, researchers may need to use alternative sampling methods to access difficult to reach populations such as refugees or IDPs. For example, humanitarian agencies or other local partners offering GBV-related services could assist with purposive sampling, systematic sampling and cluster sampling in a camp setting. In an urban setting, Respondent Driven Sampling (RDS) is another option using peer-recruitment for hidden populations.[67,80] (See Case Example 3.)

CASE EXAMPLE 3: HARD TO REACH POPULATIONS

Due to the highly sensitive and often stigmatized nature of GBV, as well as the general insecurities in humanitarian settings, it is sometimes challenging to reach the study populations of interest.

A study in eastern DRC aimed to assess the mental health outcomes of women raising children from sexual violence-related pregnancies. The study used a respondent- driven sampling (RDS) approach which is a peer-to-peer recruitment approach used to sample hard-to-reach populations. The research partner organizations recruited 18 eligible women and gave participants 3 uniquely identified ID coupons every two weeks. Out of these 18 women, 12 women were able to recruit study participants who were then formally screened for study eligibility. These 18 women were not included in the final data analysis. In total, the final study population was made up of 757 eligible women who were parenting a child from a sexual violence-related pregnancy. The study reported that the sample was large enough to approximate a random sample.[80]

The Neighbourhood Method and Lots Quality Assurance Sampling (LQAS) are other examples of alternative sampling strategies that may also be more feasible in a humanitarian context.[67,81,82] Advanced statistical modelling techniques such as hierarchical linear modelling is another design option that can suitable for some studies with smaller sample sizes.[67,83]

MEASUREMENTS

The prevalence of certain violence types, such as sexual violence, is under-reported globally often due to fear of further harm, social stigma, legal consequences and increased risk of further violence. Due to the widespread insecurity and breakdown of basic systems during humanitarian crises, it is suspected that survivors are even less likely to disclose incidents of violence.[46] For example, one study in Ethiopia and DRC found that the group-based qualitative methods elicited discussions and reports of violence perpetrated by more distant strangers, but individually administered ACASI interviews had greater disclosure of IPV and household violence.[81] Regardless of the setting, under-reporting is expected and findings from humanitarian setting research will be conservative estimates due to issues of disclosure bias, recall bias and social desirability bias.[84] (See Case Examples 4 and 6) Under-reporting of violence may lead to an underestimation of the association between risk factors and health outcomes which can be a barrier to advocating for GBV-related interventions at the immediate onset of a humanitarian crisis.[74] This potential for under-reporting necessitates high-quality data collection methods that includes appropriate training for data collection teams and use of violence measures that are suitable for the context and target population.

Violence types will vary across settings and there is a need to standardise definitions to improve comparability across settings. When possible, research tools should include questions on intimate partner violence, mental health outcomes and childhood experiences of violence in addition to conflict-related violence. **In addition to ensuring comparability across settings of GBV-specific research, comparable violence data from females and males should also be collected, where feasible.** Cognitive testing may be necessary for some measures (i.e. sexual violence) to ensure that similar constructs are being captured between females and males.

CASE EXAMPLE 4: RECALL BIAS

While it may be difficult to recall exact years and dates, recall bias may be overcome by providing the participant with a reference point (a significant event) that corresponds with the time period of interest. It is important to pilot test these reference point terms.

For example, a VAWG study in Liberia used the inauguration of the new President (Ellen Johnson-Sirleaf) as the start date of the recall period as a new rape law was passed when she took office. The study aimed to measure incidence after this time. It worked as a memorable event and an appropriate start date.[85]

In Côte d'Ivoire, a VAWG prevention study opted for time period prompts related to the election of the then current President and the loss of power for a previous President to indicate the start of the conflict period. Pilot testing of the study tools uncovered that different ethnic groups were more likely to recall the start of the conflict differently depending on their political affiliations.[13]

In any research study conducted in a humanitarian setting, if the research training and support procedures are in place, it is recommended that violence measures be included as a covariate.[74]

RESEARCH WITH MEN AND BOYS

Research with men and boys in humanitarian settings is needed and many of the same guidelines for research with women can apply to men and boys.[86,87] However, it is essential that the research take into account the differing patterns of vulnerability between the sexes, especially in the broader context of gender inequality.[2,88]

It is also important to test whether violence questions commonly used among women and girls have the same conceptual meaning.[14] For example, questions on sexual violence against men and boys may encompass a different understanding of rape from that used among women's surveys.[75] **Male survivors of sexual violence should have access to psychological and medical support targeted to their specific needs in any research project.** (See Case Example 5.)

