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Perceptions about safety and risks in gender-based violence research: implications for the ethics review process

Yandisa Sikweyiya [a] & Rachel Jewkes [a]
[a] Gender and Health Research Unit, South African Medical Research Council, Pretoria, South Africa

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Perceptions about safety and risks in gender-based violence research: implications for the ethics review process

Yandisa Sikweyiya* and Rachel Jewkes

Gender and Health Research Unit, South African Medical Research Council, Pretoria, South Africa

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Does research on gender-based violence (GBV) pose greater than minimal risk to researchers and participants? This question needs to be understood particularly in light of hesitancy by Institutional Review Boards to approve research on GBV. The safety and risks of doing GBV studies and the implications for the ethical review process have not been a focus of much research. This qualitative study collected data through in-depth interviews with 12 experienced GBV researchers from various countries and a desk review. This paper explores researchers' interpretation of and meanings of the safety recommendations as provided in the WHO guidelines and whether there is empirical evidence on the presence of risks and safety concerns unique to GBV research. Informants raised a number of safety concerns about GBV research, yet in the interviews there were very few examples of problems having occurred, possibly because of the precautions applied. This paper argues that the notion that GBV studies carry greater than minimal risk when ethics precautions are followed is based on speculation, not evidence. It highlights the need for empirical evidence to support assertions of risk in research.

Keywords: gender-based violence; GBV; safety; risk; ethics

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Introduction

Does doing research on gender-based violence (GBV) pose greater than minimal risk for researchers and participants? This question is pertinent in the light of hesitancy by Institutional Review Boards (IRBs) to approve research on GBV. Although several authors have raised concerns about the sensitivity of such studies (Ellsberg and Heise 2002, 2005; Jewkes et al. 2000), the safety and risks involved in GBV studies and their implications for the ethics review process have not been a focus of much research (Sullivan and Cain 2004). Institutional Review Boards have been accused of creating unnecessary barriers to the conduct of important and ethically correct research, when there are actually few instances of harm stemming from conducting research described in the literature (Grady 2010). It is thus very important to understand whether concerns about the safety of GBV research are realistic.

Gender-based violence research has been identified as an area that is particularly sensitive. Researchers have argued that it has the potential to harm respondents in a way that is different from other areas of community-based study and that for women respondents the process of being interviewed about painful and sad events may have serious traumatic effects or psychologically distress them. In response to these concerns,

*Corresponding author. Email: yandisa.sikweyiya@mrc.ac.za

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The safety of the respondents and the research team is paramount, and should guide all project decisions.

a. Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimise the under-reporting of violence.
b. Protecting confidentiality is essential to ensure both women's safety and data quality.
c. All research team members should be carefully selected and receive specialised training and an on going support.
d. The study design must include actions aimed at reducing any possible distress caused by the research.
e. 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.
f. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
g. Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

Figure 1. WHO ethical and safety recommendations for research on domestic violence against women.

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researchers have developed guidelines for conducting research on this topic and these have been published by the World Health Organization (WHO 2001). The WHO Ethical and Safety Recommendations for Research on Domestic Violence Against Women (see Figure 1) were developed through consultative discussions with stakeholders including the Steering Committee for the WHO multi-country study on women's health and domestic violence against women and members of the Scientific and Ethical Review Group of the various international organizations (WHO 2005).

These guidelines, have been operationalised somewhat differently in different contexts (Ellsberg and Heise 2005; Jewkes et al. 2000). As guidelines, they are not intended to be viewed as a prescription on how to do ethical research but a guide on good research practice. This distinction is important as it is not known how often women participants or researchers may be at risk of some of the actions that these guidelines seek to protect them from, such as violent reprisals after being interviewed (Jewkes and Wagman 2007).

It is now common practice in many parts of the world for GBV researchers to follow the WHO guidelines (Dunkle et al. 2004; Ellsberg and Heise 2005; Jewkes et al. 2006). However, there is a need to better understand the risks from which they seek to protect as well as the question of whether there remain residual risks in undertaking GBV research when the guidelines are followed, which are greater than those pertaining in any other research work. This will enable IRBs to make evidence-based decisions and to locate the facts about risk in research and the level of safety needed by research respondents (Devilly, Wright, and Varker 2009; Grady 2010).

