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Study Protocol Guidance

(tool for use with methodology of the WHO multi-country study on women’s health and domestic violence

Questionnaire Version 12)

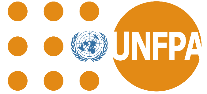
“National Women’s Health and Life Experiences Study”

[Use ‘safe name’]

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kNOwVAWdata is an initiative of the UNFPA Asia and the Pacific Regional Office to develop sustained regional capacity through the development and implementation of a sound training curriculum and to build a committed pool of trained professionals and researchers on the measurement of violence against women in the Asia and the Pacific region. The initiative is funded by the Australian Department of Foreign Affairs and Trade.

http://asiapacific.unfpa.org/publications/knowvawdata-project-overview

Twitter: @kNOwVAWdata | Facebook: www.facebook.com/kNOwVAWdata

A dedicated project website will be launched in 2018 under the UNFPA APRO website http://asiapacific.unfpa.org

# ACKNOWLEDGEMENTS

This ‘study protocol guidance’ is prepared by Henrica A.F.M. (Henriette) Jansen for UNFPA supported violence against women studies in the Asia and the Pacific region that replicate and/or adapt the methodology of the WHO multi-country study on Women’s Health and Domestic Violence. It builds on many years of experience of supporting country studies that took part in the WHO multi-country study (2000-2005) and others that have since used the methodology.

The first version of this protocol guidance (2012) was used for the second round of Pacific Island studies; the second version (2015) included minor changes to accommodate the new round of studies in the Asian region. This current major update was prepared in the context of the kNOwVAWdata initiative. Jessica Gardner and Clare Hoenig provided valuable inputs to this version.

This protocol guidance gives an overview of the activities involved in conducting a dedicated national VAW prevalence study and is intended to be used by country research teams as a guide for developing their own country specific protocol, reflecting each country’s particular approach.

This guidance should be used in conjunction with:

* The WHO Study Questionnaire (please verify you have the latest version; an updated generic version expected to be available in 2018);
* *Putting women first: Ethical and safety recommendations for research on domestic violence against women* (WHO/FCH/GWH/01.1);
* Accompanying training and fieldwork manuals, as well as data entry and processing materials developed to use with the WHO Multi-country Study on Women’s Health and Domestic Violence against Women methodology. UNFPA kNOwVAWdata has updated versions that were prepared for recent studies in the Asia Pacific region; updates of generic versions are expected to be available later in 2018.

Other useful reference materials are:

* Guidelines for Producing Statistics on Violence against Women. Statistical Surveys. Department of Economic and Social Affairs. United Nations, New York 2014
* *Swimming against the tide – Lessons learned from Field Research on Violence against Women in the Solomon Islands and Kiribati* (H.A.F.M. Jansen/UNPFA).
* Ellsberg, M., Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists, PATH, World Health Organization.
* kNOwVAWdata knowledge products (available from <http://asiapacific.unfpa.org/>)

More references are provided in Annex 3.

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# 1. Background to research on violence against women

## Why is research on violence against women needed?

Violence against Women (VAW), and more specifically Gender-based Violence (GBV) is one of the major public health and human rights problems in the world today[[1]](#footnote-1). It is both sustained by and helps to sustain women’s unequal status in society. Its serious consequences on women’s health and well-being, and on that of their families and community, compel us to take action.

The violence that women and girls experience occurs most frequently hidden inside the home, at the hands of intimate partners and family members. It is difficult to recognize and document, and even harder to prevent.

Poor understanding of the magnitude of the problem, its causes and consequences, and whether these characteristics are similar across cultures and countries, hinders the development of efforts to address VAW. While much has been done in recent years, it is still an urgent challenge in many countries to get VAW more firmly on the political agenda. Many governments and people remain indifferent to the problem and hold the view that VAW is a personal and private matter and even acceptable as a control or disciplinary measure. This misconception needs to be challenged with good quality evidence that can bring to light the considerable social, economic and health costs of VAW in a specific country context.

## International frameworks that call for data collection on VAW

Within the United Nations system, the need for national data on the prevalence of violence against women (VAW) is a high priority. One of the five key outcomes in the 2008-2015 UN Secretary-General Campaign *UNiTE To End Violence against Women* was to establish systems for data collection and analysis pertaining to VAW in all countries, by 2015. The Friends of the Chair Group, established in February 2008 by the United Nations Statistical Commission (UNSC) at its 39th Session, developed nine statistical indicators on the prevalence of VAW (described below). In 2013, the 57th Commission on the Status of Women (2013) stressed once more the importance of data collection on the prevention and elimination of VAW in their agreed conclusions.

## UN statistical indicators on VAW

In 2006, the UN General Assembly requested the UNSC to develop a set of possible indicators on violence against women that would assist UN Member States in assessing the scope, prevalence and incidence of violence against women, and its causes and consequences. For this purpose, the UNSC established a working group named ‘Friends of the Chair’ (FoC) in 2008. The core set of indicators adopted in 2011, are listed in the box below. Because of the name of the working group, these indicators are also sometimes referred to as the ‘FoC VAW indicators.’

In 2009, the UNSC requested that the United Nations Statistical Division (UNSD) and other stakeholders, including the World Health Organization (WHO), the United Nations Office on Drugs and Crime (UNODC) and the UN Regional Commissions, draw upon and further elaborate existing methodological guidelines for measuring violence against women, and to initiate a trial compilation of national statistics based on the interim set of indicators. In response, the ‘UNECE questionnaire module’ and the UNSD *Guidelines for producing statistics on violence against women: statistical surveys* were produced to facilitate the measurement of these indicators.

In 2011, the UN Statistical Commission adopted the following core set of nine statistical indicators on violence against women, to be measured through surveys:

1. Total and age specific rate of women subjected to physical violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
2. Total and age specific rate of women subjected to physical violence during lifetime by severity of violence, relationship to the perpetrator and frequency
3. Total and age specific rate of women subjected to sexual violence in the last 12 months by severity of violence, relationship to the perpetrator and frequency
4. Total and age specific rate of women subjected to sexual violence during lifetime by severity of violence, relationship to the perpetrator and frequency
5. Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner in the last 12 months by frequency
6. Total and age specific rate of ever-partnered women subjected to sexual and/or physical violence by current or former intimate partner during lifetime by frequency
7. Total and age specific rate of ever-partnered women subjected to psychological violence in the past 12 months by the intimate partner
8. Total and age specific rate of ever-partnered women subjected to economic violence in the past 12 months by the intimate partner
9. Total and age specific rate of women subjected to female genital mutilation

The first eight indicators differ from the ninth, the FGM indicator. While FGM does not occur universally, the other indicators are relevant in all contexts and measured in most VAW prevalence surveys. They have a similar format and they are closely related to each other. They are however not mutually exclusive. How do they differ and how do they overlap?

As shown in the table below, the eight core VAW indicators require four forms of violence to be measured – physical, sexual, psychological (e.g. controlling behaviours and emotional abuse), and economic violence. They also require information on the severity and frequency of the violence and the perpetrator (e.g. intimate partner or non-partner by type). Indicators are produced for two different reference periods to illustrate whether the violence has occurred (1) during the woman’s lifetime and (2) whether it has occurred in the last 12 months.

The denominator (or relevant population) differs between indicators. For the first four indicators, the rates are based on the experiences of **all women**; for indicators 5-8, the rates relate to the experiences of ‘**ever-partnered women**’[[2]](#footnote-2) – being those women who have been in a relationship and therefore at risk of experiencing partner violence.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Concepts to be measured | | | | | | | Reference period | |
| UN VAW Indicator no. | Physical violence | Sexual violence | Psychological violence | Economic violence | Severity | Frequency | Perpetrator | Lifetime | Last 12 months (current) |
| 1 | X |  |  |  | X | X | X |  | X |
| 2 | X |  |  |  | X | X | X | X |  |
| 3 |  | X |  |  | X | X | X |  | X |
| 4 |  | X |  |  | X | X | X | X |  |
| 5 | X | X |  |  |  | X |  |  | X |
| 6 | X | X |  |  |  | X |  | X |  |
| 7 |  |  | X |  |  |  |  |  | X |
| 8 |  |  |  | X |  |  |  |  | X |

Following the adoption of indicators on violence against women by the UNSC, the UN Statistics Division/Economic & Social Affairs, in collaboration with various stakeholders, published *Guidelines for producing statistics on violence against women: statistical surveys* in 2014*.* At the request of the UNSC, these guidelines were developed to help standardize VAW statistics and to provide national statistical systems with guidance for collecting, processing, disseminating and analysing these data. They build strongly on the experience and methods of dedicated studies, such as the *WHO multi-country study on women’s health and domestic violence* methodology, and the UNECE survey module questionnaire developed to collect data for and compute the first eight UN VAW indicators.

