This resource accompanies CARE's GBV Guidance for Development Programs.

GBV principles & approaches:

GBV research ethics

Staff who are not GBV specialists can cause harm by conducting GBV research or even handling personal data without the requisite training, and without key safety, privacy, and confidentiality measures in place to protect personal information. At all stages of the project cycle, programs should ensure any research on GBV remains focused on the principle of do no harm and applies a survivor-centered approach.

This resource outlines ethical principles specific to conducting research on GBV. It includes details of ethical approval requirements and a checklist for planning, implementing and using GBV research.

Ethical principles for GBV research

These principles have been adapted from the WHO core principles for ethical research on VAW.*

- The **safety and security** of research subjects and the research team is paramount and should guide all research decisions.
- When documenting GBV, the **potential benefits** to the respondents or targeted communities must be **greater than the risks** involved to them.
- **Information gathering and documentation** must be done in a manner that presents **the least risk to respondents**, is methodologically sound, and builds on current experiences and good practice.
- Strong justification/rationale must be provided if data that is to be collected is **similar to data already collected in the same geography in the recent past.**
- Before conducting research, the **local availability of care and support services for survivors** must be ascertained; if services are not available in the community or cannot be made available by the research team then research should not be undertaken.
- The **confidentiality** of individuals and the information they reveal must be protected at all times.
- **Informed consent** must be given by anyone participating in research on GBV.
- All members of the **data collection team** must be carefully selected and trained for this research, as well as receive on-going support through the research process.
- If children (anyone under 18) will be research subjects, special safeguards must be put into place.
  See the GBV Hub on CARE Shares for further information on key cosiderations for groups at risk of GBV, including **children and adolescents.**

World Health Organization: Ethical and safety recommendations for intervention research on violence against women (2016).

WHAT information should be collected?

While many projects may be able to rely on **secondary data** to support GBV analysis and other GBV research, the lack of data in particular contexts or the lack of reliability of what data is available may mean **primary data collection** is needed.

Projects should **avoid collecting data on individuals' experiences of GBV**, which should **only be done if programming seeks to directly reduce GBV** (i.e. contribute to a reduction of GBV, as measured through CARE Indicator 3: % of women and girls aged 15 years and older subjected to gender-based violence in the last 12 months by form of violence and age [SDG indicators 5.2.1 and 5.2.2]). **Non-GBV specialists should never ask about personal experiences of GBV.** Asking survivors of GBV about their experiences may cause additional harm or trauma. Step 1.2 in CARE's GBV Guidance for Development Programs includes suggestions for alternative approaches.

Research wishing to ask people about their direct experiences of GBV may need to obtain ethical clearance for the research from the appropriate Institutional Review Boards (IRBs).

Is it necessary for project teams to obtain approval from an ethical review board for certain GBV data collection?

GBV is a sensitive subject and survivors or populations at risk are often regarded as vulnerable groups. Therefore, projects that conduct data collection related to GBV must train data collectors and study teams on GBV research methods and ethics, and may have **to apply for ethical approval through an institutional review board (IRB)**.

Every country has its own rules around what data collection and research is considered sensitive and what requires ethical approval. Many countries, research partners, donors and organizations also have their own requirements (such as partnering with a local university or government ministry, or requiring review by an international review board that covers multiple jurisdictions). Local research partners can often help navigate the local context for IRB as appropriate. In cases where multiple CARE Member Partners work together on a study, one country's IRB may not require ethical review but another might, particularly for a global project or one that is highly sensitive.

See the table below on ethical approval requirements for further information.

WHO can conduct GBV research?

Staff who are not GBV specialists should **never ask about personal experiences of GBV**. Only those trained on GBV research methods and ethics should plan and undertake data collection on individuals' experiences of GBV.