The aim of this paper is to contribute to the debates on safety and risks in GBV research by gathering empirical data on the meanings of safety, the basis of concerns and the nature and scope of empirical evidence on the presence of risks unique to GBV research from publications and researchers who have worked in the field.

Methods

This paper is based on data gathered through in-depth interviews and a review of four articles on ethics in GBV research (see Figure 2). Articles were selected based on their

Ellsberg, M., and L. Heise. 2002. Bearing witness: Ethics in domestic violence research. *Lancet* 359, no. 9317: 1559–604.

Ellsberg, M., L. Heise, R. Peña, S. Agurto, and A.Winkvist. 2001. Researching domestic violence against women: Methodological and ethical considerations. *Studies in Family Planning* 32, no. 1: 1–16.

Jewkes, R., C. Watts, N. Abrahams, L. Penn-Kekana, and C. Garcia-Moreno. 2000. Ethical and methodological issues in conducting research on gender-based violence in Southern Africa. *ReproductiveHealth Matters* 8, no. 15: 93–103.

World Health Organization. 2001. *Putting womens' safety first: Ethical and safety recommendations for research on domestic violence against women.* Geneva, Switzerland: Global Programme on Evidence for Health Policy, World Health Organization. Report No.: WHO/EIP/GPE/99.2

Figure 2. Research articles analysed.

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scientific rigour and relevance to this study (Ryan, Coughlan, and Cronin 2007; Sale 2008).

At first, through email correspondence, we asked information from 10 researchers of the Multi-Country Study on Women's Health and Domestic Violence, which was a household survey of women that was conducted in 10 countries from different regions of the world (for a full description of the WHO study see WHO [2005] or Ellsberg and Heise [2005]). Two researchers from this group emailed their responses back.

Further to this, 10 in-depth interviews were conducted, 8 with GBV researchers from various countries who attended the Sexual Violence Research Initiative (SVRI) Forum in South Africa in July 2009. Among these, we interviewed three of the five researchers who formed the Core Research Team of the Multi-Country Study (see Ellsberg and Heise 2005) who attended the SVRI forum. The SVRI forum provided a platform for 194 people from different countries of the world to share and discuss research on sexual violence (Dartnall and Loots 2009). Interviews were conducted during the conference breaks or in the evenings after the conference sessions had ended. Two telephonic interviews were also done with local researchers who were study nurses in the South African Stepping Stones Study (Jewkes et al. 2006).

All interviews, and the email inquiry, were conducted with a thematic guide that had two broad questions with several possible probes. We asked the informants to respond to the following questions: How have you operationalised the safety guidelines in your respective country? Did you get any evidence that these guidelines were useful? With the consent of the informants, interviews were digitally recorded.

We present findings derived through a latent content analysis (Graneheim and Lundman 2004). Analysis was performed by both authors separately. We read and re-read the text identifying open codes. Thereafter we established a set of categories and defined those (Dahlgren, Emmelin, and Winkvist 2004). With categories clearly defined, we engaged with them attempting to understand the underlying and different meanings the categories could be having (Graneheim and Lundman 2004). At this stage the authors came together to discuss the categories that had emerged in the data. Thereafter we linked the categories that fitted together and identified the main category. We then interpreted what we saw emerging. Findings were then compared with existing literature and conclusions made.

Ethics approval was provided by the South African Medical Research Council's ethics review committee.

Results

What were the researchers' concerns about safety?

In the interviews, informants discussed concerns that poorly planned GBV community-based studies put women participants at risk of further victimisation. The concerns were mainly about potential harm to respondents and, to lesser extent, to researchers. Notably the psychological and emotional safety of fieldworkers or researchers was generally not mentioned as a safety concern.