## Sustainable Development Goal (SDG) Indicators on VAW

The set of eight measurable Millennium Development Goals (MDGs) by 2015, ranging from halving extreme poverty and hunger to promoting gender equality and reducing child mortality did not include violence against women, although it was later recognized that such violence hindered progress towards the MDGs.[[3]](#footnote-3)

The 2030 Agenda for Sustainable Development, adopted by UN Member States in September 2015, sets out 17 Goals and 169 associated targets to be achieved by 2030. Member States have adopted a comprehensive framework that includes Sustainable Development Goal (SDG) 5: “Achieve gender equality and empower all women and girls”, as well as mainstreaming of gender across other goals and targets. Target 5.2. on the “Elimination of all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”, includes specific indicators for measuring violence against women (see box).

In addition, SDG Target 11.7 (on providing safe public spaces) and Target 16.1 (on reducing all forms of violence and related deaths) include specific indicators that can also be used to measure and monitor prevalence of violence against women and girls.

While these indicators are crucial for measuring progress towards achieving the SDGs, they have only limited value for monitoring the extent, types and patterns of violence that women experience throughout their lives. The larger set of UN indicators, as well as the further measurement of risk factors and underlying causes and consequences, remains crucial to inform effective policies and programmes.

In 2016, as part of the Sustainable Development Goals, in the context of Goal 5, Target 5.2., “Elimination of all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation”, the following two specific indicators for monitoring prevalence of violence against women by 2030 were formulated:

* 5.2.1. Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner, in the last 12 months, by form of violence and by age group.
* 5.2.2. Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner, in the last 12 months, by age group and place of occurrence.

Since the measurement of violence is still a developing field, with the SDGs this work has received a new impetus, and since 2017 a Technical Advisory Group, led by WHO, is working on measurement issues and methods to more accurately measure violence and produce estimates for the SDG indicators on VAW.

# 2. Objectives of a national VAW study using the WHO methodology

## About the WHO methodology for measuring violence against women

The WHO Multi-country study was one of the first studies to research domestic VAW across countries from a public health and gender-sensitive perspective. The development of the methodology for the WHO Multi-country study started in 1997 to address the lack of reliable and comparable data on VAW, and its consequences and root causes. The actual implementation of the WHO Multi-country study took place between 2000 and 2005. The overall strategic and technical oversight was provided through a core research team consisting of a co-ordinator and an epidemiologist at WHO, technical advisors at the London School of Hygiene and Tropical Medicine (LSHTM) and PATH. An expert steering committee guided the development and implementation of the study.

Using the methodology is extremely advantageous, because the standard questionnaire and methods ensure comparability of data between settings, and the validated and cross-culturally tested methodology enhances credibility of the results. The methodology, combines both qualitative and quantitative research. It adheres to specific ethical and safety standards, developed for research on VAW, including placing great importance on training of researchers and interviewers, as well as support for field staff and respondents who need it. It encourages the engagement of a range of actors in the research process, to facilitate clear understanding and use of the results for policy change and intervention. The standardized questionnaire is well-tested and validated for use in many different settings and can be used with minimal adaptation in most cases.

The action research model, through its participatory approach engaging key stakeholders from the onset, either in the implementation of the research or as members of a stakeholder committee, offers a good opportunity to raise awareness and increase sensitivity among government, international and national organizations, policy makers, researchers and others. This ensures ownership of the study and facilitates use of the results for policy and interventions. It also increases research capacity among a range of actors in the country. The results provide the basis for advocacy and improved policy development and sustainable strategies. The transition from results to dissemination to the ‘intervention phase’ should be considered in the planning and budgeting to ensure the study results are put to effective use.

The ***study methodology is now internationally accepted best practice for national population-based studies of VAW.*** Accompanying methodological tools includes this protocol guidance, a questionnaire, a question-by-question explanation, and a set of accompanying training and field manuals and materials, as well as an annotated report template (current version 1.4, 2018). The methodology consists of a quantitative population based survey (structured interviews with a representative sample of women) accompanied by a qualitative component (focus groups, in-depth interviews and key informant interviews).

## History of adaption of the original WHO questionnaire for producing UN VAW indicators and the SDG indicators

Since 2012, a modified version of the WHO generic questionnaire has been used in the Asia and the Pacific region. This version enabled not only collection of the standardized information in the original questionnaire, but also included the data elements needed to estimate the aforementioned UN indicators on VAW. For this purpose, the partner violence questions have been modified to collect more detail on frequency of violent acts and on which partner was the violent partner, while the non-partner violence questions have been more extensively modified to collect data on severity, frequency and reference period of the violent acts and the sex of perpetrator. The adapted questionnaire also enables monitoring the SDG indicators.

With SDG focus on ‘leaving no-one behind’, as of 2015, the health section of the questionnaire includes questions to measure disabilities using the Washington Group short set of questions.[[4]](#footnote-4) It should also be mentioned that in recent studies, the eligible age group of the respondent has been expanded to include women aged 50 and above (typically up to age 64); whereas the original WHO study focussed on women aged 15-49 years old. The rest of the original questionnaire remained unchanged.

**Notes:**

* As of 2015, a number of countries in the Asian region have used computers and handheld devices to administer the questionnaire during the face-to-face interviews, which is a promising development. This provides the advantage of being able to validate the responses in real time, avoid errors in following skip patterns and streamline data processing.
* WHO is expected to release in 2018 an official update of the questionnaire and the question-by-question explanation (the current official generic version dates from 2006) that among others includes new questions on mental health and norms/attitudes. This upcoming version will integrate many of the enhancements that have been used in the Asia and the Pacific studies during recent years.

## Study objectives

The study consists of two parts:

1. A quantitative survey with structured questionnaires, which will provide data on prevalence of different forms of domestic violence against women, as well as information on impact on health, causes, consequences and risk factors. The questionnaire will be administered by interviewers through face-to-face interviews.
2. A qualitative part: document review and a number of selected interviews and focus group discussions, which will provide more in-depth information on the data collected through the quantitative survey. This part is used to inform the interpretation of the quantitative findings and in the presentation of results to complement the quantitative data.

### Quantitative survey objectives

The quantitative population-based survey has been developed to:

* obtain reliable estimates of the prevalence and incidence of different forms of violence against women (including the estimation of the UN VAW and SDG indicators), in a way that is comparable with other studies around the world using the WHO methodology;
* assess the extent to which intimate partner violence is associated with a range of health and other outcomes;
* identify factors that may either protect or put women at risk of intimate partner violence;
* document and compare the strategies and services that women use to deal with intimate partner violence.

Although the study focuses on collecting data on physical and sexual violence by a current or former intimate partner, it also explores aspects of psychological violence and economic abuse by intimate partners and sexual and physical violence by perpetrators other than partners, including sexual abuse before the age of 15.

For most countries, the study will aim to obtain these results at the national level, for urban and rural areas as well as age groups, educational levels and socioeconomic status. If a large enough sample size can be achieved, regional results may also be obtained.

### Qualitative study objectives

The qualitative component, comprising in-depth interviews, key informant interviews and focus group discussions has the following objectives and outcomes:

* To gather information on women’s attitudes and experiences with partner and non-partner violence, which can be used to better understand the causes and consequences of violence in the national context and triangulate the results of the quantitative survey;
* To involve men and other groups that are not clearly represented in the quantitative survey results, such as LGBTI, to understand their experiences with violence (as victims and perpetrators);
* To explore particular issues relating to violence in more detail, such as the triggers for violence, where women go for help, impact on children, intergenerational violence, etc.;
* To achieve a better understanding of findings from the survey that were surprising or unexpected;
* Provide quotes (testimonials) and findings that when used together with quantitative survey results show compelling findings relevant to that national context.

### Indirect objectives and study outcomes

Conducting this study has a range of indirect objectives and outcomes:

* To increase national capacity and collaboration among researchers and organizations working on gender based violence/violence against women/domestic violence
* To increase awareness about and sensitivity to domestic violence among researchers, policy-makers and health care providers
* To contribute to the development of a network of people committed to addressing domestic violence
* To ensure the results are used to inform policy and develop strategies and interventions to prevent and respond to violence against women

## Types of violence against women that will be measured as a minimum

The diagram below illustrates the types of violence against women that are measured through the quantitative survey (described further below).

* Physical and sexual violence by intimate partners as experienced in a woman’s lifetime and in the 12 months preceding the interview
* For physical and for sexual partner violence the estimates will be broken down by frequency and severity. Severity measures include direct impact in the form of injuries and indirect impact on physical and emotional wellbeing
* Psychological abuse by intimate partners by frequency, as experienced in a woman’s lifetime and in the 12 months preceding the interview
* Economic abuse by intimate partner, as experienced in a woman’s lifetime and in the 12 months preceding the interview
* Physical violence by non-partners, broken down by perpetrators, as experienced in a woman’s lifetime and in the 12 months preceding the interview
* Sexual violence by non-partners, broken down by perpetrators, as experienced in a woman’s lifetime and in the 12 months preceding the interview
* For sexual violence by non-partners, separate questions are formulated for rape and other types of sexual violence
* Child sexual abuse by non-partners, before the age of 15 years old (asked retrospectively)
* If applicable for the country: also include Female genital mutilation (FGM)

Above types of violence and the associated classifications, include those that can be used to estimate the UN core statistical VAW indicators and the SDG VAW indicators.

