Challenges around data collection on violence against women using surveys

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Why do we need data on Violence against Women (VAW)?
Like data on other issues, it is similar for VAW. Data (evidence/information) is power.

- Data on violence helps us to know the reality,
- Data on VAW is needed to break the silence and
- Data on VAW is needed to see if our interventions work.

This is, provided data are collected properly, interpreted properly and used properly. This is not easy. It is different than measuring people, deaths, births, and inventories. Because we will now be measuring a sensitive topic we need to change our ways of working. For people who have been measuring people and things, it will require a paradigm shift.

In this paper I will briefly touch on some of the challenges with VAW data collection in surveys, with special attention to interviewer training, ethics and safety.

I start with an example
A recent study by a National Statistics office in an unnamed country measured 11 types of VAW (physical, psychological violence, rape, forced abortion, forced prostitution, other sexual violence, neglect, forced labour, prevented to work, other economic violence, human trafficking).
The study found that 3% of women reported at least one of these types of violence in their lifetime (currently the national official rate).
These results are however in stark contrast with other local studies in the same country. They are indicating for example that 22% of women experienced sexual and 11% physical violence by intimate partners. Issues with this national survey: VAW questions were added to a survey on socio economic issues; use of the word ‘violence’ in the questions; women not interviewed in private; interviewers were both male and female and not trained to deal with sensitive issues.

You see what I am getting at. This example speaks of the methodological complexities and subsequent issues with comparability. If not done rigorously and sensitively, surveys tend to result in misleadingly low rates of disclosure of violence
and produce findings that have extremely limited value for advocacy, programme development and monitoring. Bad data is worse than no data.

Prevalence surveys are the best way – provided that they are properly done - to get a picture of the magnitude and nature of violence against women in the population. In population based surveys a representative sample of women representing the total population of women are being interviewed. Interviewers do not know in advance if a woman being interviewed have any experience of violence. By doing so you get prevalence data, prevalence refers to the proportion in the total population that experienced the types of violence that we are interested in, that we are measuring in her lifetime on in the past 12 months.

The ethical and safety challenges are still not always fully appreciated; The WHO has developed a small booklet “Putting women first”, ethical and safety recommendations for research on VAW. *(Available from WHO website)*. This booklet gives key principles that should guide research on VAW, such as ensuring absolute privacy when doing the interview and maintaining absolute confidentiality of information provided by respondents. Most of these guidelines are now incorporated in the new UNSD guidelines on measuring VAW.

One of the ways to keep women safe is through not using the word ‘violence’ in the survey name or in the questions.

The WHO multi-country study while in the field was called a study on women’s health and life experiences. The current studies in the Pacific are called family health and safety studies.

In one country where I worked, the Government, despite my strong recommendation against it, felt they were legally obliged to have the official name (national study on domestic violence against women) in the letter to the local authorities. I was with a team of interviewers in the field when they introduced themselves to local Governor’s office and handed the introduction letter to the Governor, who then read it out loud. Immediately the local men, who were at the time present in the district office raced to their homes to tell their wives they could not participate.

The WHO multi-country study developed and used 3-week training program for interviewers that serves as golden standard. Besides dealing with the technical topics - the questionnaire and interview techniques - , this special interviewer training includes sensitization around violence against women and gender issues. In such training, field-workers are encouraged to confront and overcome any biases, fears, and stereotypes they held about women experiencing violence. Persons who cannot overcome their biases will not be suitable as interviewers. Interviewers will also need to be given an opportunity to come to terms with their own experiences of violence.

Further the training program focuses on measures to keep the field workers and the respondents safe, because for women experiencing violence, the mere act of

\[ \text{http://www.who.int/gender/violence/womenfirtseng.pdf} \]
participating in a survey may provoke further retaliatory violence, or result in women not being allowed to participate.

Interviewers also are trained to reduce non-response, because in a survey on a sensitive topic the non-response or refusal may be related to the experience of violence. In the UNFPA publication *Swimming against the tide lessons learned from fieldwork in Solomon Islands and Kiribati*\(^2\), I documented some examples. Like in Kiribati (a small island in the Pacific) where an interviewer planned with a respondent where to hide from an angry husband to be able to finish the interview.

Another example from Solomon Islands shows how interviewers’ commitment to reducing non-response was so strong that they even found creative ways around witchcraft. In one remote region in Solomon Islands the team was stopped by snakes and an eagle. The team felt that it meant they could not go further and that they could not enter the village. Instead of giving up they gave the letters for the community to their local guides. These guides explained the survey and managed to convince the selected women to come down from the village to meet the field team to be interviewed. The team was proud to have managed to finish their work in that ‘inaccessible’ village in this way, without physically having been in the village.

There are many more ethical and safety recommendations in the WHO booklet such as how to react when a woman is in distress and how to refer to support services.

An important last lesson from the field that I want to mention is that participating in a survey is a transforming experience for the interviewer. After having hearing story after story, interviewers start seeing themselves as change agents. One Pacific interviewer said. “I now speak out when I see abuse. I am more prepared to take risks if I can increase a person’s happiness. I tend to listen more to my own daughter.”

Also respondents change when someone has listened to their stories never told or never valued. An interviewer in Turkey worded it as follows “Maybe I was mediating by listening to her for half an hour, and it was worth the world when at the end she thanks me and tells me she felt worthy.”

It often also changes the ways of work of Statistics offices in a revolutionary way. I have seen that among others in Turkey, Viet Nam and in the Pacific Island countries. It transforms stakeholders. Some examples are documented in ‘Swimming’.

**To conclude:**

Sound data, evidence, is crucial for the global recognition of the problem, in the development of evidence based strategies to prevent and combat VAW and in monitoring progress towards the goal to eliminate all forms of VAW.

I want you to remember that indeed, sound data collection on VAW through surveys is difficult. I mentioned some of the challenges, but we know now that it can be done with full consideration of ethical and safety and that women will discuss their experiences of violence with skilled and empathic interviewers and even find it beneficial and a positive experience.

\(^2\) [http://countryoffice.unfpa.org/pacific/drive/Swimming_Against_the_tide.pdf](http://countryoffice.unfpa.org/pacific/drive/Swimming_Against_the_tide.pdf)
Thank you.

PS. The country which has the 3% prevalence rate now understands that they official figure may represent a huge underestimation and this country is planning in the near future to do a dedicated survey on VAW.