



RESEARCH INTEGRITY FRAMEWORK ON DOMESTIC VIOLENCE AND ABUSE

Research Integrity Framework (RIF) on Domestic Violence and Abuse (DVA)

S.T.E.E.R. – Safety. Transparency/accountability. Equality, human rights and social justice. Engagement. Research ethics.

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Background

This framework emerged from discussions between academic researchers and the four Women's Aid federations from Scotland, England, Wales, and Northern Ireland. Going back 50 years, these organisations emerged from each country's women's liberation movement and were largely survivor-led. Women's Aid in each country has transformed policy, services, and the lives of women and children across the United Kingdom, operating at the nexus of policy and survivors, intention and impact, and strategy and outcome. Each Federation has engaged, over recent decades, in context-specific research and policy engagement to challenge the intersecting structural inequalities which impact on DVA.

The framework brings together the knowledge and experience of both academic and NGO partners, drawing on feminist research practice since the 1970s. This recognises that good research should consider the motives, consequences, and context in which abuse and interventions take place.

The current iteration of this framework has been developed within a UK context. We believe, however, that it can form the basis of a broader framework for research in other international contexts. We welcome discussion to develop this framework in those contexts in collaborative and appropriate ways.

This framework recognises that many of us—academics and practitioners alike—engage in collaborative research and evaluation and that all of us have a responsibility to nurture ethical, sound research and to discourage research practice that is unethical or misrepresents itself and/or victims-survivors' experiences. Organisations representing victims-survivors, including children and young people, have a positive and central role in undertaking and using research to inform ethical and effective policy making and practice.

This framework is intended to start a discussion about what good research practice relating to DVA looks like. The principles set out here are based on those discussed in a series of meetings in 2019-2020. The checklist, which we want researchers, organisations, journals, national and local policymakers, and commissioners to sign up to, come from the five pillars set out in this framework.

- Safety and wellbeing
- Transparency/accountability
- Equality, human rights, and Social Justice
- Engagement
- Research ethics

From a policy perspective we recognise that research in the field of DVA falls within the wider remit of violence against women and girls (VAWG) and gender-based violence (GBV). As such, we ground this framework in international law, highlighted by the CEDAW definition of such abuse as a form of discrimination against women: "The Committee considers that gender-based violence against women is one of the fundamental social,

political and economic means by which the subordinate position of women with respect to men and their stereotyped roles are perpetuated.¹”

Competent DVA research first and foremost must reflect the fundamental principle that women’s and men’s lives differ in significant ways and that these differences always matter. We recognise that an intersectional approach is crucial.² An intersectional approach recognizes that discriminations based on sex, class, or race, for example, operate together and that individuals may suffer from different, distinct, or additional discrimination due to a combination of aspects of their social location and identity. To fully understand the lived experience of women, children, and young people from diverse backgrounds and identities, research must consider how structural inequality affects their experience of DVA and the effectiveness and appropriateness of the response they receive from government agencies and non-government actors.

In addition, we recognise the importance of research that focuses specifically on groups experiencing intersectional discrimination, and this research should ideally be carried out by researchers from those communities and the organisations that serve them (see, for example, Imkaan’s research page³ and Appendix E below).

Finally, we underline/recognise the importance of meaningful survivor participation, what is sometimes referred to in other settings as Public Patient Involvement (PPI), Service User involvement, or stakeholder engagement - and this applies to research with and by both adult and child survivors and research with perpetrators.

“We find that discourse on Black and minoritised women often groups us together as a singular entity. The language used to describe us disproportionately focuses on racialised constructions of ‘victimisation’, ‘shame’, ‘culture’, ‘language’ and ‘community’ as key markers of our support needs and contexts.” Imkaan internal document on research (see Appendix E)

Victim-survivor perspectives should be present at the outset of the research endeavour. This perspective requires important and early consideration of what is the benefit of the research. It is not ethical to ask for survivor input if the research is poorly designed, is methodologically flawed, or where the risks to the survivor in offering their expertise is not outweighed by the benefits to them both personally and in relation to society more broadly. We also acknowledge that many researchers and service providers may themselves bring survivor perspectives to the research process.