The information that will be collected in the survey will not only give prevalence rates and before mentioned features but will contribute to understanding the associations with health outcomes and the conditions under which violence against women are likely to occur and to find out linkages with social, economic, demographic, cultural, and other correlates. The survey will also explore the strategies that women who experienced domestic violence use, with special attention on their help-seeking behavior: to whom did they go, why or why not, where they satisfied with the services and why or why not?

## Other types of violence against women

**Female genital mutilation** (indicator 9 of the UN set of core VAW indicators) is not included in the standard WHO questionnaire but questions on this may be included if the practice is common in the country and if no data has been collected to understand the proportion of women affected. The DHS module to measure FGM could be used for this.

Depending on the context, the study may attempt to measure **human** **trafficking for labour,** **mail order brides** and **contract marriages** (not in the generic questionnaire).

## Ethical clearance

The ethical considerations around the original WHO multi-country study were discussed and approved by the Scientific and Ethical Review Group (SERG) of the UNDP/UNFPA/ WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP) in October 1997. The core protocol was reviewed by the expert Steering Committee and a statistical subcommittee in March 1998. The core protocol and questionnaire were reviewed and approved by SERG in October 1998.

In each country where the study methodology will be used, ethical clearance should be obtained by an appropriate research/ethics board or committee.

# Ethical and safety recommendations

## Putting women first

This study deals with a sensitive subject that could potentially impact the **physical safety and psychological well-being of both respondents and interviewers**. The "*Putting women first*. *Ethical and Safety Recommendations for Research on Domestic Violence Against Women*" (2001)[[5]](#footnote-5) developed by WHO, provide details on actions needed during the planning, implementation and dissemination of research (particularly surveys) involving women experiencing intimate partner violence. This is to ensure that the research does not harm respondents or put them at increased risk of violence. Compliance with the ethical and safety recommendations is essential, not only for the ethical conduct of research, but also for the quality and utility of the data generated.

The following principles will need to be respected:

1. The safety of respondents and the research team is paramount, and should guide all project decisions
2. Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence
3. Protecting confidentiality is essential to ensure both women’s safety and data quality
4. All research team members should be carefully selected and receive specialized training and on-going support
5. The study design must include actions aimed at reducing any possible distress caused to the participants by the research
6. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms
7. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.

## Safe name

For the safety considerations of both the respondents and research team, the survey will be introduced to the household with a different title that does not mention domestic violence. This name will be used on all documents related to the study. It is suggested that the name is related to women’s welfare and it should sound good in the local language. Care should be taken to avoid confusion with other surveys (name should be not too close to that of DHS other health surveys).

Examples of safe names of other studies:

* Viet Nam national survey on Women’s Health and Life Experiences
* Turkey Women and Family Survey
* Kiribati Family Health and Support Study
* Solomon Islands Family Health and Safety Study
* Mongolia Women’s Health and Life Experiences Survey

## Other ethical and safety considerations important for this study

* All women who participate in the survey should do so of their own free will. An individual consent procedure with consent form will give the potential respondent information about the study and will provide her with the opportunity to ask questions and to decide whether or not to participate.
* Women will **not** be required to sign the informed consent, as this will breach the promise of confidentiality and will reduce disclosure since the respondent might fear that someone can link the findings with the person and that her partner may find out, and thus have impact on data quality.
* Respondents will be free to reschedule the interview for a better or more fitting time or safer/more convenient place to them.
* Interviews should be conducted in a quiet and private place where no other family member can overhear the discussion and the interview is unlikely to be interrupted. This may be a particular room in the home, or a neutral location, such as a community health facility.
* Interviewers will be trained on how to deal with interruptions during the interview such as husband or partner wanting to know what is going on. In this case, the interviewer can change the topic, for example, by using a decoy questionnaire on women’s health. The respondents will be forewarned about this.
* Information on support and referral services will need to be collected in advance and contacts and possible collaboration will need to be established.
* At the end of every interview, information on support services will be given to all respondents in a way that is not potentially dangerous for them in case their husbands might find the document. This could be achieved by hiding the relevant information among information about other services or between general health information leaflets. In some cases, an actual referral might be necessary.
* If respondents or interviewers need support during the fieldwork, contact information will be given of reliable addresses in the community, mass organizations, health centres and other public services or non-governmental services that support women. In addition, the research team might want to consider hiring the services of a counsellor to join during the fieldwork for supporting to respondents and interviewers when necessary.
* Interviewers themselves might be deeply disturbed by the moving stories they may hear during their work. This in turn might influence the emotional well-being of the interviewers and influence the quality of data collection. These possibilities need to be discussed fully during the interviewer training. Further, field supervisors should be encouraged to hold regular de-briefings and to discuss in a group of interviewers disturbing experiences during the research and provide guidance and group support to decrease potential emotional stress the field workers.

## Debriefing of fieldworkers after fieldwork

Experiences with VAW studies in other countries have shown it is very important to organize a proper debriefing of fieldworkers after the fieldwork has ended. This will be another good opportunity to exchange experiences and lessons learned and to document this. It gives fieldworkers the chance to have closure and to receive recognition for their work.

# Quantitative component

## Sample size and strategy

The results of the survey should be representative for the whole country, urban and rural areas and – if the country and population are large and diverse – for a limited number of geographical regions.

The national statistics office will assist in providing the sampling frame (usually based on the most recent census) and in suggesting a multi-stage cluster sampling strategy and sample size for a cross-sectional nationwide household survey. As the final stage, one woman in the eligible age group will be selected per household.

If the national population is large enough, it should be aimed to achieve a sample size of at least 1,500 women (this sample is large enough to get estimates for country and urban and rural areas, but not large enough break the results down by smaller region). A larger sample size may be considered if a regional breakdown is desirable but it should not be so large that quality and safety will be compromised.

For countries with small populations (such as in the Pacific region), a sample size of 1,500 may even be too large to meet the safety and confidentiality requirements of having a sample size that is not too dense (i.e. households should not be too close to each other – see notes on sampling density below). The sample of households should over-sample by 20-25% to allow for non-existing or non-accessible households, households without eligible women and refusals, and depending on the quality of the sampling frame.

The sample of clusters and households should be either self-weighted or allocated using standard formulas.

Within each household, only one eligible woman can be interviewed for safety reasons. Eligible women are women in the age range 15-64[[6]](#footnote-6) year old (whether they had a partner or not) and who normally live in the household, or who are visitors who stayed at least four weeks, or domestic workers who sleep in the household at least five nights per week. The respondent will be selected randomly from a listing of all eligible women in a household either by drawing the name as a lot or by using a Kish table, or any other preferred method that results in a random selection. It is crucial that the respondent is selected randomly and NOT replaced if she cannot be interviewed.

The age group 15-64, which is different from that used in the earlier WHO Multi-country study (15-49 years) is justified for the following reasons:

* Including older women – while they more frequently have issues with recall bias – is strongly recommended, because the experiences of older women in their homes cannot be ignored. Recent research has shown that they commonly suffer from specific types of elderly abuse.
* The UN indicators refer to all women over 15 years. It is recommended to use 64 as the upper age limit as the questionnaire is not designed to interview older women who are more likely to have recall issues and need a particular approach to discuss sensitive issues.
* Recent studies elsewhere using the WHO methodology have also included women 50+ (e.g. New Zealand, Viet Nam, Turkey, various Asia-Pacific and Asian countries).

For logistical and safety reasons the households should not be too close to each other. In some circumstances it is advisable that all interviews in one enumeration area should be finished in one day.

The sampling plan may also need to be adjusted in view of final decisions in terms of field-team size and compositions, length of fieldwork and logistical considerations.

### Note on sampling density

VAW surveys aim to include a representative sample of women. In most contexts, a direct sample of women out of a sampling frame of all eligible women in the population is not possible. Therefore, in many contexts a multi-stage cluster sampling strategy permits the selection of a sample of households, followed by the selection of one eligible woman per household (the latter is for confidentiality and safety reasons so that other residents in the household will not know the questions that have been asked).

What is different from other survey sampling strategies in a survey on VAW is that it should be ensured that clusters of households are of limited size (say 10 households per cluster), so that one cluster can be finished in one day by one team of interviewers. In the WHO Multi-country study, a team of three interviewers plus one supervisor/editor were able to finish 10 interviews in a day on average. Households in a cluster should not be too close to each other, nor should clusters be too close to each other, so that that rumours about the study will not spread. In the WHO Multi-country study, as a rule, the sampling density was 1 in 10 households; with 1 in 4 if the households were dispersed in rural areas.

