

# IPV Field Research



## When all the questions are hard questions

By Ellen Bates-Jefferys and Tvisha Nevatia



Understanding how to keep vulnerable people safe from violence and trauma is critically important, yet violence research is fraught with challenges. IPA's Intimate Partner Violence (IPV) Initiative has been generating knowledge and solutions about how to reduce violence against women since 2016. This resource shares some strategies from the initiative on conducting responsible and ethical IPV research.

Globally, an estimated 835 million people experience intimate partner violence (IPV) in their relationships, and in some regions more than half of all women have experienced violence in their lifetime.<sup>1</sup> Despite the prevalence of IPV, evidence on its causes and how to combat it still remains relatively limited. To address this gap, IPA partnered with the International Rescue Committee to launch the [IPV Initiative](#), with the aim to “strengthen the evidence base around the types of programs that are effective in reducing IPV and to broaden the number and diversity of studies which measure IPV as a primary outcome.”

As IPA is pushing to shed light on tangible solutions to IPV, we are also consistently butting up against challenges and roadblocks. **Based on our lessons from conducting IPV field research, we are building on existing best practices and protocols to improve IPV research for everyone. Here, we discuss three components of IPV field research and strategies to structure your project for success.**

*In the context of the COVID-19 pandemic, many researchers are wondering how to manage field enumerator teams for remote data collection. To help answer this question, IPA published a post with the Sexual Violence Research Initiative on [Considerations for Doing Intimate Partner Violence Research in the Time of Coronavirus](#).*

---

1. <http://pubdocs.worldbank.org/en/232551485539744935/WDR17-BP-Gender-based-violence-and-the-law.pdf>

# Trauma-Informed Interview Preparation

Violence research and research on IPV in particular needs to be done with great care given research ethics concerns. When conducting surveys, research teams invariably meet women who have experienced violence and trauma, and the concern is that survey questions may lead to re-traumatization. There are several ways we work to mitigate any potential re-traumatization from interviews about IPV:

- **Ensure IPV-related questions are asked in a safe and secure environment.** First and foremost, we promise our respondent confidentiality. Locating and maintaining a space safe from interruption and without access for eavesdropping can be difficult. For some places with low privacy, this means you may be visible, but that is fine provided the enumerator is able to easily verify that no one is close enough to hear. In our surveys, we often prompt enumerators to stand up and check that privacy is being maintained throughout the interview. Likewise, do not let being closeted with the respondent feel falsely like safety. If there is a nearby window that opens out to the ground level, someone could stand there and listen to the conversation, even if the enumerator is “alone” with the respondent.

It is not recommended to even have children above the age of two years (sometimes we say only “nursing” children are allowed in the interview; this reasoning and cutoff is understood by most respondents) when asking questions about IPV.

Even if the enumerator thinks they’ve found a good spot for the interview, if the respondent does not think it is private, move. This is important for two reasons: 1) the respondent likely knows the area better than the enumerator and is better at identifying safe places to talk; and 2) even if the respondent is mistaken, she will not answer the questions with the same confidence as a place where she feels safe. So, as always, follow the respondent’s lead in identifying places to conduct the interview.

- **Select questionnaires that minimize the potential for re-traumatization due to the question.** We and other researchers are perpetually working to improve the exact questions asked during IPV surveys and the modes we use to ask those questions. We try to select surveys that are both validated and recommended by psychologists. The Demographic Health Survey is considered to have the [current standard for IPV questions](#). Regardless, it is important to use IPV surveys that only ask questions relevant to the research analysis and are not redundant.

*“The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud; this is the meaning of the word unspeakable.*

*Atrocities, however, refuse to be buried. Equally as powerful as the desire to deny atrocities is the conviction that denial does not work. Folk wisdom is filled with ghosts who refuse to rest in their graves until their stories are told... Remembering and telling the truth about terrible events are prerequisites both for the restoration of the social order and for the healing of individual victims.”*

—Judith Lewis Herman, *Trauma and Recovery: The Aftermath of Violence— From Domestic Abuse to Political Terror*

- **Train enumerators on sensitive and appropriate communication.** Enumerators play the key role of asking the hard questions about violence and they should be trained and prepared to deal with difficult situations that can arise while interviewing victims of violence or trauma. To ensure the entire field team is informed of their responsibilities and trained well to execute the mitigation strategies, conduct a training (examples of guidelines are the [IPA Guidelines for Safe and Ethical Conduct of Violence Research](#) and the [WHO Ethical and Safety Recommendations for Intervention Research on Violence Against Women](#)).