¹ CEDAW (2017). ‘General recommendation No. 35 on gender-based violence against women, updating general recommendation No. 19’:

https://tbinternet.ohchr.org/Treaties/CEDAW/Shared%20Documents/1_Global/CEDAW_C_GC_35_8267_E.pdf

² <https://chicagounbound.uchicago.edu/cgi/viewcontent.cgi?article=1052&context=uclf>, or: https://www.ted.com/talks/kimberle_crenshaw_the_urgency_of_intersectionality?language=en

³ <https://www.imkaan.org.uk/research>

Rationale

We have developed this framework to promote best practice. Primarily we think that policy makers and commissioners need more clarity on the merits of different types of evidence and research, and the principles of integrity relating to research on DVA. We also recognise that some people can and do misrepresent data and evidence, for example by taking information from one context and presenting it as evidence in another or by providing insufficient information to allow an end user to make an informed judgment about the robustness or applicability of research findings. In light of this, we believe that researchers need to be accountable to each other, to survivors, and to the DVA sector in being as transparent as possible about the benefits and limitations of their work.

We recognise that there is not always space to present information in briefing papers, executive summaries, press releases, and on short web blogs, on the fundamental principles informing both the conduct of research and utilisation of findings. We have created this framework to enable researchers to indicate their adherence to some fundamental principles in an abbreviated format.

Finally, building on the contribution of feminist research to the development of research ethics more broadly, we think it is important as researchers and practitioners in this field to be engaged with the research integrity debate. Those working in the area of GBV research, in academic and non-academic contexts, have often been at the forefront of methodological and ethical advances in research. It is important that we collectively recognise these ideas and bring them together.

Five Pillars

The following five pillars highlight the key aspects of research in this field of study. By identifying these principles and asking researchers to sign up and adhere to them, our intention is to assist policy makers and commissioners to better weigh up evidence, increase transparency, and ultimately undermine dissemination of poor research. The framework also requires those who are the end users of research to commit to use research in ways which are transparent and do not seek to misuse or misquote the findings.

We recognise that a lot of research in this field is undertaken outside academic institutions. This is generally positive, but it can mean that some organisations do not have access to some of the research infrastructure that academic researchers do (for example university research ethics committees). We recognise that engagement with peers is the foundation of research integrity and this forms the basis of this framework.

Pillar 1: Safety and well-being

Safety in this area is fundamental (see WHO safety principles in Appendix B). Working on the ethical premise of ‘do no harm’ requires researchers to consider from the outset how their research maintains the safety, both physical and emotional, of research participants, and researchers themselves, within the research process.

‘Do no harm’ is always applied in terms of an evaluation of the risks and benefits of conducting research. However, some participants will find their engagement in research triggers memories of traumatic experiences and therefore may be somewhat harmful. This needs to be balanced against what they might gain from participation in the research – a sense of helping others and seeking justice, for example. It is important for this area that external peer review is sought to assist in this balance of these risks and harms (see pillar 5).

Most research will recruit participants as victims-survivors of abuse through gatekeeping organisations. This ensures that individuals have access to support services and that the risks of taking part in the research are mediated. Access to support services alongside participation in the research process is good practice.

Safety can be compromised if researchers are engaging with different members of families where abuse is an issue. To avoid ‘contamination’ of boundaries, **perpetrators should be interviewed before adult and child victims-survivors** to lessen the likelihood of information about an adult or child victim being accidentally shared with someone who may pose a risk to them.

The **location** of the interaction should be safe for both participant and researcher, both physically and in relation to emotional well-being. For example, participants must be allowed to define what is safe, and arrangements remain flexible and based on participants’ needs.

Where general population groups are asked questions about abusive experiences, rather than through specific agencies, **clear guidance and information** should be provided in a safe way. For example, participants should be asked if it is safe for them to take support information and should never be asked to complete a survey or engage in other research on

this issue in the presence of someone else or where they could be interrupted or overheard by others, including children/family members, unless they choose this. Support should always be a consideration in the ethical planning of research in this field. Researchers need to recognise that safety is context driven. During the recent coronavirus pandemic additional guidance was needed to re-frame safety in the lockdown context. This will also be true in situations of migration, natural disasters, conflict, and other pandemics (see resources in appendix).

“Safe” contact details should always be requested, recognising this might be anonymous detail when working through workers, and information about how any form of data will be stored and used made clear in line with general principles of data protection, which may differ in different legal jurisdictions (GDPR) (see appendix D). Participants should only be re-contacted if you have permission to do so – and it is important to consider that their situations may have changed. Careful consideration must be given to how such correspondence is addressed or approach (such as by telephone or email) made.