In small island countries with small populations, the needs for low sampling density can have special consequences. If the guidelines above are followed, the final sample of women may end up being smaller than for other routine surveys. Also, enough interviewers should be recruited to quickly “sweep” over the island before rumours about the nature of the study may jeopardize survey quality. Experience in practice, such as in the tiny islands in the Pacific region, have shown that it can be quite a challenge, but it is possible to collect quality data. If a good rapport with the interviewer has been established, women will not speak with others in the community about the sensitive questions that were posed to them and feel complicit in keeping other women safe.

### Note on risks of exclusion from the sampling frame in cases of VAW

A comprehensive sampling frame and a high response rate are probably of greater importance in surveys of violence against women than in many other surveys, since it is likely that those who fall outside the sample, or who are not reached, or who do not respond, are more likely to have been subject to violence than those who fall in the sample. It is the more ‘marginal’, excluded and disadvantaged groups of women who are most likely to have been subject to violence, especially in the near past, and these are precisely the groups that are most likely to be omitted if short cuts or economies are taken with the development of the sampling frame. While for many other types of surveys the omission of this section of the population from the sampling frame may not be considered sufficiently important to be worth the expense and effort to include them, for surveys on violence against women this is a potentially significant omission.

For example, women who have fled for refuge with friends and kin, to emergency bed and breakfast or hostel accommodation, or who are homeless in the immediate aftermath of a domestic assault, are most likely to be omitted from sampling frames and to have low levels of response to the survey. Samples based on women who have gone to refuges and shelters have consistently shown much higher rates of frequency of abuse than those from national surveys. The omission of the most heavily abused section of the population is a problem for a survey attempting comprehensive coverage and accurate estimates. This is a significant omission for the measurement of domestic violence in the last 12 months, although it may have less impact on the lifetime rate of domestic violence since some women may now be living in settled violence-free homes.

**Note:** A new kNOwVAWdata document will give more detailed guidance on sampling strategies (expected 2018).

## Questionnaire

### Questionnaire outline

The questionnaire developed for the WHO multi-country study (currently version 12) consists of the following parts:

1. An administration form, used to identify the household and monitor the progress;
2. A household selection form, used to identify and select eligible women;
3. A household questionnaire, used to collect socio-economic data on the household; and
4. A woman's questionnaire.

The woman's questionnaire includes an individual consent form and 12 sections designed to obtain details about the respondent and her community, her general and reproductive health, her financial autonomy, her children, her partner, her experiences of partner and non-partner violence, and the impact of partner violence on her life and coping mechanisms.

Some of the questions on non-partner violence (section 10 of the WHO questionnaire) have been modified for the current study to collect more details on the types of violence, reference period and the (sex of the) perpetrators to enable the UN and SDG VAW indicators to be produced. They follow the format as those in the UNECE VAW questionnaire module that has been developed and tested to estimate the UN VAW indicators.

For countries that plan to include questions on Female Genital Mutilation, the DHS FGM may be used/adapted:

<https://dhsprogram.com/pubs/pdf/DHSQMP/DHS5_Module_Female_Genital_Cutting.pdf>

A limited number of other country adaptations may need to be made to the questionnaire.

The following topics have shown to be of specific importance in some countries

* Context information: Religion and culture (Section 1)
* Additional types of violence
  + Early marriage– make sure to include a question on age at first marriage (at the end of Section 1; note that the current questions on marriage are all about the most recent marriage so the question on age at first marriage, or current marriage if it is the only marriage, should stand separately)
  + Teenage pregnancy – make sure to add a question on age of first pregnancy, whether it resulted in a life birth or not (Section 3, after question 309)
  + Cyber stalking and or other types of sexual violence currently not covered (can be included in Section 10 after the sexual abuse questions).
* For the upper age limit, it is suggested to go beyond 49 and to consider age 64, as explained above.

To facilitate updating all accompanying materials, it is suggested that all changes to the original questionnaire will need to be indicated in red font or highlighted in a different colour. The questionnaire adaptation will be finalized by a working group set up for this purpose in each country.

Recommendations for further adaptations are:

* avoid making the questionnaire longer than it is, rather try to see where questions can be removed;
* do not change question numbers as current question number refer to the variable names in code book and analysis syntaxes.

Any country specific adaptations will need to be included in the study protocol for the country, the questionnaire, and the manuals for training facilitators, supervisors, interviewers, codebook and other materials related to procedures for data processing and analysis.

### How to include the perspective/experiences of men?

In the proposed survey methodology only women will be interviewed in the survey. There are ethical and safety issues posed by interviewing women and men in the same household or even settlement. The biggest risk is that a perpetrator may learn about the topic of the study and this places the respondent or the field-workers (interviewers) at risk of more violence. It is thus important to make sure that women will be able to speak freely and in confidence with the interviewers and to make sure that the topic of the survey did not get out so that women would not be put at risk of more violence.

If men would be interviewed, this will have to be done in a separate survey exercises with a different sample, different interviewers (male interviewers for the survey on men), separate training, separate logistics. These will double the effort and the cost, time and resources. This is often not feasible or desirable. Since women overwhelmingly are victims of domestic violence, it is considered a priority to obtain first national data on the magnitude of the problem for women.

Nevertheless, it is important to hear the men’s side as well. Men are not only perpetrators, and many men do not perpetrate violence. Many men also experience violence, as men in their homes and outside their homes. The same applies to boys at home and in school. We need to understand both their experiences as victims and the underlying reasons why some of them perpetrate violence and what would be needed so that they stop being violent. The perspective of men can be considered through the qualitative component of the study (see below).

### Could we interview children in order to measure childhood (sexual) abuse?

With the proposed methodology, women will be asked questions about their own experiences of sexual abuse by anyone before they were 15 years old (asking them retrospectively). It is not a good practice to interview children in household surveys about their own experience of domestic violence. There are legal and ethical issues around conducting such interviews and different methods exist to interview children that are not compatible with the proposed methodology. Further, in a representative sample, the proportion of children would, in many cases, be too small to look at separately.

## Manuals and other materials

The materials available with the original WHO methodology include the following:

1. Original study protocol (outdated)
2. Ethical and safety recommendations for doing research on violence against women
3. Question-by-question description of the WHO Study questionnaire
4. Facilitator's manual - Workshop for training field workers
5. Interviewer's manual
6. Supervisor's and field editor's manual
7. Data processing manual (outdated)
8. Code book with all variables and values and labels

Additionally, the following materials developed for UNFPA supported studies are available to support implementation

1. Study protocol guidance (this document)
2. Sample data entry programs in various formats (including for tablets and smartphones in the field)
3. Updated codebook with the core variables and recode variables
4. Data analyses recode and syntax files for standardized analysis in SPSS
5. Report template (to guide structuring the national study reports in comparable way)
6. Dummy tables (table shells) to guide analysis
7. Examples of reports and products from other studies
8. Sample ToRs for study coordinator, advisory committees
9. Other sample materials such as debriefing questionnaire, confidentiality agreements, etc.

The questionnaire and the question-by-question description have been updated a number of times (enquire for latest version)[[7]](#footnote-7). For each country, the materials may need to be translated and adapted to the context.

## Translation and pre-testing of questionnaire

The process of translation of the questionnaire is crucial and goes far beyond professional translation. It includes that the translated questionnaire is first checked and discussed repeatedly by the researchers involved in the study. Oral back-translation sessions with discussion of each question are needed to agree on nuances in wording and cognitive interpretation of the questions.

Subsequently, the questions will again be tried out in the pre-test and one by one discussed with those who have conducted the interviews during the pre-test (and using a question-by-question explanation guide), followed by final modifications to the translated questionnaires.

The pre-testing will take place before the training of the field workers, in several areas, which will not be part of the actual survey. The objective of the pre-test is two-fold. First, to detect problems in the questionnaire; second, to detect potential logistical problems that could occur during the fieldwork. After the pre-testing, the necessary amendments will be made to the questionnaire and guidelines.

## Recruitment and training of field workers

### Selection/Recruitment

In studies on sensitive topics such as domestic violence, careful recruitment and training of field staff is **the most important element** for collection of quality data (including reducing non-response and increasing disclosure of violence) and keeping participants in the survey safe.[[8]](#footnote-8)

The interviewers and supervisors will need to be carefully selected. Due to the specific nature of the study, only female interviewers should be engaged. Interviewers need to meet criteria such as emotional maturity, empathy, capacity and skills in dealing with sensitive issues.[[9]](#footnote-9)

Selection criteria will need to be identified for each country depending on the situation and include: age group, attitudes, skills, educational level. In some settings, you may need to include men as team supervisors or drivers (e.g. for safety).