Safety concerns for respondents

The dominant issue raised was fear of consequences if there was a breach of confidentiality during data collection. Two informants explained the underlying concern:

> … what worried one is that there could be breach of confidentiality. Meaning that people might know about the study and that it asks about partner violence and that could lead to more violence for women participants. (Female researcher, USA)

> … if we talk about the respondents, respondents are women in the households whom you do not know if they have been victims of violence or not, participating in a survey can put them in a situation in which they can get more violence like if the husband would find out if she has been talking about him, she could be at risk of more violence. (Female researcher, Switzerland #1)

Other informants mentioned that GBV research has a potential to be psychologically harmful to respondents as it asks people to think and talk about violent, degrading, shameful, painful and traumatic experiences in their lives. One informant explained:

> … it is one of the riskiest ones, it is a sensitive topic, and it is a topic that hurts at the end. I mean to everybody, even to the ones who are researchers, it hurts us, but even more to the ones we are interviewing, women and men. I think it is serious, I mean it [GBV] is one of the worst things that could happen in life. (Male researcher, Mexico)

Safety concerns for researchers

Concerns about safety for interviewers or researchers featured scantily in interviews. One female researcher from USA spoke at length of a particular study where psychological safety needs for fieldworkers were neglected. She explained:

> I interviewed the supervisors and the fieldworkers about their experiences and they started to cry … it was so difficult, we had such a hard time, it was so painful, and we got no support from our supervisors.

Another informant had this to say about lack of fieldworker consideration:

> … but these are actually measures that are necessary to ensure that the data is good quality, and that includes taking care of the fieldworkers emotionally, which nobody does. (Female researcher, USA)

Two informants raised concerns for physical safety for researchers. One posited:

> … more specifically, research procedures ensured quick communication among field teams, and between field teams and the coordination at the office; private places for the interviews; work-shifts and commuting procedures that observed strategies to ensure more safety in risky areas such as slums or very distant places. (Female researcher, Brazil)

One of them perceived that important role players in research, like IRBs and research institutions, understood less about safety needs of researchers than experienced GBV researchers did. She posited:

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> Ethics committees generally are much more interested in the safety of the participant and they don't have sections on the safety of the researchers, just does not happen. It is like you know it is not part of the research, the researchers are not part of the research. (Female researcher, Australia)

Highlighting a resulting lack of consideration for researcher safety, very few informants mentioned as an ethical concern their safety or that of their staff in the course of data collection.

What precautions were taken to reduce risk?

Informants spoke of the need to carefully prepare for GBV studies. They described how, when preparing to undertake studies in communities, they would reflect on the setting on which they will be basing their studies, assessing the threats and risks they could encounter during fieldwork and managing their studies based on the anticipated risks of physical danger. The following narrative from a researcher from Brazil demonstrates the careful planning that was done prior to their study to ensure respondent safety. She explained:

> Interviews were always conducted privately, and field teams took all necessary precautions to ensure such privacy. Supervisors would even take care of the children so that the interview could be conducted. Cars were also adapted to be used as almost an office for the interviews (we put inside them some small tables) … the teams worked close to each other and that all team-workers were prepared to help interviewees and to face more risky situations. (Female researcher, Brazil)

Other informants mentioned that introducing the study, at a community level, as one about GBV, might increase the risk of violence for women participants. For example, one informant who was part of the WHO multi-country study said:

> … so another thing for the safety which was extremely important and which was quite similar across the board was to not frame the study as a study of domestic violence. So in every country, they changed in the field the title of the study and in many countries it would be something like 'a study on women's health and life experiences or a study of women and family or a study on women and safety'. This is an easy way to introduce the study to the community and not to spread the word that they will be asking about domestic violence. (Female researcher Switzerland #2)

In the interviews, informants consistently mentioned that the true nature of the study should only be revealed when talking to the selected participant. They further posited that it must be explained to the woman that this is important for her safety and that the content of the interview should be kept a secret. This narrative is illustrative:

> We … [GBV researchers] say it is okay to introduce it like that in the household, when you talk with the individual woman, we then tell her we will be asking about some difficult things, and then when you get to the violence part, yes the questions on violence, then you ask again her informed consent. (Female researcher Switzerland #1)

Informants mentioned that having complete privacy for the interviews was essential. Even children two years and older, if present during the interview, might place women in danger as children could tell their fathers or others that their mother was talking about experiences of violence in the interview. One informant explained:

> … it [the interview] has to be in a place where she is alone, and no children over 2 years old. Because we kept imagining things like the children are walking in and out and then later on they say 'Daddy mommy was talking about … you know? They do not know what is happening'. (Female researcher, USA)

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To meet psychological needs, a number of informants raised the importance of establishing a referral support system for research participants. One informant explained how they provided support to women participants in their study. She said:

> Interviewees were offered psychological, social, juridical and medical assistance through partnerships with Non-Governmental Organisations which offer assistance to women in situations of violence as well as with other specialised services available, previously agreed upon, to offer assistance to women with or without a prior history of violence. (Female researcher, Brazil)

What was the evidence of the magnitude of the risk?

In the interviews, it was apparent that most of the informants had based their views about the risky nature of gender-based violence research on the WHO guidelines (2001) and the small amount of published literature (e.g. Ellsberg et al. 2001; Jewkes et al. 2000; Zimmerman and Watts 2003). Very few informants provided examples based on their fieldwork experiences, yet this does not preclude the possibility that they may have had such experiences and been influenced by these, but merely did not report them in the interviews.

An informant who formed part of the core research team of the WHO Multi-country Study, and experience with all the 10 participating countries, explained the threatening situations they encountered in the field:

> There were couple of bad situations, difficult situations where the husband came in and he was angry, but they were very few. You know relatively speaking they were very few. (Female researcher Switzerland #1)

In these cases it seems unlikely that the husband would have known that there were GBV questions in the survey, rather his response was anger at his wife's involvement in any research. Given the many thousands of women interviewed in this survey, this narrative suggests that such risk is not necessarily high in GBV studies, which is not to deny that these situations could be quite threatening when they occur.

In keeping with the WHO guidelines, informants felt it was important to have a referral support system in place in order to help respondents who needed emotional and or psychological support. A female researcher from Brazil explained how they ensured this in their study: 'Help to interviewees was foreseen and it was previously scheduled for those who requested it. Support to the interviewers was also anticipated'.

There was a general perception that this is vital for research on GBV, yet the narratives from informants below provided little evidence that respondents used available referral systems. As one informant explained:

> But somewhat we know, somewhat we know, there was little, there was very little uptakes of referral, so uhm … several studies have found the same thing. (Female researcher, Switzerland #1)

Another informant had this to say:

> What we did not set in place that would have been very helpful would have been a system to track if anybody actually used the referral. We think that nobody did, we think that nobody did, but we don't have that verified … uhm, women very rarely use these services, they don't come, it's kind of too far away or maybe the violence took place a long time ago, there are, you know it is a lot of expense and not a lot of use and on the other hand we are not ready to take that out of the requirements because it does seem everyone knows you can have someone who is in a bad shape. (Female researcher, USA)

A study nurse who provided support to the participants in the Stepping Stones study, which was a randomised controlled trial, conducted in the rural Eastern Cape Province, South

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Africa, to test an HIV-behavioural intervention that had a GBV intervention component (Jewkes et al. 2006), mentioned that on the few occasions they saw informants who had been raped they followed a prescribed response:

> We then counseled them and referred them to rape care centers. However, when it came to referring them, I would say some participants did go to the centers we had referred them to. But in most cases, they would come back to us telling us that they were not happy with the services they got from those centers.

Two informants also mentioned that research is needed to better understand whether the referral support system requirement should be central in judging the ethics of a GBV protocol by IRBs, as it seems to be the norm currently.

Discussion

Research on GBV has been recognised to have at least the potential for being harmful to participants in ways which differ from many other forms of research (Lavery et al. 2007). This concern underpinned the development of the WHO guidelines. Many IRBs are concerned that these may not be sufficient to enable safe GBV research, yet in this study informants provided very few examples of risks encountered when conducting studies having followed the WHO guidelines. Where problems were discussed, they were largely not linked to the subject matter of GBV.