Online surveys must include information about **online safety** for participants, including information about whether part-completed surveys can be viewed on the computer by someone else later on, and the design of the survey must consider safety mechanisms, e.g., using random lettering/numbers in the web link.

Children and young people

Any research involving children and young people must include a risk assessment and safety plan. It is important to recognise children as social actors with choice and agency; risk assessments should be co-developed with the child/young person, with input from the mother/non-abusing parent and preferably with support from key worker/s.⁴ Care is needed in this process to avoid creating any additional barriers frustrating children’s right to participate in decisions about their own lives. Research focusing on issues relating to or including children/young people should include a child safeguarding plan, written in consultation with a child safeguarding officer, including where permission from non-abusive parents is needed. Participants should always be fully informed about what the research involves, including trigger warnings and where confidentiality may be breached. Participants should be asked for their informed consent/permission by any researchers planning to information from the study.

Anonymity and confidentiality

Research should ensure the anonymity and confidentiality (within limits of harm and risk⁵) of participants and organisations taking part in the research unless they specifically state that they wish to be named and giving their names will not impact other survivors (e.g.,

⁴ Houghton (2018) Voice, Agency, Power: A framework for young survivors’ participation in national domestic abuse policy-making. In S.Holt, C. Overlien & J. Devaney (Eds.) Responding to Domestic Violence. Emerging challenges for policy, practice and research in Europe. (pp. 77-96) London, Jessica Kingsley Publishers ; Houghton (2015) ‘Young People’s Perspectives on Participatory Ethics: Agency, Power and Impact in Domestic Abuse Research and Policy-Making’. Child Abuse Review, 24, 235–248.

⁵ For example if a child or vulnerable adult is at risk of significant harm.

children). A risk assessment should always be completed that takes into account survivors' individual circumstances and their views and perspectives.

Researchers should be aware of data protection issues relating to the storage of information from participants. Some on-line survey platforms have safe harbour agreements in different legal jurisdictions however, different states may have access to on-line data. Whilst this might be outside of the control of the individual researcher it is something which should be considered when asking participants to provide information which might be sensitive.

Finally, increasing calls for more **open access to research data can be problematic** in this area, particularly where researchers have generated qualitative data. We recognise that where possible anonymised qualitative data should be made available. This allows secondary data analysis which makes full use of the time and effort given by participants. However, there will be times when anonymising the data ultimately makes archiving meaningless. Safety concerns should be central to this decision-making process and permission for the future use of anonymised information for research must be sought.

Interpreters

Ideally, researchers should speak the participant's language. Where interviews are conducted through an interpreter, researchers should ensure that the survivor of DVA is comfortable and safe with the interpreter and that there is a confidentiality agreement in place. Ideally, interpreters should be identified who are quality-assured and appropriately accredited. When those interpreters are not available, organisations may find it useful to share this research integrity framework with prospective interpreters and to consult specialist support organisations for how to make the best arrangements.

Safeguarding the researcher

Researching issues related to DVA may bring researchers into contact with those who use violence and abuse in their interpersonal relationships. The prevalence of DVA makes it highly likely that many researchers, especially female researchers, will have personal experience of abuse. Consideration needs to be given to keeping researchers safe, alongside the safety of both previous and current victims of abuse.

Researchers might experience secondary trauma as a result of this work. Organisations undertaking or sponsoring research should include in initial funding applications a budget for researcher support and address this in their safety protocols (with access to counselling if appropriate and ideally some form of clinical supervision).⁶

⁶ https://www.play.mdx.ac.uk/media/VAWGRN+Webinar+2.7.20+-+The+Emotional+Cost+of+Ending+VAWG.mp4/1_b70mdx36

Pillar 2: Transparency/Accountability

Transparency and accountability are critical when policy makers and commissioners assess the value of specific research. This includes being clear about the following information:

- Who is doing the research? Is it an organisation delivering services, an academic institution or someone else? Is this undergraduate, taught postgraduate, PhD, or a large funded research project? (see point on funding below). How experienced are the researchers and have they experience in practice? What are the aims of the research? What is it setting out to achieve?
- Sample characteristics. These should be clear in the abstract or executive summary in order to enable commissioners and others to weigh up the merit of the claims being made on the basis of the data. How large is the sample, and how representative is it likely to be of the population of interest? Has care been taken to consider factors such as age, ethnicity, and locality? Smaller studies can offer useful insights but may not be representative of the wider population, or specific populations of interest. Geography (see below) and context are also important considerations.
- Method. We recognise that all methods have bias inherent within them, and that methods should be appropriate to the research questions being asked. Randomised Control Trials are difficult to conduct in this field and are extremely expensive – they may not be the most appropriate method. Likewise – small in-depth qualitative studies may offer valuable insights, especially into the experiences and impact of DVA, but they cannot represent the experiences of all groups. Large scale cross-sectional studies may not offer the requisite depth of understanding. Therefore, we must acknowledge there are limitations with all research designs and approaches on what can be said about the findings and how they might be applicable elsewhere. The key issue is to recognise the limitations of the study design and to avoid over claiming.
- Geographical location. When looking to see if research findings are applicable beyond the area and/or communities in which the research was undertaken, information about the geographical location of the study is crucial and, when safe to do so (maintaining anonymity), needs to be clearly set out. This is important because of the potential role of legal, economic, social, cultural, psychological, and political factors and the ways in which they might differ across geographical settings. For example, it is crucial to be clear where in the UK (or elsewhere) research on DVA has been conducted because the definition of domestic abuse differs. When using references to other research it is important to be clear whether that evidence is relevant to the context in which it is being used. For example, using data from an urban US context to comment on the situation in rural Scotland may be problematic.
- Demographic profile of the participants. Such information is important in order to understand whose perspective might not be represented and to understand the nuances of DVA across a variety of groups. Collection of demographic data should be

done sensitively, and participants should have the option not to answer any or all questions. Data should be collected on the basis of the self-identification of the individual with the characteristic. For example, researchers should ask people how they identify their ethnic origin and not make assumptions based on appearances. Demographic data should be collected in a way that allows it to be disaggregated by sex and other relevant factors, such as age, ethnicity, disability, and neurodiversity.

- **Funder/Commissioner.** It is important to make clear who is funding and commissioning the research/evaluation so that the reader is clear about any vested interests. This is important whether the research is a large funded project or an in-house evaluation. This does not necessarily undermine the research but it is good practice to have this information easily available.
- **Accessibility.** Researchers need to be aware of how their research may be used and interpreted. To reduce potential misunderstandings, we recommend the use of executive summaries and press releases, made clearly available, so that others can help rebut any misinterpretation or misuse of the data. The associated research integrity in DVA checklist – see next section – will also help with this in providing a space for this type of information to be made freely available outside of the lengthy publication process. Researchers should use clear language, avoiding jargon where possible, to make their work accessible to those who may want to access it. For example, research involving young survivors should ensure that there are child-friendly documents available. Accessibility needs to be included in budgets along with other costs.
- **Partnerships.** Any collaboration and contribution should be clearly recognised and recorded in all formats. This includes survivors who may have advised or been on a project steering group. Researchers should also be conscious of the burden, avoiding it where possible, of any requests being made of NGO organisations and individual participants. Partnership also relates to recognising the work of others, making sure that those who are best placed to do the research lead on it, and building on and recognising, not simply replicating, existing evidence.
- **Academic collaboration and authorship.** This can be a difficult area where, even with the best intentions, conflicts can arise about who is recognised in the authorship of reports, papers, blogs etc. There are different ‘traditions’ in different academic disciplines which further complicates this. We believe that researchers should adhere to standard authorship guidelines⁷ as well as documenting decisions about authorship early in the research process. This will include the roles and responsibilities of authors, including both academic and non-academic partners.

⁷ <https://www.britsoc.co.uk/publications/guidelines-reports/authorship-guidelines.aspx#:~:text=%20Authorship%20Guidelines%20%201%20Background.%20Sociologists%20publish,in tellectual...%205%20Order%20of%20Authors.%20%20More%20>

Pillar 3: Equality, human rights and social justice

This pillar recognises the importance in the research process of being aware, and naming, issues linked to equality, human rights and social justice. This includes some of the principles and ideas already outlined in the sections above.

Building on the UN definition of gender-based violence as a form of discrimination against women, we recognise the need to situate research in a context that recognises how injustice and structural inequality impact on DVA and DVA research. International law provides protection from many types of discrimination, for example, the Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence (the Istanbul Convention) protects against “discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refugee status, or other status.”⁸

Because no research offers a neutral, bias-free, and objective way to understand an issue or to measure outcomes, good research recognises the inequalities that impact our research. Researchers must understand the demographic composition of the population and the power dynamics in society in order to identify the groups most likely to be marginalized or excluded. Researchers need also to be aware how their own unconscious bias may result in their overlooking some groups and privileging others, including in the formation of the research team. Thus research design should consider the impact of inequalities on all elements of the work. Identities are personal, can be complex, and inequality can stem from someone’s real or perceived identity.