CASE EXAMPLE 5: RESEARCH WITH MEN AND BOYS

Currently, there is a limited but growing evidence base on men and boys' perspectives and experiences of violence. Research aiming to address violence against women and girls would benefit from engaging and including men and boys in both research and practice.

The International Men and Gender Equality Survey (IMAGES) provides data from multiple countries on men's use of violence against partners, participation in caregiving and men's reactions to the global gender equality agenda, among other themes. Both men and women, ages 18–59, were included in the survey. The survey utilized the World Health Organization recommendations for survey research about sexual violence and violence against women. This survey adhered to the recommendation that for any GBV survey administered to both women and men in the same communities, the women and men should not be living in the same households, to minimize the risks of household conflict as a result of participating in the research. Including men and boys in GBV research allows us to have a more comprehensive understanding of some of the complex gender norms and social norms that are pertinent to preventing the perpetration of violence against women and girls.[14]

DATA AND RESEARCH UPTAKE

In humanitarian settings where there is a risk of political prosecution, retaliation or further violence, all study data should be de-identified and all personal identifiers of an individual removed from the dataset and respective records so that individuals cannot be identified.[84] During the data collection process, a data management process should be established that includes quality checks.[67] This may be achieved through using a combination of on-the-ground supervision and remote checking via mobile data collection.

At the dissemination stage, in the context of instability, conflict, political sensitivity and population vulnerability, ethical research requires a thorough review of reports and products prior to publication or dissemination so that participants are not identifiable (unless explicit permission has been given during an appropriately rigorous informed consent process).[89,90] This is necessary to avoid any possible retaliation for participation or divergent opinions.[77]

CASE EXAMPLE 6: DISCLOSURE BIAS

The way someone is asked about violence can have a significant effect on disclosure rates. For example, in the WHO multi-country study on domestic violence, women were less likely to self-identify as survivors of GBV when asked directly, but when asked about specific acts of violence they answered positively indicating they had past experiences of IPV. This same study also found that fewer women reported childhood sexual abuse when asked directly, but when given the outline of a body and asked to indicate the places they were touched sexually before the age of 15 a higher proportion of women disclosed an experience of childhood sexual abuse. The WHO guidelines on researching violence against women and girls recommend asking about lifetime exposure to capture all possible survivors of violence. It is also understood that GBV survivors are unlikely to forget severe, frequent or traumatic events.[74]

As many funders require that datasets become publicly available, it is important to ensure that all identifiers are removed.[84] In cases where the population is small and therefore individuals may be identified based on demographics, other options should be pursued such as data aggregation or omission of certain data. Steps to ensure the anonymity of research participants reporting violence should be taken at all stages, from data collection, data analysis to dissemination.

While maintaining a commitment to conducting rigorous research, it is important to consider how the dissemination process might affect the reputability and access of the humanitarian agency offering lifesaving services in conflict. Practitioners and GBV researchers must consider how the release of certain types of data, especially during the acute phase of a conflict, may have an impact on the population being served and the agencies working there.

PRIVACY AND CONFIDENTIALITY

Despite the logistical restrictions in certain humanitarian settings (e.g. overcrowded refugee camp, poorly soundproofed shelters), the privacy of the individual participants must always be upheld to protect the participant from unwanted disclosure to her partner, family members or community.[74] **In humanitarian settings, there can be heightened need for privacy due to political sensitivities.**[77] For example, unless it is needed to meet the aim of the research, asking questions on political affiliation or involvement in the armed conflict should be avoided as it may lead to later retaliation.[23]

SAFETY AND SECURITY

The safety and security of all individuals (respondents and researchers) in humanitarian settings must be prioritised above any other agenda of the research and considered carefully before conducting research in high-risk settings such as armed conflicts.[74,77,84]

