

***DOING RESEARCH ON GENDER BASED
VIOLENCE (GBV) AND MEN AND
MASCULINITIES***

Methodological and Ethical issues

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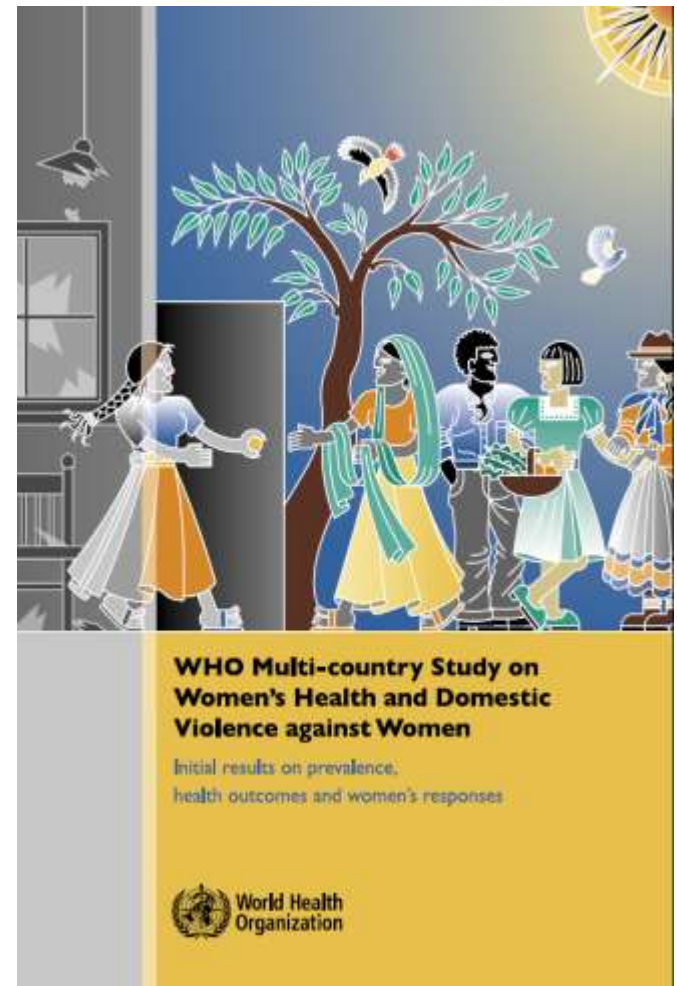
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Intimate Partner Violence (IPV) and Sexual Violence (SV)

- IPV and SV occurs in a context of gender inequality in which men are the main aggressors.
- Most of survivors are women.
- Cases of IPV and SV are usually underreported.
- The most common response to abuse is silence. Very few women seek for support.

Prevalence of IPV

- WHO Multi-country study on DV and VAW carried out in 10 countries (n=24,000 women 15-49) estimates that: 10% a 71% of women have ever suffered physical and/or sexual IPV.



