

Violence Against Women and Girls Data Collection during COVID-19

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Photo: UN Women/Ryan Brown

INTRODUCTION

This is a living document that summarizes principles and recommendations to those planning to embark on data collection on the impact of COVID-19 on violence against women and girls (VAWG). It was informed by the needs and challenges identified by colleagues in regional and country offices and has benefited from their input. It responds to the difficulties of adhering to methodological, ethical and safety principles in the context of the physical distancing and staying at home measures imposed in many countries.

This note complements [UN Women's brief](#) and [WHO's paper](#) on COVID-19 and violence against women and girls.

About COVID-19 and VAWG

VAWG occurs across all regions¹ and is widely underreported,² in stable as well as emergency contexts. Emerging data indicates that it is increasing during the COVID-19 pandemic.³ The measures put in place to address the pandemic such as confinement and physical distancing that affect livelihoods and access to services are likely to increase the risks of women and girls experiencing violence. Examples include health and financial stresses in the home, including a woman's loss of livelihood or earnings, restricted access to basic services and ability to leave an abusive situation; stress related to social isolation and/or quarantines; and confinement of women within the home with violent partners who may use the COVID-19 restrictions to further exercise power and control over their partners. Some reports indicate that calls to domestic violence helplines, police and shelters are increasing during the COVID-19 outbreak.⁴ In other cases, reporting, calls and service use are decreasing as women find themselves unable to leave the house or access help online or via telephone.⁵

Pandemics like COVID-19 can exacerbate not only violence within the home, but other forms of VAWG. Violence against female healthcare workers as well as migrant or domestic workers increases. Xenophobia-related violence, harassment and other forms of violence in public spaces and online is more prevalent and the risk of sexual exploitation and abuse in exchange for health care services and social safety net benefits becomes more likely. Some groups of women may experience multiple and intersecting forms of discrimination making them even more vulnerable to violence. Access by women survivors of violence to informal support networks (friends and family), as well as to quality essential services, including psychosocial support, may be limited or need to be delivered differently as a result of physical distancing regulations.

VAWG remains a serious human rights violation and an important health concern during this pandemic. Addressing it must be a priority.

WHY DATA COLLECTION DURING COVID-19 IS IMPORTANT

Data is a crucial tool for understanding how and why pandemics such as COVID-19 may result in an increase in VAWG. It can help identify the risk factors; how availability of services for women survivors of violence is being affected; how women's access to such services and help-seeking from formal and informal sources is affected; what new short and medium-term needs arise. These data are critical to designing evidence-based policy and programmes that respond to women's needs, reduce risks, and mitigate adverse effects during and after the pandemic. These data can also provide important insights into and inform the development of tailored strategies and interventions that may be particularly effective in preventing VAWG during emergencies and public health crises in the future.

CHALLENGES IN DATA COLLECTION

Conventional data collection methods may not be feasible:

The COVID-19 pandemic may affect ongoing and planned data collection efforts, particularly those requiring face-to-face contact and travel, such as population-based surveys, focus group discussions or other qualitative approaches. Remote data collection options are often considered when face-to-face contact is not possible.⁶ The pandemic may also affect the way in which service-based data are collected and stored, particularly if services are being provided remotely. For example, when psychosocial support is being provided from providers' homes, it may be challenging to find a drawer with a lock, or access to a computer with a proper data protection system, to store a survivor's data and information.

The use of remote data collection methods on VAWG can entail serious safety risks:

Technologies such as mobile phones or web-based platforms may facilitate remote data collection and the documentation of evidence of VAWG during the COVID-19 pandemic. The use of these technologies during confinement and staying at home measures, however, may increase the risk of violence to women and their children as ensuring privacy and guaranteeing confidentiality will be nearly impossible. Electronic communications can leave a trail. If a perpetrator learns that a woman is sharing her experience it increases her risk of further and even more severe abuse.⁷

Understanding what data can -and cannot- be collected and what data can -and cannot- tell us:

As mentioned above, implementing face-to-face population-based surveys on VAWG during the acute phase of the COVID-19 pandemic may not be possible, and using remote data collection methods may pose serious safety risks to those interviewed. Prevalence data on VAWG⁸ during the COVID-19 pandemic, therefore, will likely not be collected. Nevertheless, comparing service-use data and examining patterns from pre, during and post- COVID-19 reports (to helplines, police, shelters or other services) may be useful to inform policy and programme responses. These data, however, need to be interpreted with caution. A decrease in calls to helplines, or other support services for women survivors of violence, for example, may not imply a decrease in the number of violence incidents, but an increase in women's difficulties accessing telephones while being confined in the same space with the perpetrator. It may also be due to lower availability and functioning of helplines and other support services, because of the pandemic. Data on calls and reports to the police, helplines, shelters or other services will need to be triangulated with data coming from service providers and others and should not be interpreted as reflecting the prevalence of VAWG during the pandemic.



GUIDING PRINCIPLES FOR DATA COLLECTION

Protecting and supporting women and girls who experience violence:

While we need robust data and large-scale evidence on VAWG, in a crisis situation the priority initially is to target resources to ensure that women survivors of violence have access to quality services and support.