As articulated clearly in 2002,⁹ survivors play a crucial role in all relevant professions where “many have not felt able to be open about their status as survivors ... [for fear that] they may be regarded negatively if they speak from that experience....” Researchers will bring different types of knowledge and experience to the research process, and, similarly, survivors acting as participants will have other roles and experiences they can contribute within partnership working.

Survivors of DVA are not a homogenous group. A wide range of individual, social, and cultural factors mediate how individuals and communities experience and respond to abuse and the intersecting structural inequalities that underpin both the abuse and our lives. This includes age and the need to consider how intersecting factors will impact on children and

⁸ Council of Europe Convention on Preventing and Combatting Violence against Women and Domestic Violence (Istanbul Convention), CETS No.210, 2011, Article 4.3 <https://www.coe.int/fr/web/conventions/full-list/-/conventions/rms/090000168008482e>

⁹ Hague, G, A Mullender, R Aris, and W Dear. 2002. *Abused Women’s Perspectives: The Responsiveness of Domestic Violence Provision and Inter-Agency Initiatives*. ESCR Research Findings: Violence Research Programme.

young people. Highlighting how these experiences are being addressed, or not, makes research in this field, and the gaps within it, more transparent.

A strengths-based approach, in line with feminist principles of empowerment, is an important consideration for both adult and child participants. A recent study¹⁰ found that of the 251 victims-survivors who were interviewed, over 30% had, subsequent to the abuse they had experienced, become involved in politics or organisations linked to DVA as a way to respond to the abuse they had experienced. Similarly, for many young survivors they too have become political actors, using their experiences for social change¹¹. This motivation to enact social change is a strength of the DVA movement and means we should recognise and value the contribution that survivors make to our knowledge in many different ways: designing, implementing, analysing, presenting research, and engaging in political activities to enact change.

¹⁰ [https://research-information.bristol.ac.uk/en/projects/justice-inequality-and-gender-based-violence\(49bc49cc-1db3-4675-b2ed-94a46555a0e9\).html](https://research-information.bristol.ac.uk/en/projects/justice-inequality-and-gender-based-violence(49bc49cc-1db3-4675-b2ed-94a46555a0e9).html)

¹¹ See for example the Voice against Violence (www.voiceagainstviolence.org.uk) and Everyday Heroes projects (<https://everydayheroes.sps.ed.ac.uk/>), illustrative examples of CYP helping set Government priorities and integrating CYP into the political system.

Pillar 4: Engagement

Having emerged from a social movement against inequality, the DVA field has always engaged in what academia now refers to as 'impact'. This can include collaborative research with service providers and NGOs; engagement with service users to inform the research process and methods (sometimes called Public Patient Involvement – PPI – in health-based research); collaborative policy engagement through NGO lobbying and dissemination, etc. Engagement is a key strength in the work of researchers in the GBV field. It also, however, raises some potentially difficult questions.

For NGOs there are important questions about engagement and what this means. For example, non-academic partners want clarity on how the research questions will contribute to our wider knowledge base and they want timely responses and access to evidence. This involves both ensuring that evidence which is cited by academics is available for non-academics to access and supporting survivor-led organisations with upskilling to produce research.

Researchers need to get the balance right among creating a safe space and positive experience for participants, acknowledge their wish to help others, and mitigating the harm that unrealistic expectations of what the work will achieve can cause. In this respect, researchers need to be transparent in their information to potential participants about what they intend to do and ensure that they do what they say they will. If researchers say they will return and feedback to participants, then this needs to be done (being mindful of our earlier point about safe contact) in a timely way, using interim feedback if need be. This applies to service providers too, who often see researchers come into a service to collect data and then do not hear back about the findings. This increases the concern of gatekeepers and limits research. There are benefits to long-term research relationships and collaborations.

Where collaboration does take place, it is important for researchers to ensure they have their own measures in place for their emotional support needs. NGO partners are not in a position to provide this support – although they will feel pressured to do so if it is not already embedded.