Some forms of research to support gender and GBV analysis may be conducted by program staff who are not specialists. After reading the Ethical Principles section of CARE's GBV Guidance and the ethical principles for GBV research below, program and MEAL staff may include **general questions about GBV** but only if they are appropriate and will be utilized by the specific program. For example, focus group discussions with community members or key informant interviews with stakeholders may ask about general GBV knowledge, attitudes, or practices in that setting, but not about any individual's personal experience of GBV. Staff who are not GBV specialists may engage in participatory data collection methods such as safety audits, but this should be done under the guidance of a GBV specialist.

Data collectors involved with GBV research should receive training on ethics, privacy, confidentiality, informed consent and first-line support to respond to disclosures made by study participants. Researchers should also have access to ongoing support for dealing with the stress and trauma they may experience.

HOW should data be collected and stored?

Collection, storage, use and dissemination of GBV data should be **guided by the same ethical principles as all GBV programming**: safety, respect, non-discrimination, confidentiality, privacy, informed consent, intersectionality and centering local expertise. How best to practically apply these needs to be determined by taking into account available resources, expertise and contexts.

As a general practice, **any sensitive information collected—both soft and hard copy forms—must be stored securely**. For example, soft copies must be stored in password protected or locked locations and hard copies in locked safe boxes and stored within secure locations, with access available only to select authorized personnel. Storage of such information and data needs to also follow safety and ethical guidelines. In the event that such **safety precautions cannot be taken, sensitive data should not be collected**.

Each country team or project must clearly articulate how it will ensure compliance to ethical standards, and allocate staff and budget accordingly.

WHICH terms should be used?

Internationally accepted definitions of the types of GBV being analyzed should be used throughout all phases of GBV analysis, MEAL and researching. Internationally accepted definitions for different types of GBV may differ from those used at the national level, or even across institutions working in the same country context. Definitions and categories of GBV sanctioned in national laws and strategies may vary from internationally recognized forms of GBV or crimes. Therefore, it is important to select and clarify definitions from the very onset along with the rationale for selection to ensure clarity and consistency.

A **glossary of key GBV terms** is available from the GBV Hub on CARE Shares.

WHERE can I find further support within CARE?

CARE's Gender MEL Toolkit includes a section on Ethical Guidelines for Programming and Research. CARE's Safer Programming guidance supports teams to embed safeguarding into programs and ensure they do no harm.

CARE's Global Gender Cohort and Gender Justice Team include GBV specialists who may be able advise on specific GBV research.

CARE's Research and Inquiry Lead, Caitlin Shannon, can advise on research ethics and obtaining approval from an ethical review board.

Ethical approval requirements

Type of data collection	Requirements for ethical approval	Requirements for GBV training and expertise
Routine MEAL Activities *Examples:* • Gender analysis • Evaluation reports • Routine monitoring according to CARE global indicators and targets	Not required, so long as they do not ask individuals directly about their personal experiences of GBV or other sensitive information, and do not collect participants' identifying information.	• All MEAL team members and data collectors should be trained on gender and GBV concepts and relevant CARE indicators • MEAL activities and plans should be guided by GBV specialists
Data collection about **GBV or other sensitive information *in general***, within in a particular setting *Examples:* • Focus groups or key informant interviews that ask about trends and beliefs of a community in general • Anonymized quantitative survey about GBV experiences and attitudes that does not collect identifying information	Typically required to apply for ethical clearance: • If the IRB or institution's Human Research Protection Program decides the study does not collect information about individuals, (or pose a risk to participants) they may grant a waiver ("non-human subjects research determination") and the data collection may proceed. For example, routine data collection for CARE Indicator 2 on rejecting intimate partner violence would not require ethical clearance from an IRB. • If the study does pose a risk or collects individual information, the IRB will likely require the study team to develop a study protocol and apply for ethical review.	• All study team members should be trained on gender and GBV research methods and ethics. • Plans for data collection should be developed and implemented by GBV specialists, with the support of non-specialists.
Data collection that asks about ***individual experiences* of GBV or other sensitive topics**, or **includes sensitive populations as participants** *Examples:* • Focus group discussions or key informant interviews with women to discuss their individual experiences of IPV • A study that asks young girls to talk about GBV in general in a particular setting	• In most cases the IRB will require the study team to develop a study protocol and apply for ethical review. However, even in cases where IRB approval may be not strictly required, safe, ethical and appropriate practice is still required **from CARE**	• Only those trained in GBV research methods and ethics should plan and undertake data collection on individuals' experiences of GBV. • Research activities and plans should be developed and implemented by GBV specialists

GBV research checklist

Ethical Recommendations for planning, implementation, and use of GBV research and evaluations.