During the planning stage, research locations should be avoided where participants or researchers must travel through high-risk areas if appropriate safety measures are unavailable. Research being conducted during the acute stage of a crisis will need on-going risk assessments and cooperation with local and UN security personnel to give permission and recommendations regarding movement in areas of elevated risk. There are often humanitarian response restrictions to follow, such as only allowing necessary research in that setting. If the research is permitted in the humanitarian setting, attention should be made to local humanitarian security protocols where relevant, to ensure that both researchers and participants are kept safe at all times.[74] Research staff should be given specialized training for the context, as well as subject area, and then re-training and ongoing support throughout the research.[91] These steps should be included in the research design timeline and budgeting.

In any setting, GBV research and related research activities should never be conducted at the expense of the research participants, research staff or collaborators. For example, any photos of research participants, research staff or programme staff published on social media or in reports must be handled with careful consideration. In some on-going crisis settings, it may be necessary to avoid the identification of individuals who may be targeted later for their participation in the research or service delivery.

Once the research team has left, a follow-up process should be in place to monitor any unexpected consequences such as retaliation against women from male partners or others.

SUPPORT AND REFERRAL PROCEDURES

Access to support services for survivors of GBV should be taken into consideration when choosing a study location. However, this may not always be feasible, and a plan on how to mitigate further re-traumatisation and potential short-term access considerations should be taken into account. This is especially critical in humanitarian settings where access to basic services might be limited or basic service providers might be unavailable. The availability of referral services in the setting should be assessed, as well as the feasibility of capacity building or arranging short-term services where established referral services are not already in place.[74] **Operational plans should include access to referral and support services for GBV survivors. In some humanitarian settings, funding for security and support services will need to be included within the research budget to ensure that ethical obligations are met.**

It is unethical to conduct GBV research in a setting where there are no permanent or temporary support services available to refer study participants.[75]

CONCLUSIONS

The evidence base for GBV prevention and response in humanitarian settings is limited, but despite the context and resource constraints, there are opportunities to conduct rigorous and appropriate research. Elrha, through the R2HC programme, is committed to developing a body of evidence, through research, that addresses the knowledge gaps in GBV prevention and response, as identified by the evidence gap review in this report.

The issue of *how* to intervene, not *if* to intervene, is the question most often posed to GBV prevention and response practitioners in humanitarian settings. Similarly, for research it is not a question of *if* GBV practice needs the insight of research, but a question of *how* to conduct rigorous and ethical research in humanitarian settings. This report aims to inform researchers with GBV-themed proposals on the current recommendations and emerging methodological approaches.

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7. ANNEXES

ANNEX 1: GBV EVIDENCE GAPS IN ALL SETTINGS

Recommendations specific to humanitarian settings are differentiated in blue text.

EXPANDED VERSION OF TABLE 1: EVIDENCE GAPS IN GBV RESEARCH IN HUMANITARIAN SETTINGS

REVIEW: STATE OF THE FIELD OF RESEARCH ON VIOLENCE AGAINST WOMEN AND GIRLS RESEARCH (VAWG).[40]

- Sexual violence is a gap compared to physical violence against women
- There is a substantial database on risk factors for VAWG, but it's unclear which are merely 'markers' for other variables and which are causally related to the outcome
- There is limited data on VAWG from fragile states.
- Need to understand the macro-level factors that influence the geographic distribution of different types of violence and how global, economic and political processes feed into and affect the dynamic of VAWG.
- The timing of risk factors and what is cause and effect
- Child sexual abuse, especially against boys and perpetrated by women
- Interaction between factors across and within levels of the ecological model
- Need for more information on what helps buffer and protect individuals from risk
- Explore the overlap between pathways to perpetration for different types of violence
- Men's perpetration of VAWG is a gap compared to women's victimization
- Little is known about whether risk factors vary by age group
- The current evidence base is highly skewed toward individual level predictors of abuse.
- More evidence needed on relationship and community risk and protective factors
- More evidence is needed on the impact of mental health/PTSD/ antisocial behaviour on the perpetration of and experiences of violence
- A large gap in the literature on VAWG in the Middle East and Central Asia
- Better understanding of how child abuse relates to other adverse childhood environments