Existing data can already provide strong evidence to inform the response to COVID-19:

Prior to embarking on a data collection exercise, especially during crises, it is important to first explore existing data resources and repositories and ensure they have been optimally used to address the questions we are seeking to address. Secondary data (data collected by others) could be available for further analysis, and lessons learned from similar crises can be drawn upon. Existing data can include service-based data; data from population-based prevalence surveys (even if conducted prior to the pandemic they can inform about magnitude, populations most affected, risk factors and help-seeking behaviors); data from rapid assessments of service provision (they can provide information on e.g. changes in types or severity of violence, survivors' difficulties in seeking help), academic and media reports.

Ethical and safety principles for VAWG data collection remain paramount important during a crisis:

The globally agreed ethical and safety principles for data collection on VAWG,¹⁰ are even more relevant and critical in a crisis. This is particularly important when data are collected remotely, including during confinement and staying at home measures, and if it involves interviewing women who are potentially in abusive relationships and precarious situations. Doing no harm should be the highest priority. If in doubt, do not proceed with the data collection. It is of paramount importance to ensure, as a minimum:

- Safety, privacy and confidentiality of women respondents.
- No harm to the women respondents and the interviewers/research team.
- Properly trained interviewers/research team that understand the ethical and safety principles.
- Mechanisms and strategies to reduce any possible distress caused by the data collection.
- Availability of services and sources of support for women respondent survivors who need them.

We “ought to assume gender-based violence (GBV) is occurring and threatening affected populations; treat it as a serious and life-threatening problem; and take actions . . .” (IASC, 2015)⁹



Photo: UN Women/Ploy Phutpheng

RECOMMENDATIONS FOR DATA COLLECTION



Photo: UN Women/Christopher Herwig

Do not proceed with data collection if there are any risks of harm

Be clear about the objectives and rationale for data collection and weigh the risks of harm against the anticipated benefit. Do not prioritize data over women's safety. If the data collection exercise cannot ensure privacy and confidentiality; if referral of women to support services if needed is not possible; if it puts the woman at greater risk of harm or causes undue distress, do not proceed with data collection.¹¹

Choose the most appropriate data collection method and source for your context and objectives, always ensuring the safety of women respondents

Besides secondary data, data and evidence from the following sources are also useful to assess the situation and inform interventions, including support and service provision, during the crisis:^{12,13}

- Key informant interviews with service providers and frontline workers.
- Rapid assessment/mapping of services.¹⁴
- Service-based data.^{15,16}
- Qualitative data (e.g. case reports).
- Media reports.
- Participatory data collection approaches.

Do not include questions about women respondents' experiences of violence as part of population-based rapid assessments

- When implementing rapid assessments on the socio-economic impact of COVID-19, do not include questions about the respondents' experience of violence, particularly when using remote data collection methods, i.e. SMS/phone calls/web platform, as it can potentially put survivors at risk.
- Questions about violence experienced by third parties/others, that are often used as an alternative to avoid putting interviewed women at risk of violence, are unlikely to yield useful data and responses are not easy to interpret.
- If questions to understand the impact of the pandemic on VAWG are considered necessary, broader questions about the respondents' feelings of safety in different situations, e.g. when walking alone in the community, and at home are safer.

Advocate for the needs of women and girls who are often marginalized

This includes adolescent girls, older women, women and girls with disabilities, refugee women, female migrant workers, and racial and ethnic minorities. They should be included not only in the data collection exercise, but the research design and instruments should be tailored to better capture their experiences. This will inform interventions that meet the needs of groups which are often left out.

ENDNOTES

1. World Health Organization, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, South African Medical Research Council (2013), [Global and regional estimates of violence against women: prevalence and health effects of intimate partner violence and non-partner sexual violence](#).
2. United Nations Economic and Social Affairs (2015), [The World's Women 2015, Trends and Statistics](#) (page 159).
3. United Nations (9 April, 2020), [Policy brief: The impact of COVID-19 on women](#) (pages 17-19).
4. Ibid.
5. [Women are using code words at pharmacies to escape domestic violence during lockdown](#), accessed 4 April, 2020.
6. GBV AoR Webinar (26 March, 2020). [Remote GBV Assessments and Transitioning to Remote Service Delivery - GBV AoR](#) (recording and PPT).
7. National Network to End Domestic Violence, Safety Net Project (2020). [Using technology to communicate with survivors during a public health crisis](#).
8. Proportion of women in a given population who experience violence in a given timeframe.
9. IASC (Inter-agency Standing Committee), 2015. [Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery](#) (page 2).
10. World Health Organization (2001), [Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence against Women](#).
11. GBV AoR (2019). [The Inter-Agency Minimum Standards for Gender-Based Violence in Emergency Programming](#).
12. UN Women, GBV AoR, Global Women's Institute at George Washington University (2020). [Virtual Knowledge Center to End Violence against Women and Girls, Conflict/Post-Conflict, Research, Monitoring and Evaluation Module](#).
13. The Global Women's Institute, The George Washington University (2017), [Gender-based violence research, monitoring and evaluation with refugee and conflict-affected populations: A manual and toolkit for researchers and practitioners](#) (pages 50-57).
14. GBV AoR (undated), [Rapid assessment- Remote service mapping template](#).
15. UNICEF (2018). [Administrative data: Missed opportunity for learning and research in humanitarian emergencies?](#)
16. Kendall, T (2020). [A Synthesis of Evidence on the Collection and Use of Administrative Data on Violence against Women: Background Paper for the Development of Global Guidance](#). New York: UN Women.