Ethical clearance and sound methodology

- ✓ Any formal study that requires the collection of data on GBV must receive ethical clearance through the Institutional Review Board (IRB) from that country and relevant institution.[1]
- ✓ GBV specialists (staff or consultants) must be involved in the design of research with appropriate tools and methods used, and interviewers/field teams trained on how to deploy them safely.

Ensuring safety and confidentiality

- ✓ Ensure respondents understand the purpose of the research, how their information will be used, and that their participation is voluntary.
- ✓ Ensure participants' informed consent is obtained, including on an on-going basis in longitudinal evaluation or research.
- ✓ Undertake formative research, stakeholder analysis and stakeholder consultation to inform the design of culturally appropriate tools.
- ✓ Make all efforts to conduct interviews in private settings where participants cannot be seen or heard.
- ✓ Ensure all data (digital and hard copies) are securely stored (i.e locked cabinets, password protected and encryption of all data).
- ✓ Never record names on questionnaires and use unique ID codes for each participant. Keep all personal identifying information confidential.
- ✓ Always seeks consent prior to audio recording a study participant, and delete after transcription.
- ✓ Take care that data is aggregated sufficiently so that no specific community or individual can be identified (e.g. do not name a specific village; instead specify the setting is a village within a particular district, state or province).
- ✓ Ensure that safe and appropriate methods are used for following up with participants in longitudinal studies (e.g. ask participants how they prefer to be contacted and if it is safe to leave an SMS or voicemail message).

Selection and training of researchers/fieldworkers

- ✓ Appropriate tools are used and interviews must be trained in deploying these safely.
- ✓ Ensure interviewers understand the importance of confidentiality and are trained accordingly.
- ✓ All researchers need to be carefully selected, receive specialized training and on-going support such as burnout-prevention workshops (to deal with secondary trauma or when past experiences of violence may be triggered).

[1] If the research is a program evaluation and does not ask about specific individuals' experiences of GBV, the IRB may decide the research is "non-human subjects research" and waive the requirement of a study protocol and lengthy approvals process. However, if the research asks sensitive questions or includes minors as participants, the project should budget and plan for protocol development and obtaining IRB approval.

Reducing possible distress caused to the participants by the research
✓ The study design must include actions aimed at reducing any possible distress or re-traumatization caused to the participants by the research (i.e. train interviewers to ask about violence in a supportive and non-judgmental manner). ✓ Train data collectors in first-line support to ensure that any participants who disclose GBV receive empathetic and appropriate counseling, safety planning and referrals.
Proper interpretation of findings and use to advance policy interventions
✓ Ensure results of research and M&E are fed back into policy, advocacy and intervention activities (where appropriate, include groups who have participated and stakeholder/advisory groups to validate and disseminate findings).

Further resources

- World Health Organization: Ethical and safety recommendations for intervention research on violence against women (2016).
- World Health Organization: Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007).
- UNFPA: See Beyond Numbers – Improving the gathering of GBV data to inform humanitarian responses (2021).
- UN Women: RESPECT Framework Monitoring and Evaluation (M&E) Guidance (2020).
- World Health Organization & RTI International: Ethical and safety recommendations for intervention research on violence against women (2016).
- World Health Organization, PATH: Researching Violence Against Women: A Practical Guide for Researchers and Activists (2005).
- UN Women, World Health Organization: Violence against women and girls: Data Collection during COVID-19 (2020).
- K4D Helpdesk Report: Documentation of Survivors of Gender-Based Violence (2021).
- Inter-Agency Standing Committee: Tools and good practices for the monitoring and evaluation of GBV risk mitigation interventions in humanitarian settings.