In the interviews, informants raised the safety of participants as a major concern and, in particular, they feared disclosure of the focus on GBV during data collection. Yet there were very few examples of problems having occurred. It is possible that this was because of the precautions applied and women heeded the cautions not to disclose the nature of the questions to others (Ellsberg and Heise 2005). However, researchers did not know if women did discuss the fact they were asked about violence with anyone. It is also possible that, given the fact that the questionnaires asked about a large range of different aspects of women's health and lives, women did not particularly view the research as 'about violence' or see anything more unusual about being asked about experiences of intimate partner violence than about how many sexual partners they had had or whether they had had an abortion. It the extent that embarrassment can follow it being publically known that any one of a range of sensitive questions have been discussed in an interviews and it may be desirable more generally to conceal the specific focus of questions from those who are not being interviewed. We suggest that concern is valid for all types of community-based research and not just GBV research.

However, it is possible that women did reveal the fact that they were asked about violence and yet did not experience further violence that came to the attention of research teams. Concerns here stem from an assumption that interviewing women in a research on GBV might put her in danger of physical harm from her partner (Wasunna 2007) and, more specifically, that violent and controlling men would specifically object to their partners disclosing their abusive behaviour (Jewkes and Wagman 2007). This assumption is premised on a supposition that violent men are embarrassed about their behaviour and want it concealed. Yet this premise does not seem to take into account the observation that men who use violence usually justify its use – commonly in terms of the woman 'deserving' it or seeing their use of violence as 'punishment' that given their superior hierarchical position could be legitimately meted out (Wood, Lambert, and Jewkes 2007). Even sexual violence is usually justified by men who rape and often not thought of as being 'rape' (Jewkes et al. 2006, 2010; Sikweyiya, Jewkes, and Morrell 2007).

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Literature regarding abusive and controlling men suggests that such men may disapprove of their partners talking to anyone without their approval (social isolation), irrespective of the nature of interaction (Goodkind, Sullivan, and Bybee 2004). In this case, any research with the women partners of abusive and controlling men might be risky and not just research on GBV.

Researchers working on other issues generally trust that the informed consent process will be sufficient to enable those who may have concerns about research participation to indicate that they do not wish to participate. This would include any who feared partner anger as a result of research participation. It is not clear why it should be imagined that this safeguard should be adequate for other forms of research and yet not for research on GBV. Indeed, it is also worth considering that men who have used violence or controlling behaviours are a very diverse group and their practices lie on a spectrum. Not all men who have been violent prevent their female partners from talking to other women; generally the risk of sexual jealousy is seen as a greater one. As such, although such men may be socially isolating at times, they may not behave in that manner continuously and consistently and it's not clear how real this threat is in practice.

Ensuring that interviews can be conducted in private assists with confidentiality. The presence of children over two years of age was raised as a risk, for women respondents as they could potentially repeat things said during the course of interview (Ellsberg and Heise 2005; Jewkes et al. 2000). This should not be used as an example of exceptional risks of GBV research. We suggest it is good practice in all community-based studies for interviews to be conducted in privacy and for that to mean that children over two years should not to be present during interviews in order to allow respondents to feel free and be candid with their answers.

The WHO (2001) guidelines emphasise the importance of having an ability to make referrals to services and suggest setting up short-term services for projects if none exist. A number of informants mentioned that referral support system for participants should be incorporated in the design of studies, for respondents who might need it. It is a view of many people including IRBs that research on GBV should not be conducted if there is no referral support system in place. Yet it is not clear to what extent women who may have experienced abuse in the past or may have more recent experiences that they are living with want to seek help from external agencies after an initial disclosure of violence in a survey. The limited evidence of women using referral agencies when these are available questions whether this is an identified need.

Data from our interviews suggest that research participants seem not to perceive a referral support system to be as useful and important as widely claimed. There could be various reasons for this, one of which could be that these services are not of high enough quality and people may have had negative experiences using them, for example calling a hotline and not receiving a reply. Yet the reason is probably more complex than this, as many people will not have prior knowledge of such services. Jewkes and Wagman (2007) reported the experience of South African researchers in a study in Soweto, where there was no discernable uptake of local referral services by over 400 participants who had disclosed abuse. The investigators concluded that 'access to support services after interview on intimate partner violence was not perceived to be valuable by most women in abusive relationships' (353).