### Calculations for number of field staff

Include the following considerations:

* Number of interviews that can be achieved in a day (on average, three completed interviews)
* Field logistics/travel times
* Duration of field work
* Number of interviews feasible per person (50-100), to avoid exhaustion and loss of sensitivity in interviewing
* Team size (a field team includes usually a team supervisor and a field editor)

More persons than required will need to be selected and trained as potential field staff as some will drop out, and some may not be suitable.

### Considerations for field team size

It is suggested that teams be big enough to do one cluster per day but other aspects, such as means of transportation, accommodation, team dynamics, should also be considered.

Each interviewer should do sufficient interviews to make the long training worthwhile and to take advantage of the experience that increases during the fieldwork. Each interviewer should preferably do at least 50 interviews but not more than 100. Doing more than 100 interviews will be emotionally draining, may desensitize interviewers and will affect the quality of the interviews and thus the quality of the data.

### Field worker training programme

All of the field staff will undergo a standard training program of approximately three weeks to learn the questionnaire, interviewing procedures, editing etc. It is crucial that the training also includes sensitisation on gender and violence issues. A facilitator’s manual developed for the WHO multi-country study is provided a part of the package of materials, which includes a suggested agenda and description of training activities.

The training of field staff should preferably be done in one central place to ensure quality of training. The central venue should have facilities where they can break up and work in smaller groups.

The training will be delivered by a team of national and (if feasible) with the assistance of an international technical expert or through south-south collaboration (especially if this is the first of such surveys in the country). National trainers will include representatives from the leading agency and the statistics office. Some sessions will be done by a psychologist who works with women.

The objectives of the training are as follows:

* To increase the sensitivity of the fieldworkers to gender issues at a personal and community level
* To develop a basic understanding of gender-based violence in general, domestic violence in particular, its characteristics, causes and impact on the health of women and children
* To understand the goals of the survey on domestic violence against women
* To learn skills for interviewing, taking into account safety and ethical guidelines
* To become familiar with the survey questionnaire and protocol

The training will include both in-class instruction and three days of field practice (pilot).

Preferably, the entire field staff (interviewers, editors, and supervisors) as well as data entry supervisors and clerks, and the provincial field coordinators, should take part in the training. Supervisors, as well as data-entry staff, will undergo additional training to familiarize them with their specific tasks. For supervisors, this includes sessions on supervision, fieldwork questionnaire editing, monitoring and reporting.

If laptops, tablets or smartphones are used for interviewing, extra time (up to one week) will need to be planned for training in the use of the IT equipment in an interview, handling of the IT equipment, trouble shooting, back-up and data transmission procedures, etc.

The training and pilot experience will be used to fine-tune the questionnaire.

## Field implementation

Procedures in the field will be organized by the national study coordinator with the lead agency/national statistics office, according to their regular procedures, but taking into account all the agreed ethical and safety recommendations.

The exact duration will depend on the final sample size and frame and number of interviewers in each province, but can be expected to be about 4-6 weeks. Based on experience from the WHO Multi-country study, it should be estimated that approximately three to four interviews can be conducted, per interviewer, per day, with the full questionnaire.

### Monitoring of the quality of the field work

To ensure high quality data collection, an elaborate and hierarchical monitoring and communication system will be in place to monitor all levels of the field implementation. Various mechanisms should be used to ensure and monitor the quality of the survey implementation in the field, such as:

* Every interviewer keeps an interviewer's diary which contains all basic information on the completed interviews, or reasons for the interview not being successfully completed, as well as any personal impressions and accounts of ‘real stories’;
* Every completed questionnaire will be checked by a supervisor/editor to identify inconsistencies and skipped questions, thus enabling any gaps or errors to be identified and corrected before the interviewer moves on to another enumeration area.
* Random checks of households (at least one per cluster) by the field supervisor, during which respondents are interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedure and to assess the respondent’s perceptions of the initial interview.
* Continuous monitoring of each interviewer, using performance indicators such as response rate, number of completed interviews, and rate of identification of physical violence (using field-check tables);
* In all surveys, it is important to minimize the degree of non-response. For this study, the issue of non-response is of particular concern, as the absence of an individual or her refusal to participate may be related to a history of abuse. For this reason, details on the levels of non-response will be monitored by cluster and by interviewer, with follow-up procedures being implemented in locations or with interviewers with high levels of non-response.
* Quality control procedures include also the collection of information to enable the demographic characteristics of the non-respondents to be compared with those of women who did respond.

## Data processing and analysis

If a **paper questionnaire** is used, the following steps should be followed.

Data entry personnel will attend the training program for field workers and additionally they will learn data entry procedures through a short training (National Statistics Office).

A special data entry template will be developed by the person responsible and tested as soon as the questionnaire has been finalized. The variable names (based on the question numbers) and labels are provided in a codebook. Internal consistency, range and error checking, skips etc. of the responses will be controlled through the data entry program. The data entry program will be tested and debugged with the questionnaires completed during the pilot study (immediately after interviewer training) and finalized at the time that the main fieldwork is starting.

During the fieldwork, the questionnaires will be returned to the central office by the interviewers for data processing as soon as all interviews in each particular are completed. The machine entry and editing activities will begin, at latest, one week after the commencement of the fieldwork and will run concurrently with fieldwork.

Data entry is expected to be completed approximately ten days after the completion of the fieldwork. During machine entry, double entry and verification will be done. It is suggested to do 100% double entry by different data entry clerks, followed by file validation and correction/cleaning. This will reduce the risk of keying errors and ensure high quality data.

Currently many countries chose to use **tablets or smartphones** for direct data capturing during the interview (computer-assisted personal interviewing or ‘CAPI’) which facilitates data processing and cleaning, eliminates skip errors that often occur with paper questionnaires, and reduces the time for data processing.

As soon as data are complete and clean, data will be **analyzed** using the appropriate weights to control for selection probability and non-response, as is routinely done in other surveys. In addition to this, the potential bias arising from unequal chance of selection between women from small and large households will be explored and corrected by weighting according to the number of eligible women in the household.

A number of SPSS syntax files have been prepared to combine data across the questionnaire and produce new variables in order to get the estimations of the violence indicators. They will need to be checked and updated to reflect any national adaptations. In cases where different names have been used for the variables collected during the survey, it is probably more efficient to rename the variables to match the standard ones so the syntax files can be run as are.

Exploratory and descriptive analyses from the women's questionnaire will be performed. These include for example prevalence of physical and sexual violence (ever and in the past 12 months) for ever-partnered women. The prevalence of physical and sexual abuse by perpetrators other than intimate partners will be presented for all women in the study (i.e. regardless of partnership status).

For proper comparison with older studies (that looked at women 15-49 years old only) the main violence outcomes will also be presented separately for the subgroup 15-49.

Descriptive statistics will be used to describe the use of services and the satisfaction with these services by women who experienced violence. Similarly, the reasons for NOT using these services will be analyzed. The findings will provide information concerning the main people or agencies that come into contact with women experiencing abuse, and help to identify whether there are other agencies from which women would like to receive help.

The analysis as described above will be conducted at the national level, and by rural and urban areas, and – if applicable - geographical areas.

Methods already commonly in use in each country can be used to calculate socio-economic levels. Alternatively, principal components analysis of the assets data from the household questionnaire can be used. For the risk factor analysis, multi-variable logistic regression will be used.

More information on data analysis and presentation of results is provided in the accompanying materials and in the section below on report writing and dissemination.

# Qualitative component

Qualitative research methods have an open and unstructured approach and are quite different from a household survey, which uses a closed and structured approach. The purpose and the methods for the qualitative component are much less prescriptive and more flexible. This component could, for example, consist of a document review, in-depth and key informant interviews as well as focus group discussions. Qualitative data provides more in-depth, nuanced contextual information on the quantitative survey data. This will enable triangulation as a strategy to amplify the interpretation of the quantitative findings. In the presentation of results, qualitative data complements the quantitative data by providing real-life stories that illustrate, in a different way, women’s experiences (giving a face/voice to the numbers). Qualitative data can also fill gaps by providing information that cannot be collected in the survey, such as the perspective of men.

All or some of the qualitative research activities can be omitted, especially if other existing research efforts in the country are already informed by data collected using techniques associated with qualitative research.

In each country, a (small) team should be established to assess prospects of triangulation based on qualitative and quantitative methodologies. Its first task would be to undertake a document review to find out what has already been done in the country, drawing largely on available secondary data sources. Then, decisions can be made on whether to conduct interviews and focus groups, and what they should aim to collect. Existing interview guides from countries who have done qualitative interviews are available and can be adapted for the a different country specific context.