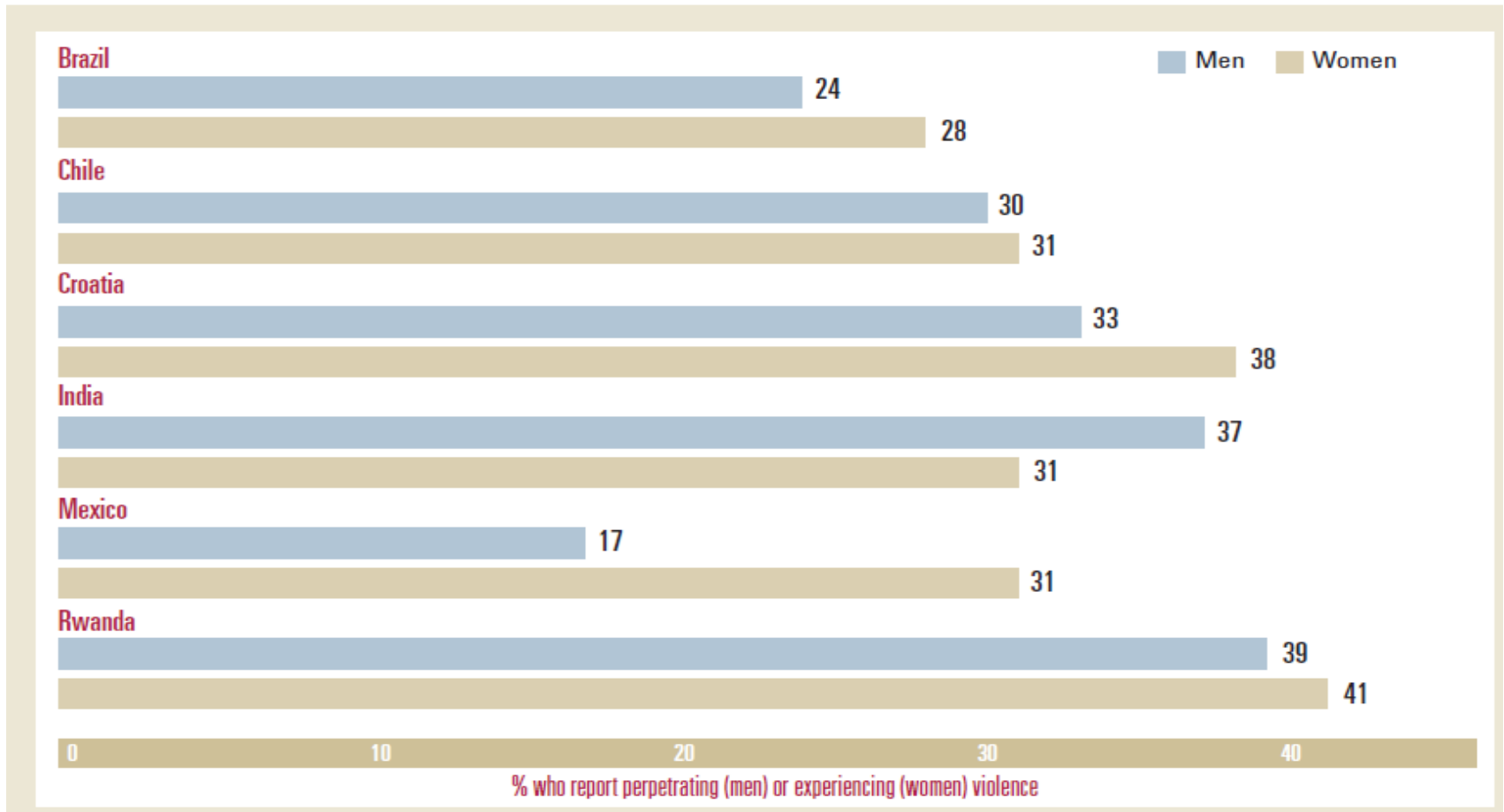
WHO Multi-Country study

Lugar	Violencia Física %	Violencia Sexual %	Violencia Física, Sexual o Las Dos %
Bangladesh City	37.7	37.4	53.4
Bangladesh Province	41.7	49.7	61.7
Brazil City	27.2	10.1	28.9
Brazil Province	33.8	14.3	36.9
Ethiopia Province	48.7	58.6	70.9
Japan City	12.9	6.2	15.4
Namibia City	30.6	16.5	35.9
Peru City	48.6	22.5	51.2
Peru Province	61.0	46.7	69.0
Samoa	40.5	19.5	46.1
Serbia & Montenegro City	22.8	6.3	23.7
Thailand City	22.9	29.9	41.1
Thailand Province	33.8	28.9	47.4
Tanzania City	32.9	23.0	41.3
Tanzania Province	46.7	30.7	55.9

Percentage of women (15-49) who have reported sexual abuse by a male partner ever and in the last 12 months

Country and year	Type of survey	N Unweighted	Forced sex** by an intimate partner		Operational definition
			Ever %	Last 12 months %	
Bolivia 2003	DHS	12,005	15	n/a	Forced to have unwanted sexual relations often or sometimes
Colombia 2005	DHS	25,669	12	7	Physically forced to have unwanted sexual relations / perform unwanted sex acts
Dominican Republic 2007	DHS	8,421	5	4	(Last partner only) Physically forced to have unwanted sexual relations / made (<i>le obligo</i>) to perform unwanted sex acts
Ecuador 2004	RHS	7,217	12	4	Made (<i>le obligo</i>) to have unwanted sexual relations
El Salvador 2008	RHS	7,349	12	3	Made (<i>le obligo</i>) to have unwanted sexual relations
Guatemala 2008/9	RHS	11,357	10	3	Physically forced to have unwanted sexual relations
Haiti 2005	DHS		11	11	Forced to have unwanted sexual relations or to perform unwanted sex acts
Honduras 2005	DHS	15,479	n/a	9	Made (<i>le ha obligado</i>) to have unwanted sexual relations
Jamaica 2008-9	RHS	7,222	8	3	Physically forced to have unwanted sexual relations
Mexico 2006	INEGI		18	n/a	Made (<i>le ha exigido</i>) to have unwanted sexual relations or to perform unwanted sex acts
Nicaragua 2006	RHS	11,393	9	3	Physically forced to have unwanted sexual relations
Paraguay 2008	RHS	4,414	5	2	Physically forced to have unwanted sexual relations
Peru 2005	DHS	2,867	16	6	(Last partner only) Physically forced to have unwanted sexual relations / made (<i>le obligo</i>) to perform unwanted sex acts

IMAGES: Men's reports of use of IPV and women's reports of victimization



Two main challenges:

The responsibility to ensure quality of data collected.