REVIEW: AN EVIDENCE REVIEW OF RESEARCH ON HEALTH INTERVENTIONS IN HUMANITARIAN CRISES.[45]

- More information is needed overall on the spectrum and context of GBV in humanitarian settings.
- There is limited evidence on the effectiveness and operational constraints of GBV targeted interventions for prevention and response.
- The appropriateness and use of international humanitarian GBV guidelines has not been systematically evaluated.
- Innovative methodological approaches are needed to overcome contextual and logistical constraints to GBV research in challenging settings.
- There is limited evidence on feasible and effective primary and secondary GBV prevention programming throughout all crisis stages.
- There is limited evidence on health service needs for survivors in humanitarian settings.

REVIEW: WHAT EVIDENCE EXISTS FOR INITIATIVES TO REDUCE RISK AND INCIDENCE OF SEXUAL VIOLENCE IN ARMED CONFLICT AND OTHER HUMANITARIAN CRISES?[43]

- Literature on combatant violence is extensive but most interventions were opportunistic and in the post-conflict period.
- Promising interventions were generally ones with multiple components, including community engagement but methodological issues limit the evidence base.

REVIEW: PREVENTION OF VIOLENCE AGAINST WOMEN AND GIRLS: WHAT DOES THE EVIDENCE SAY?[44]

- Evidence for interventions is highly skewed towards high-income countries, and response, rather than prevention.
- Most research has been conducted on intimate partner violence, with far less evidence on how to prevent other forms of violence.
- In high-income countries, response interventions have shown greater success in improvements in physical and mental health outcomes for survivors of violence and increased use of services, but evidence for their effectiveness to reduce re-victimisation is weak.
- The specialty of violence prevention programming is at an early stage. Further investment is needed to expand the evidence base for what interventions are effective in different contexts, assess a broader range of intervention models, and explore issues of intervention cost, sustainability, and scalability.
- Limited programme evidence for VAWG response interventions: Women-centred programmes in HIC and LMIC; Perpetrator programmes in HIC and LMIC; Shelters programmes in HIC and LMIC; Women's police stations in HIC and LMIC; Victim advocacy in LMIC; Information Communication Technology (ICT) services.

- Limited programme evidence for population based prevention of VAWG: Community mobilisation in HIC; Social marketing campaigns or edutainment plus group education in HIC and LMIC.
- Limited programme evidence for group-based training or workshops for prevention of VAWG interventions: Empowerment training for women and girls in HIC; Men and boy's norms programming in HIC and LMIC; Women and men norms and behaviour change (gender equality) in HIC; Alternative rites of passage in LMIC.
- Limited programme evidence for economic and livelihood interventions to prevent VAWG: Economic empowerment and income supplements in LMIC.
- Limited programme evidence for system-wide interventions to prevent VAWG: Home visitation and health worker outreach in HIC and LMIC; Infrastructure and transport to improve the safety of public transport and streets (i.e. street lighting) in HIC and LMIC.

REVIEW: EVIDENCE BRIEF: WHAT WORKS TO PREVENT AND RESPOND TO VIOLENCE AGAINST WOMEN AND GIRLS IN CONFLICT AND HUMANITARIAN SETTINGS?[46]

- The availability of timely and accurate prevalence data is a clear gap and an overall understanding of the issue remains limited.
- The lack of consensus by the international community on a standardized methodology for collecting data on VAWG in humanitarian settings creates added difficulties for researchers on the ground.
- Much of the research does not specifically examine the associations between conflict and prevalence of VAWG, nor does it examine how conflict may influence other forms of VAWG beyond physical and sexual violence (such as harmful practices, forced marriage, economic abuse, psychological abuse, etc.).
- Data on the drivers of VAWG during times of conflict is also very limited. More evidence is needed to better understand these linkages between VAWG (including types of VAWG beyond physical and sexual violence) and the various stages of humanitarian crises.
- The available evidence on the effectiveness and impact of interventions to prevent and respond to VAWG is weak. A limited number of evaluations of interventions have been conducted, and many focus on post-conflict contexts rather than examining the effectiveness of interventions during conflict or in the aftermath of natural disasters.
- There is a lack of evaluations of interventions to prevent and respond to VAWG in urban settings where most refugees and asylum-seekers now reside.
- There is a need for more rigorous reviews of survivor service delivery programmes to identify and document best practices.
- Further research is needed on the effectiveness of economic empowerment programmes on VAWG.