Co-production is a goal of much socially embedded research in this field. Working in a co-produced way with key agencies, organisations, and participants is a helpful way to ensure that the needs of those impacted by abuse are incorporated into the production of knowledge. This is however, a particularly difficult methodology as it is not always clear where the boundaries of co-produced and collaborative research are. All partners must be aware of the aims of co-produced research, and the roles and responsibilities of different partners must be clearly set out.

Co-produced and/or collaborative research can, if done properly, offer unique benefits to researchers, service providing organisations, and participants. This will include recognising the contribution of individuals and organisations and making sure that smaller organisations are neither exploited nor overlooked as potential partners in research. Often the experience of smaller NGOs, particularly those working with marginalised populations, is

that researchers harvest knowledge and expertise in a way that feels exploitative. Power relationships affect research at different levels. They affect the extent to which partners in research are equally able to shape the work, which researchers are involved and who leads the work, the extent to which NGOs are empowered through the process, and whether victim survivors are simply co-opted into the work, or have a genuine voice. Research can be designed together to create structures that share power, decision-making and resources and promote leadership.

It is important to recognise the power inherent in the role of researcher and in organisations like universities, while also recognising that NGOs are diverse in terms of focus of work and the resources which they may have available. Care should be taken to ensure that collaboration is approached in an accessible way which recognises these power imbalances. For example, organisations should be costed in funded bids to cover their time and involvement. Where this is not possible, creative ways of recompensing organisations should be implemented. This might include access to community value vouchers, paying for NGO staff, including appropriate overhead and management fees, funding places to attend conferences to meet other researchers and present research directly, or delivering training for staff within an organisation.

Finally, consideration should be given to ethical dissemination of findings and the role of communications. Project design requires consideration of transparent commitment to how and to whom findings and recommendations will be communicated.

Pillar 5: Research Ethics

The fifth and final pillar is research ethics. Research ethics have developed significantly over past decades, especially in the field of GBV research. This type of research raises a number of ethical issues, some of which – safety, transparency, data collection, and storage for example – have been highlighted above. All researchers should request independent review of their research plans/protocols prior to conducting fieldwork. In an academic university context, this primarily is a process of checks which are undertaken through a review process. For medical and some health research this will be through the NRES system in England and Wales and equivalent in other jurisdictions. For those working in Social Work or Probation, other ethical review processes exist. For academic researchers, universities have their own research ethics committees which review and approve that work. This includes the work of PhD students, other students, and staff.

Some service evaluations (costed as consultancy), NGO based research, and policy/commissioner research may not at present get ethical review through university processes. However, we believe that all research (including evaluations) should undergo some form of independent ethical review to ensure that it adheres to the principles laid out here and adopted in the Research Ethics Committee procedures of most research institutions (see checklist in appendix). Whilst university committees cannot formally review research happening outside of their institutions, informal processes for reviewing work across universities and NGOs could be helpful. This might include NGO partners being involved in reviewing academic work and vice versa through informal peer networks. This would be important both prior to and subsequent to research taking place.

NGOs are particularly well placed to review policy impact work, and academics can reciprocate by informally reviewing the research taking place in NGOs. All publications should state clearly whether ethical approval was sought and gained and from which body. If ethical approval was unnecessary or impossible, then the reason for this should be clearly stated, and what steps were taken to address any ethical issues or concerns. Some guidance on data collection is available in Article 11 of the Istanbul Convention where the role of bodies such as WAVE and Greivio are mentioned.

Acknowledgements

We would like to acknowledge the many researchers and academic partners who have helped to make this work possible. Your experience and insights have shaped this framework and we are thankful for your time and your work over the past two years.

Our thanks to:

- The women of the four Women's Aid Federations of the United Kingdom
- Dr Emma Williamson, Reader in Gender Based Violence, Centre for Gender and Violence Research, University of Bristol
- Professor John Devaney, Centenary Chair and Head of Social Work, University of Edinburgh
- Dr Maria Pentaraki, Lecturer in Social Work, School of Social Sciences, Education and Social Work, Queen's University Belfast
- Professor Nicky Stanley, Co-Director, Connect Centre for International Research on Interpersonal Violence and Harm, University of Central Lancashire
- Professor Chérie Armour, Professor of Psychological Trauma & Mental Health, School of Psychology, Queen's University Belfast
- Dr Claire Houghton, Lecturer in Social Policy and Qualitative Research, University of Edinburgh
- Dr Nancy Lombard, Reader in Sociology and Social Policy, Department of Social Sciences, Glasgow Caledonian University

Our grateful acknowledgement also goes to the reviewers who commented on this framework:

- Imkaan
- Respect
- Northern Ireland Commissioner for Children and Young People
- Dr Ravi Thiara, Associate Professor, Department of Sociology, University of Warwick

This framework is a living document which will be reviewed on an ongoing basis to address the needs of specific populations and to reflect changes in context over time. We welcome further discussion to develop this framework in collaborative and appropriate ways.