Whilst it can be argued that it is desirable for women to be given service referrals or contact details when they are available, it becomes more difficult if research is conducted over a wide geographical base where services may be few and fieldwork logistics and budget may require rapid movement of teams through an area. Wasunna (2007) has argued

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that there is an absolute obligation on researchers who know they will encounter abused women to arrange to have professional counselors employed. But it is difficult to sustain an argument that it is ethically essential to provide a service that women interviewees themselves rarely perceive they need.

One of the interviewees described GBV research as 'one of the riskiest' areas of research, but in the interview clearly failed to distinguish between research invoked sadness or tearfulness and more severe and enduring psychological distress that may benefit from counseling or psychotherapy. We argue that the two are quite different. Research on traumatic experiences often invokes tearfulness, as may questions about hunger, orphaning and many other areas. This is quite different from research causing psychological harm which may need treatment. A supposition that asking about a previous experience could cause harm is premised on a very paternalistic view of the weakness of women participants. This is a view quite at odds with the strength that is actually required to endure an abusive relationship or survive rape. Furthermore, this viewpoint seems not to take into account the potential benefits that research participation seem to offer participants. The evidence from literature shows that participants see value in being asked about abuse, personal or sensitive, and traumatic experiences in research (Beck 2005; Becker-Blease and Freyd 2006; Hutchinson, Wilson, and Wilson 1994). In a longitudinal population-based study in Leon, Nicaragua, of the (229) women who had been previously exposed to violence, 41 (18%) reported that being asked about abuse in the baseline interviews conducted three years earlier had assisted them in their process to be free of partner abuse (Salazar et al. 2009). Similarly, in her qualitative internet-based research on birth trauma, with 40 women across the globe, Beck reported several benefits that women enjoyed from participating in the research (Beck 2005). These included women feeling being cared for by being listened to and acknowledged, a sense of belonging, opportunity to make sense of their experiences, being empowered to let go and to deal with their situation. Additionally, in her book about the impact of researching rape, Campbell (2002) argues that, for participants [abused women], the 'process of telling their stories with an interested, engaged, and emphatic researcher can be incredibly validating and beneficial as research can provide participants with a supportive environment for catharsis' (140).

It is important that researchers and IRBs distinguish between invoked tearfulness and psychological trauma. Providing professional counseling and referral for the former is of doubtful value in the context of research. However, all fieldworkers should be equipped to respond sensitively and provide emotional first aid when surveys include any questions asked that may make respondents recall emotionally painful and sad experiences. We therefore suggest that fieldworkers conducting any research that includes sensitive questions should be trained to recognise when respondents are disturbed by the questions and be able to respond by providing an empathetic emotional response and offering to take a break or offering to stop the interview if the respondent so wishes (Ellsberg and Heise 2005).

Having referral support system in place may possibly serve another purpose: that of alleviating some of the psychological stress that could possibly result for researchers who perceive themselves powerless in the face of accounts of trauma (Devilly, Wright, and Varker 2009). Knowing that there is a place that participants can be referred to if the need arises may prevent a feeling of helplessness for researchers (Coles et al. 2010). This could be valid even if few respondents actually use the referral system, but it might influence decisions around resource allocation to such a service.

The perception that there may be major safety and risk concerns with GBV research largely seemed to result from assumptions, anticipation and pre-study visualisation of risks (Langford 2000), rather than empirical experience. In instances where there have been

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problems encountered in GBV research they have been mainly reported by researchers who have encountered them while conducting studies in politically unstable settings (Paterson, Gregory, and Thorne 1999) or with women who are still in, or have just left, a trafficked situation (Zimmerman and Watts 2003). We suggest that for studies in other settings, particularly where the WHO guidelines have been followed, there should be an awareness that such a risk averse and defensive thinking may be offering protection against very small and or negligible risks.

This paper is based on a small qualitative research conducted with GBV researchers. A strength is that between them they had managed surveys with many thousands of women on GBV across all global regions. However, it is possible that there had been safety issues arising during their work that they had not been informed about. It is possible that risks and safety needs of research respondents in different settings in the world may be different and so the breadth of their experience is of value. Most of their work was quantitative and we recognise that it is also important to provide empirical evidence about risks in qualitative research. It has been suggested by some researchers that qualitative in-depth interviews, due of their nature, have more risk of emotional and psychological harm for respondents and researchers than quantitative survey questions might (Coles and mudaly 2010). However, such a statement also needs to be interrogated in the light of comments that are repeatedly made to researchers that women welcome a chance to talk about experiences of abuse with a sympathetic listener (Jewkes et al. 2000).