The target groups for the qualitative in-depth interviews and focus-group discussions could include the following (to be decided in each country):

1. Various groups of men, to understand men as partners, men as perpetrators, men's views on domestic violence and their role in combating domestic violence; Since men will not be included in the survey the qualitative part should always include men to be able to report on the men’s perspective.
2. Women who have experienced domestic violence, to understand women's views on domestic violence, risk and protective factors, strategies and services used, suggestions on what should be done to prevent/reduce domestic violence (important if such data has never been collected before);
3. Women with a disability, as they are a hard to reach group using traditional household survey methodologies and even more so when it comes to surveys such as those used to ask about violence. Families may exclude women with disabilities from being considered for household surveys, communication barriers may prevent women with disabilities from responding to surveys, and general discrimination and lack of care may exclude them from some sampling and survey methods. Qualitative methods can provide additional insight in how disability can be a risk factor for violence and how violence can lead to disability.
4. Selected groups of key informants (professionals, local leaders, NGOs) who are in contact with domestic violence victims and/or perpetrators to learn about their perceptions (especially important if little is known on violence against women in the country).

# Report writing and dissemination of results

## Planning of the report writing process

In order to ensure a firm sense of ownership over the results, the report writing process should be participatory. The stakeholders’ committee (see below) should be consulted at crucial stages of the results write-up. In particular, in the interpretation of the data and the formulation of the recommendations, to ensure that everybody involved understands and takes ownership of the results and contributes to interpretation and recommendations. This also contributes to the legitimacy of the findings.

It should be planned in advance which products will need to be produced, e.g. a main report, a summary report (in simple language) and a number of policy briefs for different audiences. All these products will likely need to be prepared in the national language and, if applicable, in English. Infographics are an effective way to visualize the results and communicate key messages. Videos are also a powerful way to disseminate study findings and are being increasingly used to explain the results, communicate the importance of the study, and advocate for action.

The main report, which combines the results of the statistical survey and the qualitative component, will be detailed and rather technical. It will include at least: (1) the context, including the process that lead to the decision to organize this survey, an overview of the legal and policy framework for domestic violence in the country, and an overview of the services available for victims and/or perpetrators and their families; (2) a description of the methodology and process; (3) the data analysis and findings; and (4) recommendations addressing different stakeholders.

A typical outline for the main report is provided below:

1. Introduction
2. Research objectives and methodology
3. Response rate and description of the survey sample

RESULTS

1. Violence against women by husbands or partners
2. Violence against women by others (non-partners)
3. Attitudes and perceptions about gender and partner violence
4. Impact of partner violence on women’s health and wellbeing
5. Impact of partner violence against women on their children, intergenerational aspects of violence
6. Women’s responses to partner violence and their coping strategies
7. Factors associated with violence against women by partners
8. Men’s perspectives on partner violence
9. Perspectives on violence against LGBTQI and people with disabilities
10. Discussion, conclusion
11. Recommendations

It is also suggested to produce a summary report, which is often a small and colourful 10-25 age booklet in which the summary results are presented in an easy accessible way and useful for dissemination activities for a variety of audiences.

Please refer to the accompanying kNOwVAWdata document that provides in more detail the proposed steps and a template to develop a main country report (2018 version).

## Dissemination of results

A dissemination and communication strategy should be developed that includes some analysis of the target audiences, type of products, dissemination channels (launch, workshops, radio/TV, social media, etc.), how metadata (description of the data) will be provided, and how to deal with any revisions or misuse of the data.

The release of the results will need to be carefully planned. Usually when the results of a survey are presented for the first time, it is done through an official launch event or conference, where the press is also present. Allocating a spokesperson or people and providing them with media training is a good strategy to ensure clear and consistent presentation of the results.

The findings of the survey and report will also need to disseminated at the regional levels. The findings will be used for on-going advocacy and to shape further policies and programmes.

A good way to make data available to the public is to create a website. For example, the site that was produced for the National study on Domestic Violence in Turkey presents, in a colourful way, the organization and methods of the study, the main statistics in interactive graphs, a page with *Frequently asked Questions* and links to the press release, and the full and summary reports.

The following lessons learned from the experience of disseminating VAW survey results in other countries are useful to consider in preparing for dissemination:

* Discuss findings with relevant stakeholders before launching. This will most likely be via the advisory panel and the GBV project Steering Committee.
* Make a distribution list for materials to disseminate
* Prepare a good press release
* Prepare key messages for interviews with the press and stick to them, whatever the questions they ask are (practice this!)
* Prepare in advance a plan/policy on use of results and data.

# Management of the study

## Research team

A National Research Team will be responsible for implementing the research. This team may differ slightly from country to country but generally will consist of:

* A National Research Coordinator (assigned to the leading government agency and hired full time to undertake the duties specified in the TOR for the duration of the project)
* An expert from the appropriate government lead agency (operational focal point or national project manager; supporting certain tasks such as training of fieldworkers, support of fieldwork and logistics, other management tasks)
* A statistician from the National Statistics Office (responsible for sampling, field work, logistics, data processing and data analysis)
* A focal point in the in-country representing UN, the donor, as applicable
* In some countries – depending on the situation - the research team may include deputy country coordinator who assists the country research coordinator in all tasks and who could have more administrative tasks
* The team should reach out to include a national expert on women issues (local NGO/social scientist) for psychological support of interviewers and respondents during the fieldwork and to assist in the qualitative research component.

Apart from the National Research Coordinator who will be full-time on the task, the other team members will be involved part-time or for specific tasks in the implementation.

Generally, (there may be some variation between countries), the National Research Coordinator will report to the lead government agency. They will also have to be accountable to a National Steering Committee or national ethics board, depending on the setting.

It may be advisable to set up an international technical advisory panel for methodological and technical support, training and guidance comprising experts in the measurement of violence against women.

## Stakeholder Committee/consultation[[10]](#footnote-10)

In this study, it is not only essential to collect high quality data, but also to ensure that the data are truly accepted and to create a deep national ownership of the results. Only then will the results be used for policy and intervention. It is important to make sure that from the beginning there are mechanisms in place to create a link between the collection of data and the use of the results for policy and intervention by the end-users of the study.

A Stakeholder Committee is needed to guide and support study implementation. This committee (chaired by the leading agency or other appropriate organization) should comprise key stakeholders in the study that will protect the confidentiality of the study and endorse the final methodology before the data collection begins. At later stages, the Stakeholder Committee will be important to ensure credibility, take ownership and play a crucial role in dissemination and use of the results.

Because of the important role in dissemination and use of the results, it is essential that the membership include key-decision makers, representatives of women's organizations and researchers. It is important to aim for participation from representatives of the relevant divisions within concerned ministries or bodies, as well as representatives from the media.

# Timeline/activities

The following timeline and activates are indicative and will vary per country. A more detailed project plan and timeline is provided at Annex 1.

**Preparation and planning (5 months)**

* Set up national Stakeholder Committee for full national buy-in and future use of data
* If applicable: Set up Steering Committee with strong participation by national partners
* Decide on sampling strategy (required representation of the results)
* Finalizing plan and budget, prepare country work plans jointly with UNFPA
* Set up technical working/research group with National Research Coordinator
* Decide on safe name
* Preparatory workshop and consultation to sensitize actors to the nuances of measuring violence against women

**Activities preceding field implementation (3 months)**

* Finalize questionnaire, adapt manuals, protocols;
* Translations of the materials;
* Identify and consult with referral and support mechanisms
* Plan out qualitative component
* Consultative committees, meetings
* Finalize sampling plan
* Finalize recruitment plan for field teams
* Training plan and duration, training logistics

**Implementation (6 months)**

* Pre-test
* Prepare questionnaires and materials for training
* Training of field staff, including pilot (3 weeks)
* Printing of questionnaires for field survey or obtain and test handheld devices for electronic data capture
* Field work (4 – 10 weeks), depending on sample size and logistics
* Data entry (double entry), cleaning – two months if a manual survey; two weeks if data were captured electronically
* Qualitative component (parallel to quantitative)
* Data analysis, report writing (include consultative process)
* Dissemination activities, link to policy and interventions