ANNEX 2: SYSTEMATIC REVIEW METHODS

SEARCH STRATEGY

A systematic review was conducted of primary prevention interventions and evaluations with the long-term aim stated to reduce VAWG. Interventions were included that aimed to prevent intimate and non-partner physical and sexual violence in any armed conflict setting between January 2000 and February 2017.

ELIGIBILITY CRITERIA

Intervention type: Primary prevention interventions that aimed to prevent or reduce victimisation due to VAWG either directly or indirectly. Interventions were excluded that provided only direct services with no secondary prevention activities (i.e. medical care for survivors of sexual assault with no prevention outreach). Secondary activities that focused on the following were also excluded: prevention of non-partner violence by men against other men; prevention of harmful traditional practices such as female genital mutilation or cutting, trafficking, widow inheritance, widowhood practices and early marriage; and access to justice and legal reform.

Setting: Interventions that took place in low- and middle-income settings with a violent armed conflict, a term that includes mass violence because of collective action, such as coups, civil wars, genocide and international war.

Intervention date: Interventions were included if they were implemented between January 2000 – February 2017.

Target population: No restrictions were placed on target populations for the interventions and therefore the focus of their work could be female and male adults, adolescents and children. Interventions could target individuals, communities, organisations, government officials or agencies.

Study types: Research with quantitative outcomes was included. Mixed-methods studies with qualitative components were also included with the quantitative findings assessed. Designs included cross-sectional, randomised controlled trials (RCTs), non-randomised controlled trials, controlled before–after studies, controlled interrupted time series, and economic studies. Evaluation articles were excluded if they focused on response delivery only, did not include any methodological detail, or were a review paper.

Data types: All studies included primary data collection, outcomes measured before and after the intervention, and a comparison group.

Outcomes: Primary outcomes included self-reported experiences of IPV, non-partner sexual violence, non-partner physical violence (mixed gender), forced or coerced sex, and gender-related behaviours or attitudes. Secondary outcomes included self-reported perpetration of IPV, non-partner sexual violence, non-partner physical violence (mixed gender), and forced or coerced sex.

Publication dates: 1 January 2000 and 15 February 2017
Publication language: English and French