Conclusion

Gender-based violence research is largely perceived as risky. Safety concerns dominate pre-study phase resulting in researchers setting up safeguards to guide research processes (Langford 2000). In this paper we have argued that the notion that GBV studies carry more than minimal risk might be based on supposition and speculation. Yet we do not suggest that the risk is not there and that violence cannot result, but argue that such risk remains minimal when protocols are followed as shown in Ellsberg and Heise (2005) and Jewkes et al. (2000). We recommend that more research should be done to understand research risks and their extent in different settings. For GBV research, such information will help us to better understand whether GBV studies pose more than minimal risk to respondents and researchers and make further recommendations based on that.

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Résumé

La recherche sur la violence basée sur le genre (VBG) serait-elle plus dangereuse qu'on ne le pense pour les chercheurs et les participants? Cette question doit être surtout comprise à la lumière des hésitations des Comités d'Évaluation d'Éthique à valider la recherche sur la VBG. Peu d'études se sont penchées sur la question de la sécurité et des dangers que représentent ces recherches et sur leurs implications pour les processus d'évaluation éthique. Cette étude qualitative a collecté des données provenant d'entretiens en profondeur avec 12 chercheurs de pays différents et ayant une expertise sur le thème de la VBG, et d'une revue de la littérature. Cet article examine comment ces chercheurs interprètent les recommandations de l'OMS en matière de sécurité, et le sens qu'ils leur donnent. Il tente aussi d'évaluer s'il existe des preuves empiriques de l'existence d'inquiétudes concernant les risques et la sécurité, spécifiques à la recherche sur la VBG. Les répondants ont fait part d'un certain nombre de préoccupations liées à cette recherche. Pourtant, dans les entretiens, peu de problèmes réellement rencontrés ont été évoqués, et peut-être est-ce là un résultat des précautions prises sur le terrain. De plus, ces préoccupations ont semblé fondées sur de pures suppositions. Cet article soutient que l'idée selon laquelle les études sur la VBG représentent un danger important, plutôt que minime, est fondée sur de simples suppositions, et non sur des preuves. Il met l'accent sur la nécessité de preuves empiriques permettant d'étayer l'hypothèse du risque dans la recherche.

Resumen

¿Suponen los estudios sobre la violencia de género un riesgo superior al mínimo para los investigadores y participantes? Es necesario que esta cuestión se entienda específicamente al tener en cuenta la indecisión de las juntas de revisión institucional para aprobar las investigaciones sobre la violencia de género. Existen pocos estudios sobre la seguridad y los riesgos de hacer estudios sobre violencia de género así como de las repercusiones para el procedimiento de revisión ética. Para este estudio cualitativo se recogieron datos a través de entrevistas exhaustivas con 12 investigadores con experiencia en violencia de género de varios países y se llevó a cabo un examen de la documentación. En este artículo analizamos las interpretaciones de los investigadores y los significados de las recomendaciones sobre seguridad, tales como se establecen en las directrices de la OMS, y examinamos si existen pruebas empíricas de la presencia de riesgos y problemas de seguridad exclusivos en los estudios sobre la violencia de género. Los informantes expresaron su inquietud sobre muchos aspectos de la seguridad en los estudios sobre la violencia de género; no obstante, en las entrevistas se observaron pocos ejemplos de que hubiesen ocurrido tales problemas, posiblemente debido a las medidas de precaución que se tomaron. Por otra parte, parecía que los informantes tenían algunas creencias básicas subyacentes para sus preocupaciones. En este artículo argumentamos que la noción de que los estudios sobre la violencia de género presentan un riesgo superior al mínimo cuando se siguen las precauciones éticas se basa en la especulación y no en la evidencia. Destacamos la necesidad de pruebas empíricas para respaldar la constatación de riesgo en la investigación.