Ethical issues.

Bad data may be worse than no data

Important that findings reflect the real situation of the area of study

Key principles:

Minimise underreporting of violent events

Respect and protecting safety and well-being of participants and their families

Use a human rights and gender perspective

Ensure research is needed and relevant for the local setting.

Key elements

- Develop a conceptual framework and operationalise the main variables.
- Understand the context.
- Hiring and training to data collectors.
- Development of tools.
- Full involvement of researchers in the collection of data.
- Piloting.
- Pay attention on the power relationship between interviewers and respondents.
- Data entry.
- Interpreting the results.
- Dissemination.
- Sharing findings with the community.

Questionnaire

- Early sections collect information on less sensitive issues, whilst more sensitive issues are introduced in later sections.
- Asking respondents direct questions about experiences of specific acts.
- Using scales.
- Language/Translation.

Ethics

The Belmont Report

It was in 1979 when The Belmont Report was published by the National Commission for the Protection of Human Subjects of Biomedical and Behavioural Research providing ethical arguments for the laws governing research with individuals. This report establishes the three ethical principles that are fundamental for research:

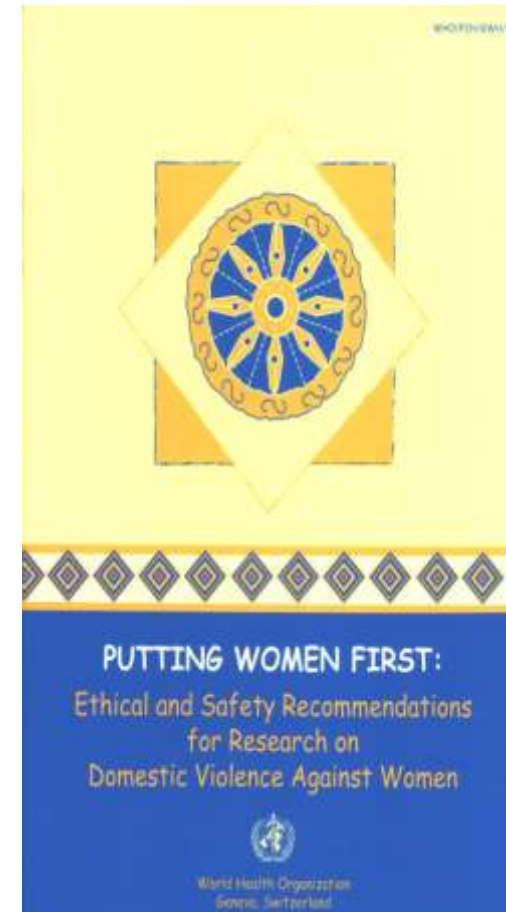
The principle of respect. Research must respect and protect the rights, dignity and autonomy of participants.

The principle of beneficence. Research must make positive contributions towards the welfare of individuals. It must maximise benefits and minimise possible harms, i.e., research must not cause any kind of harm to the participants and to people in general.

The principle of justice. Research must treat individuals fairly, the benefits and risks of research must be fairly distributed among people, and subjects must be equitably chosen to ensure that certain groups are not systematically selected for excluded from research.

Ethical and safety issues

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



Ethical recommendations for research with men on GBV:

Source: Medical Research Council, SA

- Studies of perpetration should not be openly identified as 'perpetration research'.
- Privacy, confidentiality, anonymity.
- Researchers should not include items in questionnaires on perpetration that enable victim identification or enable the incident described to be specifically identified.
- In the case of a research participant expressing a general intention to harm, the researcher has a duty to inform the proper authorities.
- Participation is voluntary.
- Researchers need to be well trained in presenting a neutral affect during interviews.

Ethical recommendations for research with men on GBV:

Source: Medical Research Council, SA

- Avoid collusion.
- Interviewer must be trained to respond appropriately to distress exhibited in interviews. This should include appropriate expressions of sympathy, providing short breaks or offering to recommence on another date if distress is enduring and severe.
- Interviewers need to be aware of local resources that can provide support.
- Interviewers should also try to ensure that respondents leave an interview feeling positive about their engagement in research.
- Duty care of the research team.
- Researchers must inform themselves of the cultural context in which they work and norms.