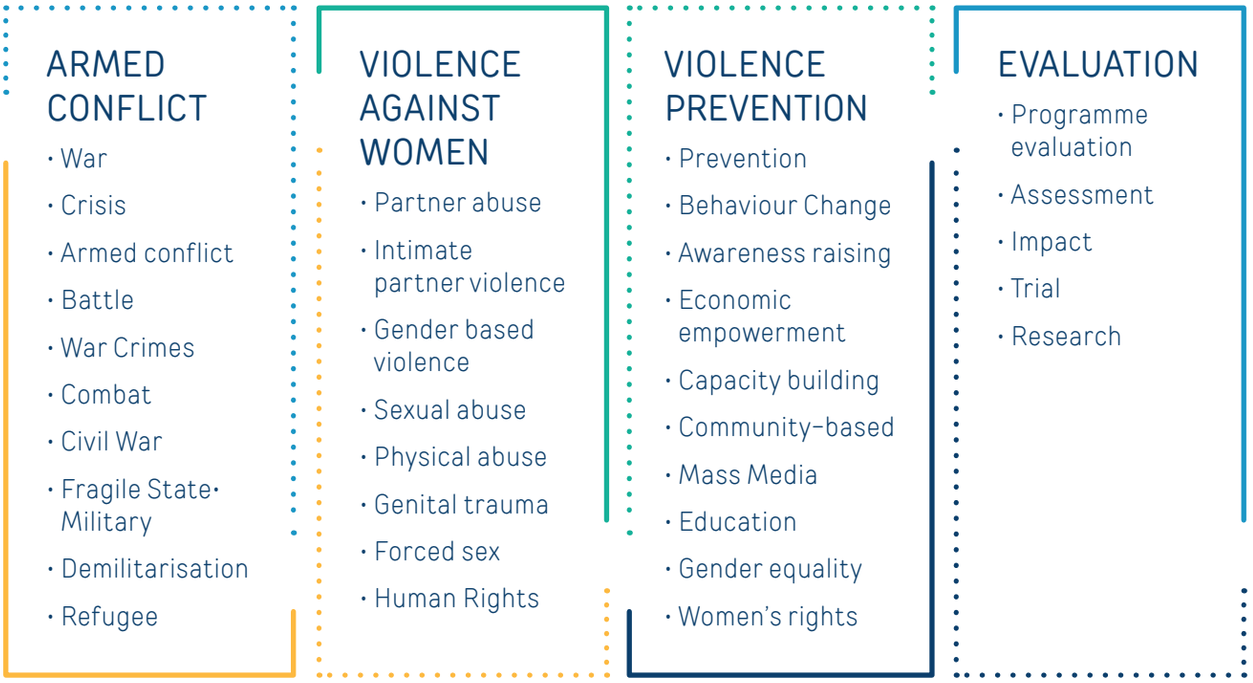
DATA SOURCES

The literature in this field is primarily unpublished in peer-review databases; several strategies were used to identify documents on prevention interventions and evaluations. This included searching peer-review databases, grey literature databases, agency websites of major humanitarian and coordinating bodies working on violence prevention, citations, conference proceedings, dissertations and expert guidance, as well as an online survey of researchers working on GBV.

SEARCH TERMS

A combination of terms was used relating to armed conflict, violence against women, prevention and evaluation. Boolean statements were used in each sub-category.

FIGURE A.1. SEARCH TERMS



COUNTRIES AND REGIONS EXPERIENCING ARMED CONFLICT BETWEEN 2000 – 2017. (n = 56)

Africa

Algeria, Angola, Burundi, Central African Republic, Chad, Comoros Islands, Congo, Democratic Republic of Congo, Egypt, Eritrea, Ethiopia, Guinea, Guinea Bissau, Ivory Coast, Kenya, Liberia, Libya, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, South Sudan, Sudan, Syria, Uganda, Zimbabwe.

ASIA

Afghanistan, Azerbaijan, Cambodia, India (Regions: Assam, Kashmir, Lebanon, Manipur, and Andhra Pradesh), Myanmar, Indonesia (Region: Aceh), Iran, Iraq, Israel, Nepal, Occupied Palestinian Territories, Pakistan, Philippines, Sri Lanka, Tajikistan, Thailand (Region: Patani), East Timor, Turkey (Region Kurdistan), Uzbekistan, Yemen.

Latin America and the Caribbean

Colombia, Haiti.