# Annex 1. Sample timeline for implementation of study in one country

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Draft - Timeline - VAW survey (quantitative component only) | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| This example assumes a relatively small sample size, with 6 weeks in the field, and all activities being implemented uninterrupted | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |
|  | | Month 1 | | | | Month 2 | | | | | Month 3 | | | | | Month 4 | | | | Month 5 | | | | Month 6 | | | | Month 7 | | | |
| **Week** | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
| Operational setup / planning workshop | | x | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Review previous surveys project | | x | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalize methodology | | x | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Set up steering committee | |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First meeting steering committee | |  | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop and translate questionnaire | |  | X | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop supervision and quality control protocols | |  |  | x | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pre-test questionnaire | |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Adapt/translate training materials/manuals | |  |  | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Develop sampling strategy | |  |  |  | x | x | x | X | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalize criteria and recruit field staff | |  |  |  |  |  | x | X |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Train field staff (including pilot) | |  |  |  |  |  |  |  | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Set up data entry system | |  |  |  |  |  |  | X | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Train data entry staff | |  |  |  |  |  |  |  |  |  | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inform local authorities of fieldwork | |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Finalize and print final questionnaires | |  |  |  |  |  |  |  |  |  |  | x |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Implementation of field work/interviews | |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Data entry from questionnaires (double entry) | |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |  |
| Cleaning of data | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x |  |  |  |  |  |  |  |  |  |  |  |
| Analysis of data from survey | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x | x | x |  |  |  |  |  |  |
| Preparation of draft report | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x | x |  |  |  |  |  |
| Review of draft report | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x |  |  |
| Steering committee meeting | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |  |  |  |
| Preparation of final report | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x | x |  |
| Printing of report, leaflets; preparing launch, press releases etc. | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x | x |
| Launch of the results (dissemination workshop) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |
| Planning meeting on use of results | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | x |

# 

# Annex 2. Sample template for budgeting a VAW study

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BUDGET TEMPLATE** | COUNTRY: | | |  |  |
|  |  | |  |  |  |
| **Sample size** |  | |  |  |  |
| **Estimated # days field work** |  | |  |  |  |
|  |  | |  |  |  |
|  | # people | |  |  |  |
| Interviewers |  | |  |  |  |
| Data typists (double entry) |  | |  |  |  |
| Supervisors |  | |  |  |  |
| Co-ordinators |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Salaries** | **Cost** | | **# people** | **# days** | **Total (local curr)** |
| Per-diems interviewers |  | |  |  |  |
| Salaries interviewers |  | |  |  |  |
| Data entry salaries |  | |  |  |  |
| Per-diems (supervisors & support staff) |  | |  |  |  |
| Driver salaries and per-diems |  | |  |  |  |
| Mappers |  | |  |  |  |
|  |  | |  |  |  |
| **Total of above** |  | |  |  | **0.00** |
|  |  | |  |  |  |
|  |  | |  |  |  |
| **Preparation** | **Cost** | | **# people** | **# days** | **Total (local curr)** |
| Adaptation and translation of questionnaire and manuals | | |  |  |  |
| Sample selection and updating | |  |  |  |  |
| Fees and permits | |  |  |  |  |
| Compilation of list of services | |  |  |  |  |
| Printing of service guide | |  |  |  |  |
| Recruitment of field staff | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Interviewer training** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Venue | |  |  |  |  |
| Supplies | |  |  |  |  |
| Food | |  |  |  |  |
| Per-diems for interviewers | |  |  |  |  |
| Support for facilitators | |  |  |  |  |
| trainer 1 | |  |  |  |  |
| trainer 2 | |  |  |  |  |
| trainer 3 | |  |  |  |  |
| Psychologist | |  |  |  |  |
| sampling person | |  |  |  |  |
| Pilot testing | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
| **Printing questionnaires** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Photocopying | |  |  |  |  |
| Printing | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Fieldwork for survey** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Accommodation | |  |  |  |  |
| Petty cash | |  |  |  |  |
| T-shirts | |  |  |  |  |
| id-cards | |  |  |  |  |
| Bags | |  |  |  |  |
| Calendars | |  |  |  |  |
| rent of mobiles | |  |  |  |  |
| Cards for mobile phones | |  |  |  |  |
| info cards | |  |  |  |  |
| Additional pens, tissues etc. | |  |  |  |  |
| Coordination, communication | |  |  |  |  |
| Supervisory field visits | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Transport, maintenance and fuel** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Vehicle rental | |  |  |  |  |
| Other transportation | |  |  |  |  |
| Fuel | |  |  |  |  |
| Maintenance | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Data entry and analysis** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Data entry and validation related expenses | |  |  |  |  |
| Data analysis | |  |  |  |  |
| IT resources | |  |  |  |  |
| Stationary and other supplies | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Qualitative research** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Key informant interviews | |  |  |  |  |
| In-depth interviews | |  |  |  |  |
| Focus group discussions | |  |  |  |  |
| Accommodations | |  |  |  |  |
| Travel | |  |  |  |  |
| Supplies | |  |  |  |  |
| Transcription, translation | |  |  |  |  |
| Coding and analysis | |  |  |  |  |
| Write-up of results | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **Advocacy and dissemination** | | **Cost** | **# people** | **# days** | **Total (local curr)** |
| Workshops with consultative committee | |  |  |  |  |
| Conference hall | |  |  |  |  |
| Refreshments | |  |  |  |  |
| Workshop on data analysis and report writing | |  |  |  |  |
| Venue rental | |  |  |  |  |
| Supplies | |  |  |  |  |
| Stationaries | |  |  |  |  |
| Final report | |  |  |  |  |
| Summary report | |  |  |  |  |
| Advocacy materials | |  |  |  |  |
| Website development | |  |  |  |  |
| Dissemination events | |  |  |  |  |
|  | |  |  |  |  |
| **Total of above** | |  |  |  | **0.00** |
|  | |  |  |  |  |
|  | |  |  |  |  |
| **TOTAL ESTIMATED BUDGET** | |  |  |  | **0.00** |

# Annex 3. References and resources

1. **Papers and documents on methods, ethics and lessons learned related to data collection on VAW (and VAW indicators)**

Ellsberg, M., Heise, L. (2005) Researching Violence Against Women: A Practical Guide for Researchers and Activists, PATH, World Health Organization. <http://www.who.int/reproductivehealth/publications/violence/9241546476/en/>

Jansen H.A.F.M. (2012) Prevalence surveys on violence against women - Challenges around indicators, data collection and use. Expert paper prepared for Expert Group Meeting Prevention of Violence against Women and Girls, Bangkok, Thailand. <http://www.unwomen.org/~/media/Headquarters/Attachments/Sections/CSW/57/EGM/EGM-paper-Henriette-Jansen%20pdf.pdf>

Jansen H.A.F.M. (2010) Swimming against the tide. Lessons Learned from Field Research on Violence Against Women in the Solomon Islands and Kiribati. UNFPA Pacific Sub-Regional Office. ISBN 978-982-520-04909 <http://www.endvawnow.org/uploads/browser/files/swimming_against_the_tide_unfpa_2010.pdf>

Jansen, H.A.F.M., Watts, C., Ellsberg. M., Heise, L., and Garcia-Moreno, C. (2004) Interviewer Training in the WHO Multi-Country Study on Women’s Health and Domestic Violence. Violence Against Women, 10(7), 831-849. <http://www.who.int/gender/documents/Interviewer_training.pdf>

United Nations (2013). Guidelines for Producing Statistics on Violence against Women: Statistical Surveys. Department of Economic and Social Affairs. ST/ESA/STAT/SER.F/110. ISBN 978-92-1-161567-8 <http://unstats.un.org/unsd/gender/docs/Guidelines_Statistics_VAW.pdf>

UNECE questionnaire module and accompanying manuals and data processing materials. <http://www1.unece.org/stat/platform/display/VAW/Survey+module+for+measuring+violence+against+women>

World Health Organization (2001). Putting women first: Ethical and Safety Recommendations for Research on Domestic Violence against Women.WHO, Geneva, Switzerland WHO/FCH/GWH/01.1.   
<http://www.who.int/gender/violence/womenfirtseng.pdf>

Jansen, H.A.F.M./kNOwVAWdata (2017).

Indicators on Violence against Women. UNFPA Asia and the Pacific Regional Office: Bangkok.   
<http://asiapacific.unfpa.org/en/publications/indicators-violence-against-women>

Six golden principles for interviewing women who may have experienced violence. UNFPA Asia and the Pacific Regional Office: Bangkok. <http://asiapacific.unfpa.org/en/publications/six-golden-principles-interviewing-women-who-may-have-experienced-violence>

Jansen, H.A.F.M./kNOwVAWdata (2016).