Appendix A - Research Integrity in Gender Based Violence Framework S.T.E.E.R. Checklist

The following checklist is a way for researchers to commit to the five pillars identified in the Research Integrity in DVA Framework. This will assist policy makers and commissioners to make decisions about evidence based on a clearer understanding of the data being presented. We recognise that journal articles and other formats might not have space for detailed information on these issues and we therefore ask that researchers take it on themselves to complete this information and make it available online or through request.

We also ask that you make clear that you are adhering to the Research Integrity in DVA Framework.

We also recognise that it may not be possible at the start of a research process, particularly where it is co-produced in some way, to answer all of these questions at the same time – it should be considered therefore a living document. For the purposes of research users however, we believe this checklist can provide detailed information about the limitations of any research being undertaken, thereby strengthening the transparency of that work.

Safety and well-being

Has/will your research consider and implement appropriate safety measures to ensure that research participants, service providers, and researchers themselves are kept physically and emotionally safe during this research?

QUESTION	YES	NO	N/A	PARTIAL	PLEASE PROVIDE DETAILS
Are you in contact with victim-survivors of DVA?					
Are you in contact with perpetrators of abuse? How have you considered the additional safety issues?					
Are you in contact with children or young people? Have you prepared a specific children's rights risk assessment?					
Have you assessed the risk to individual participants' physical safety?					
Have you assessed the risk to individual participants' emotional well-being?					
Have steps been taken to mitigate the risk of being involved in the research?					
Do participants have access to support?					

Are they being recruited via a support agency?					
Do you have confirmation of safe contact details?					
Can you meet research participants safely?					
Might the research participant be considered as presenting a risk of harm to others?					
If so, what additional safeguards are in place to ensure the safety of researchers and others?					
Have you checked with participants that they feel safe?					
Have you explained the research in detail to the participants, including how you will ensure confidentiality and anonymity?					
Have the participants given their informed consent to your use of their information?					
If you are using an interpreter, have they signed a confidentiality agreement? Have you checked that participant is happy to use an interpreter? Have you identified interpreters that have DVA training?					
If using on-line survey, does the information provided make clear if information about the survey may be stored in a browser history?					
Do you have permission for anonymised data to be used for future research?					

Transparency/accountability

Will you make clear in any publications/reports, press releases etc, the limitations of the data and methodology in terms of who undertook the research, who participated, who and where they were (demographics), and what can safely be said of the data in the context of these limitations? This information can be presented within this framework and made available.

QUESTION	YES	NO	N/A	PARTIAL	PLEASE PROVIDE DETAILS
Do you name funder? If not, why not?					
Do you present the research aims clearly?					
Is the population of interest and sampling process clear?					
Is bias acknowledged?					
Do you break down the demographic profile of the participants and discuss how representative they are of the population of interest?					
Are any perceived or actual conflicts of interest identified?					

Equality/social justice

Does your research frame its evidence in relation to intersecting structural issues of inequality and discrimination, identified in the framework, in terms of who the research might impact and how this is mediated through different forms of social inequalities?

QUESTION	YES	NO	N/A	PARTIAL	PLEASE PROVIDE DETAILS
Is the context of the research clear? Who, where, why?					
Has consideration been given to either the over- or under-representation of any sub-groups within the population of interest?					
If there is over- or under-representation, have you explained what this means for the research findings?					
If the research focuses on a particular demographic, e.g.,					

Black women, are Black women researchers carrying out the research?					
Has the research looked at how structural inequality could affect the experiences of research participants differently?					

Engagement

QUESTION	YES	NO	N/A	PARTIAL	PLEASE PROVIDE DETAILS
Is your research collaborative in some way?					
Do you make clear where it is and where it isn't?					
Are the partners (organisations and individual survivors) in the work the most appropriate? Do they have the relevant specialism? Do they represent the relevant affected group including the most marginalised?					
Who designed the aims and objectives?					
Did service users or providers help decide the methods? Did they help design the methods? I.e. help with interview questions?					
Did they request/get feedback?					
Did they assist in the dissemination process? (with safety in place)					
Did survivors help design the research?					
Are survivors involved with the research design through the analysis of findings?					