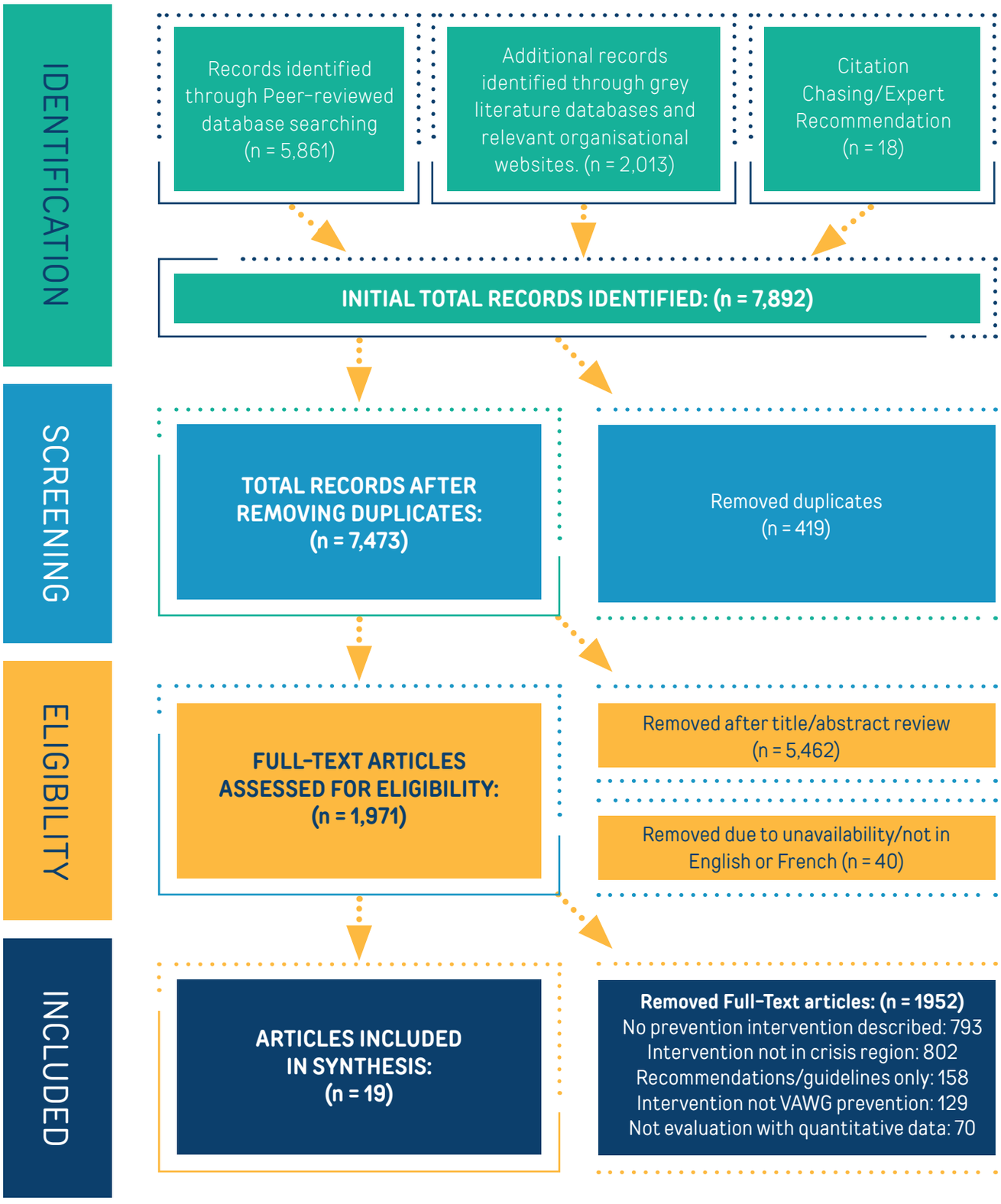
Europe

Georgia, Macedonia, Russia (Regions: Chechnya and Caucasus Emirate), Ukraine.

Oceania

Papua New Guinea, Solomon Islands.

FIGURE A.2. PRISMA FLOWCHART



ANNEX 3: GBV RESEARCH GUIDELINES

PRIMARY GUIDELINES REVIEWED FOR THE GBV RESEARCH METHODOLOGIES REVIEW:

Ellsberg, M. and L. Heise, Researching Violence Against Women: A Practical Guide for Researchers and Activists. 2005, World Health Organization, PATH: Washington DC.

Jewkes, R., Dartnall, E., Sikweyiya, Y. Ethical and Safety Recommendations for Research on the Perpetration of Sexual Violence. 2012, Sexual Violence Research Initiative, Medical Research Council: Pretoria, South Africa.

Landis, D., et al., Measuring violence against children in humanitarian settings: A scoping exercise of methods and tools. 2013, Child Protection in Crisis (CPC) Network and Save the Children UK.

UNICEF, What We Know about Ethical Research Involving Children in Humanitarian Settings: An overview of principles, the literature and case studies. 2016, UNICEF.

Watts, C., Heise L., Ellsberg, M., Garcia-Moreno, C. Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women. 2001, World Health Organization: Geneva, Switzerland

World Health Organization. Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies. 2007.

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