**Sources of Data**. UNFPA Asia and the Pacific Regional Office: Bangkok.  
<http://asiapacific.unfpa.org/en/publications/knowvawdata-data-sources>

Measuring prevalence of violence against women: **Key terminology**. UNFPA Asia and the Pacific Regional Office: Bangkok. <http://asiapacific.unfpa.org/en/publications/violence-against-women-key-terminology>

Measuring prevalence of violence against women: **Survey methodologies**. UNFPA Asia and the Pacific Regional Office: Bangkok.  
<http://asiapacific.unfpa.org/en/publications/survey-methodology-knowvawdata>

1. **Reports with comparative results on VAW from multi-country (or multi-state) studies**

CDC (2014). NISVS 2010 Report on Intimate Partner Violence [This is a USA study done in 50 states – interviewing both men and women]  
<http://www.cdc.gov/violencePrevention/NISVS/index.html>

Bott S, Guedes A, Goodwin M, Mendoza JA (2012) Violence Against Women in Latin America and the Caribbean: A comparative analysis of population-based data from 12 countries. Washington, DC: Pan American Health Organization.  
<http://www.paho.org/hq/index.php?option=com_content&view=article&id=8175%3A2013-violence-against-women-latin-america-caribbean-comparative-analysis&catid=1505%3Aintra-family-violence&Itemid=41342>

FRA Violence against women: an EU-wide survey

Main report:   
<http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>

Technical report (methodology):  
<http://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-survey-methodology-sample-and-fieldwork>

Summary report, factsheets and other materials are also available

Garcia-Moreno, C., Jansen, H.A.F.M., Ellsberg, M., Heise, L., and Watts, C. (2005) WHO Multi-country Study on Women’s Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women’s responses. World Health Organization, Geneva, Switzerland. Full report, summary report and fact sheets:  
<http://www.who.int/reproductivehealth/publications/violence/24159358X/en/>

Jansen, H.A.F.M. (2017). kNOwVAWdata 2017 Regional Snapshot. UNFPA Asia and the Pacific Regional Office: Bangkok.  
<http://asiapacific.unfpa.org/en/publications/violence-against-women-regional-snapshot-2017>

Kishor, Sunita and Kiersten Johnson (2004). Profiling Domestic Violence – A Multi-Country Study. Calverton, Maryland: ORC Macro. [Using DHS data collected with violence module]  
<http://dhsprogram.com/pubs/pdf/od31/od31.pdf>

Fulu E., Warner X et all (2013) Why do some men use violence and how can we prevent it? Quantitative findings from the UN Multi-country Study on Men and Violence. UNDP, UNFPA, UN Women and UNV. [this is a study on perpetration by men]  
<http://www.partners4prevention.org/node/515>

1. **Miscellaneous National reports for countries that have used the WHO methodology­**

Fiji Women’s Crisis Centre (2013). Somebody's life, everybody's business! National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji  
<http://pacificwomen.org/wp-content/uploads/2017/09/FWCC-National-Research-on-Womens-Health-Fiji.pdf>

Government of Cook Islands (2015). Te Ata O Te Ngakau - Shadows of the Heart. The Cook Islands Family Health and Safety Study.   
http://pacific.unfpa.org/en/publications/te-ata-o-te-ngakau-shadows-heart

Government of the Federated States of Micronesia (2014). Federated States of Micronesia Family Health and Safety Study.  
<http://pacific.unfpa.org/en/publications/fsm-family-health-and-safety-study>

Government of Nauru (2015). Nauru Family Health and Support Study: an exploratory project on violence against women.  
<http://pacific.unfpa.org/en/publications/nauru-family-health-and-support-study>

Government of the Republic of Kiribati (2010) Kiribati Family Health and Support Study: A study on violence against women and children. <http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=89&Itemid=44>

Government of the Republic of Palau (2015). Belau Family Health and Safety Study.  
<http://pacific.unfpa.org/en/publications/belau-family-health-and-safety-study>

GSO/UN (H.A.F.M. Jansen et al). (2010) Keeping silent is dying. Results from the National Study on Domestic Violence against Women in Viet Nam. (Available in English and Vietnamese)  
<http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693>

GSO/UNFPA (H.A.F.M. Jansen at al) (2015). Why do some women experience more violence by husbands than others. Results of the analysis of risk factors for violence by husbands (Available in English and Vietnamese)

Full report (2015):

<http://vietnam.unfpa.org/en/publications/why-do-some-women-experience-more-violence-husbands-others>

Summary report (2014):

<http://vietnam.unfpa.org/en/publications/why-do-do-some-women-experience-more-violence-husbands-others>

Jansen, H.A.F.M., Nguyen, T.V.N. & Hoang, T.A. (2016) Exploring risk factors associated with intimate partner violence in Vietnam: results from a cross-sectional national survey Int J Public Health 61: 923.   
https://doi.org/10.1007/s00038-016-0879-8

KSGM/HUIPS/ICON (2009) Domestic Violence against Women in Turkey. Main report and summary report of the National Research. (available in English and Turkish)  
<http://www.hips.hacettepe.edu.tr/eng/dokumanlar/2008-TDVAW_Main_Report.pdf>

Jansen H.A.F.M., B. Dönmez and K. Altınel (2009). Website National Research on Domestic Violence against Women in Turkey 2008: <http://kadininstatusu.aile.gov.tr/kadininstatusu/tdvaw/default.htm>

Ma’a Fafine mo e Famili. (H.A.F.M. Jansen, et al). (2012). National Study on Domestic Violence against Women in Tonga 2009. Nofo ‘a Kainga. <http://mfftonga.files.wordpress.com/2012/12/tonga-vaw-report-final-2012.pdf>

National Commission for the Advancement of Women, Lao PDR (2015). Lao National Survey on Women’s Health and Life Experiences 2014: A study on violence against women.  
http://asiapacific.unwomen.org/en/digital-library/publications/2016/03/lao-a-study-on-violence-against-women

Republic of the Marshall Islands (2015). National Study on Family Health and Safety.  
<http://pacific.unfpa.org/en/publications/rmi-national-study-family-health-and-safety>

Royal Government of Cambodia (2015). National Survey on Women's Health and Life Experiences in Cambodia.  
<http://asiapacific.unwomen.org/en/digital-library/publications/2015/11/national-survey-on-women-s-health-and-life-experiences-in-cambodia>

Royal Government of Cambodia MOWA/UNFPA (Jansen H.A.F.M. & P. Gulliver) (2016) Secondary Analysis on Women's Experience of Domestic Violence and Other Forms of Violence  
http://cambodia.unfpa.org/en/publications/secondary-analysis-womens-experience-domestic-violence-and-other-forms-violence

Secretariat of the Pacific Community for Ministry of Women, Youth & Children’s Affairs (2009) Solomon Islands Family Health and Safety Study: A study on violence against women and children.  
<http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&Itemid=44>

1. **Questionnaires and tools for measuring violence**

DHS Modules on Domestic Violence, Women’s status and Female Genital Cutting  
<https://dhsprogram.com/publications/publication-DHSQM-DHS-Questionnaires-and-Manuals.cfm>

FRA “Survey on women's well-being and safety in Europe” – Questionnaire  
<https://fra.europa.eu/sites/default/files/fra-violence-against-women-survey-questionnaire-1_en.pdf>

IVAWS (general information only; questionnaire to be requested by email) <http://www.heuni.fi/en/index/researchareas/violenceagainstwomen/internationalviolenceagainstwomensurveyivaws.html>

Toolkit for Replicating the UN Multi-country study on Men and violence  
<http://www.partners4prevention.org/how-to/research>

UNECE VAW survey module and materials for measuring violence against women (to estimate the UN VAW indicators)  
<http://www1.unece.org/stat/platform/display/VAW/Survey+module+for+measuring+violence+against+women>

WHO “survey on women’s health and life experiences” (link with updated questionnaire, manuals and other materials will be available in 2018 from WHO and kNOwVAWdata)

*For the latest resources, data visualization, country reports and documentation of field implementation, refer to kNOwVAWdata website (to be launched in 2018).*

1. For key terminology (kNOwVAWdata document): http://asiapacific.unfpa.org/en/publications/violence-against-women-key-terminology [↑](#footnote-ref-1)
2. The partnership definition will need to be defined in each context in a way that is culturally relevant and that ensures that all women who are potentially at risk of violence by intimate partners are included. Partners always include spouses and ex-spouses. Depending of the context it may include cohabiting partners, dating partners, same sex partners, and/or others. [↑](#footnote-ref-2)
3. WHO (2005). Addressing violence against women and achieving the Millennium Development Goals. http://www.who.int/gender-equity-rights/knowledge/who\_fch\_gwh\_05\_1/en/ [↑](#footnote-ref-3)
4. For more details on the Washington Group Short set of disability questions see: http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/ [↑](#footnote-ref-4)
5. World Health Organization (WHO), Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women, WHO/FCH/GWH/01.1, 2001. [↑](#footnote-ref-5)
6. Age range given here is commonly used, however can differ from country to country. [↑](#footnote-ref-6)
7. An official update of the generic WHO questionnaire will be available in 2018 [↑](#footnote-ref-7)
8. Jansen, H.A.F.M., C. Watts, M. Ellsberg, L. Heise, and C. Garcia-Moreno. Interviewer Training in the WHO Multi-Country Study on Women's Health and Domestic Violence. Violence Against Women, Vol. 10 No 7, 831-849, July 2004 [↑](#footnote-ref-8)
9. kNOwVAWdata: Six golden principles for interviewing women who may have experienced violence http://asiapacific.unfpa.org/en/publications/six-golden-principles-interviewing-women-who-may-have-experienced-violence [↑](#footnote-ref-9)
10. Could be operating under a different name locally [↑](#footnote-ref-10)