It is important to recognize, especially in areas where prevalence of IPV is high, enumerators belong to the same society and may subscribe to prevailing social norms justifying IPV. Therefore, they may need to be “un-trained” about their own beliefs of IPV. It is important that enumerator negative bias does not impact their interactions with a survivor of violence. Relatedly, some of the enumerators may themselves be victims of violence. It is important these enumerators are given a space for their voice if they want to talk about their experiences. In the trainings, researchers can:

- **Train enumerators to respond empathetically, but without judgement, to expressions of trauma.** As respondents open up about trauma, it’s imperative the enumerator does not exacerbate their experience. For many, it is reflexive to offer advice or judgement when someone speaks of their troubles. However, this is completely unacceptable when administering an IPV survey.

<b>What not to say to a distressed respondent who states they’ve experienced violence:</b>	<b>What to say instead:</b>
Don’t worry, that is not so bad as others.	That must have been hard.
In that situation, why didn’t you...?	I can see why you were really hurt by that.
I know exactly what you’re going through.	It is okay to be upset.
This is taking too long; we need to move onto the next question now.	Thank you for your honest answers to these questions.

- **Enact role-plays of different situations that may arise on the field.** These can be useful in detecting common responses by enumerators when violence is disclosed. An enumerator can be trained in using the appropriate phrases to show empathy towards the respondents disclosing facing violence and discouraged from taking the lead on counselling them themselves.
- **Equip enumerators with referral resources and scripts to use while sharing them with the respondent.** The enumerators should be given clear instructions on what steps to follow and who to contact if they encounter someone in danger.

- **Support enumerators and create awareness about vicarious trauma.** Enumerators collecting this data will hear many stories of tragedy. It is important they know this may affect them. During training, discuss the feelings that sometimes come with vicarious trauma. Discuss common reactions and techniques for preserving well-being during stressful times. Finally, let enumerators know it is okay to talk about these feelings, even though they have sworn to protect the confidentiality of the respondent.

**A helpful resource for thinking through these issues can be found at:**

<https://www.who.int/reproductivehealth/publications/violence/9241546476/en/>

## Interviewing Women Experiencing Violence

Research teams need to be prepared for respondents to tell them they are experiencing IPV. Some respondents could share that they are in dangerous or life-threatening situations. Here are some ways for research teams to be prepared and to respond responsibly:

- **Plan to encounter active violence and prepare your team.** No one should be blindsided by encountering active violence in the field—yet many are. At every step in the hiring and training of your team, it is important to highlight the content of the work that they will be doing.
- **Identify local organizations that can assist the respondent and share this list.** Put together a list of resources to provide respondents experiencing violence.
  - Contact these organizations before research begins and find out how women can connect with them discreetly.
  - Look into these resources in advance. They may look great on paper but are not able to manage cases in a professional and productive manner. Ask relevant staff what they would do if approached by a woman claiming to experience IPV.
  - Do not hesitate to remove unqualified resources from the list—poor or inadequate services can do more harm than good.

Types of organizations commonly found on referral pathways include: violence hotlines, shelter homes, hospitals, women’s clinics, specialized health centers, psychologists, psychosocial support agencies, women’s ministry resources, police, probation officers, and legal aid providers.

- **Budget for referral services.** During project development on IPV research, it may be necessary to reserve funds in the budget for quality referral services and/or IPV counsellors' time. While the research context will dictate the exact need for services, researchers may choose to hire specialists if there are holes in the existing referral pathway.
- **Ensure the respondent understands how to safely reach out for help.** When explaining the list of referral resources with respondents, make sure to include instructions on when and how to reach each resource. If possible, identify specific staff by name at the referral organization who the respondent can reach out to help manage her intake process.
- **Support the enumerators listening to the violent stories.** Enumerators will meet respondents in trauma and crises which can both cause them to feel vicarious trauma or remind them of their own abuse. In such research, extra care should be taken to check in on the enumerators and to convey to them that they are not alone and can share their feelings with the team.

Hold regular debriefs on the field which provide a safe space to enumerators to share their feelings, have regular get-togethers or celebrations, and provide resources for self-care during data collection. This can go a long way in boosting the morale of the team and helping enumerators maintain their well-being.

## Ensuring Evidence is Used to Reduce IPV

As responsible researchers, we also need to ensure the data will be used to improve programs and policies focused on reducing IPV. We know there is a cost to collecting this data, and do not take lightly what we are asking of participants, so we are all responsible for linking the data to concrete IPV reduction strategies in the future. One first step is a “pre-policy” plan—a discussion and understanding before the study begins with the involved stakeholders on what the course of action will be under the scenarios of different possible findings.

IPA’s blog post on [\*How to Keep Good Research from Dying a Bad Death: Strategies for Co-Creating Research with Impact\*](#) outlines key steps that we can take to successfully communicate our results to relevant stakeholders. It is not enough to vaguely identify one partner and assume their passion for IPV reduction will make them quickly turn your recommendations into action. Organizational and individual relationships must be built. Having one-on-one meetings where stakeholders can ask in-depth questions are as important as presenting at large-scale events. It can be a good idea to bring in partners at all steps of the research to engage them with the process, provide insight on what they want to know, and understand how the results fit into their everyday work.