Research Ethics

Make clear that you have, or haven't, undertaken research ethics review and what that entailed.

QUESTION	YES	NO	N/A	PARTIAL	PLEASE PROVIDE DETAILS
Does your research require formal ethical approval?					
Is this health-based?					
University REC?					
Informal peer review?					
Other form of oversight such as Social Care or Probation?					
If independent ethical review was not undertaken, is this stated along with a section outlining the steps taken to address ethical concerns?					
Were internal ethical review processes followed and is this available to end users of the research (policy makers/commissioners etc)?					

Appendix B - World Health Organisation (WHO) ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies

The below principles have been developed in relation to researching sexual violence in emergencies; however, they are applicable generally to GBV research.

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities.
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice.
3. Basic care and support for survivors/victims must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence.
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern and in emergency settings in particular should be continuously monitored.
5. The confidentiality of individuals who provide information about sexual violence must be protected at all times.
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity.
7. All members of the data collection team must be carefully selected and receive relevant and sufficient specialized training and ongoing support.
8. Additional safeguards must be put into place if children (i.e. those under 18 years) are to be the subject of information gathering.

Appendix C - Resources on safety principles in different research contexts

- WHO: *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*:
https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf?ua=1
- Women Against Violence Europe (WAVE) Network: *Violence Against Women and Girls Data Collection during COVID-19*: <https://www.wave-network.org/wp-content/uploads/vawg-data-collection-during-covid-19.pdf>
- Global Women's Institute: *Gender-Based Violence Research, Monitoring, and Evaluation with Refugee and Conflict-Affected Populations*:
<https://globalwomensinstitute.gwu.edu/sites/g/files/zaxdzs1356/f/downloads/Manual%20and%20Toolkit%20-%20Website.pdf>
- Global Challenges Research Fund: ENGAGE: *Best Practice Guidelines in Relation to Gender-Based Violence Research in Low- and Middle-Income Countries*:
<https://www.birmingham.ac.uk/documents/college-mds/engage-principles.pdf>

Appendix D - General Data Protection Regulation (GDPR) principles

Under Article 5(1) of GDPR, personal data shall be:

- (a) processed lawfully, fairly and in a transparent manner in relation to individuals ('lawfulness, fairness and transparency');
- (b) collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes ('purpose limitation');
- (c) adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed ('data minimisation');
- (d) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay ('accuracy');
- (e) kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals ('storage limitation');
- (f) processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures ('integrity and confidentiality').

Article 5(2) adds that:

"The controller shall be responsible for, and be able to demonstrate compliance with, paragraph 1 ('accountability')."

See the Information Commissioner's guide to GDPR [here](#).

Appendix E - Imkaan: Approach to Research

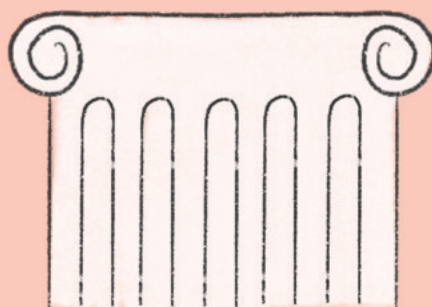
The following is used with permission from Imkaan and is from an internal document on approach to research (Imkaan internal document – research and evaluation team).

We bring a Black feminist intersectional lens to evaluation which means our analysis situates women and girls' experiences of violence within the broader context of structural inequalities. Our work is grounded in the lived realities of minoritised women and girls. This requires us to understand and meaningfully explore the ways in which intersecting oppressions impact their journeys and experiences.

We have a strong understanding of Black feminist ways of working and we describe our overall evaluation approach as strength-based with a focus on how Black and minoritised women's 'by and for' organisations design, deliver and sustain specialist services, as an alternative to mainstream ways of working on ending-VAWG.

This serves to invisibilise our distinct lived contexts/experiences and instead reinforces problematic, racist and discriminatory political ideologies. We present a counter-narrative to this discourse and to deficit models of evaluation, which requires us to critically reflect on each stage of the process ensuring that our use of language and how we present narratives does not cause further harm to women already subject to multiple, intersecting forms of disadvantage.

NOVEMBER 2020



www.womensaid.org.uk

www.womensaidni.org

www.womensaid.scot

www.welshwomensaid.org.uk