

RESEARCH ON VIOLENCE AGAINST CHILDREN DURING THE COVID-19 PANDEMIC

Guidance to inform ethical data collection and evidence generation



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for every child

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Evidence on violence against children (VAC) can play a crucial role in uncovering and understanding increased risks during the COVID-19 pandemic. It can also guide policy and programming that can prevent such violence and promote victims' continued access to compassionate and effective care.

Collecting primary data from children or caregivers on the experience of violence presents ethical, safety and methodological challenges that can be exacerbated during the pandemic. This includes the necessity to collect data remotely. Since the privacy and safety of children are more difficult to ensure amid COVID-19-related restrictions, primary data collection on violence should be avoided. No data are worth placing children, families or researchers at risk.

Despite these limitations, alternative data collection methods are available and can be used to address questions and raise awareness of the impact of COVID-19 on VAC, inform response efforts and better plan for future crises.

WHY THIS GUIDANCE NOTE?

Global and national stakeholders have raised serious concerns about the risk of **increased frequency and severity of VAC**, alongside other forms of **violence**, during the COVID-19 pandemic.¹ Risks of VAC are likely to vary by setting and population. Nevertheless, immediate concerns relate to the increased vulnerabilities of children as a consequence of stay-at-home orders, school closures, economic pressures placed on families, and limited access to support services.

Research and data are important at this time to draw policymakers' attention to the experiences of children during lockdown, to advocate for a range of protection services² to be available during the crisis, and to inform the design of VAC prevention and response programmes. That said, the need for evidence must be balanced against the **substantial risks** to children, families and even researchers participating in violence-related data collection efforts. These risks are always present, but are likely to be amplified in the context of COVID-19, which may require rapid research, often via remote methods such as mobile phones or the Internet. Because **no data are worth risking the safety of children and others**, it is more urgent than ever to carefully consider the potential risks and benefits of data collection, and to ensure a 'do no harm' approach.

This note is meant to serve as a simple guide to inform decisions related to VAC data collection and evidence generation during and after the COVID-19 crisis, and complements other resources focusing on **violence against women**. It starts by reviewing the main types and sources of data on VAC and offers examples of data collection options and methods that can be used to assess the ways in which COVID-19 is impacting such violence, including in relation to services. This section is followed by a review of the ethical aspects of VAC research that can be affected by the pandemic. Finally, the note addresses key questions on VAC evidence that may arise during the pandemic. It concludes with a 'decision tree' that ties all this information together.

The note does not fully discuss methodologies used to undertake evidence generation on VAC, since it is strongly recommended that any such effort be implemented by, or in collaboration with, researchers experienced in this area of work.³ Rather, it is meant to provide an overview of important issues to consider when conducting research during this unprecedented time. Throughout, linkages to further guidance are given, which can be consulted and adapted to specific contexts.

Global and national stakeholders have raised serious concerns about the risk of increased frequency and severity of VAC, alongside other forms of violence, during the COVID-19 pandemic.

WHAT TYPES OF DATA AND EVIDENCE MIGHT SHED LIGHT ON THE LINKAGES BETWEEN COVID-19 AND VIOLENCE AGAINST CHILDREN?

A range of data sources may be used to inform advocacy and action related to VAC during the COVID-19 crisis. Identifying how the data will be used is a crucial first step. What questions are expected to be answered by the data? For example, many actors may wish to know if and how VAC has changed during the pandemic and what the consequences have been for children. However, it is important to think through the actions that such data might prompt. For example, will knowing answers to key questions result in concrete changes to policy and programming? This issue needs to be discussed well in advance of any data collection effort.

Table 1 describes common types and sources of data on VAC and provides examples of how they can be explored to inform COVID-19-related research questions. The list is not exhaustive. However, it does show that a range

of data sources exist that should be considered before, or as an alternative to, primary data collection. Moreover, while many actors believe that knowing VAC levels (prevalence, incidence, severity, frequency, etc.) during the pandemic is a priority, different types of information and indicators may be more helpful in understanding how best to support children and families. What's more, estimating the impact of measures to contain the virus on VAC levels can be challenging given pre-pandemic gaps in relevant data. In the absence of data against which to compare findings, it may not be possible to understand if changes have occurred and whether these may be linked to COVID-19 measures. Thus, stakeholders are encouraged to think holistically about options involving actionable evidence, including data on risk factors, access to services, and impacts of interventions to mitigate and prevent VAC.

A range of data sources may be used to inform advocacy and action related to VAC during the COVID-19 crisis.

Table 1. Types and sources of data on violence against children and application to COVID-19 evidence generation

Types of data or evidence	Unit of data collection	Description of how VAC data collection is carried out
Quantitative data from surveys	Surveys of households, schools or other institutions, with caregivers or children as the ultimate sampling unit	Interviewers administer questions to respondents or participants complete a questionnaire as part of self-administered surveys (for example, online or by phone). This can be part of a stand-alone survey or longitudinal study following the same households or individuals over time. Typically, surveys are meant to collect population-level data on VAC prevalence (and possibly severity and frequency), risk factors and service utilization. Surveys can also be used to assess the impact of an intervention.
Qualitative data	Caregivers, children or other household members	Qualitative methodologies include in-depth interviews, focus groups, observations, or participatory research with caregivers, children and other household members. Typically, they are used to understand lived experiences around VAC, unpack the dynamics of ‘why’ such violence may be happening, ‘how’ it is taking place (context, perpetrator, etc.), and barriers to seeking help. If undertaken in the context of a specific service or intervention, qualitative data can assess participant perspectives and experiences with services.
Administrative data and other information on services	Service providers (including governments, civil society organizations, etc.)	This category includes quantitative or qualitative data collected from service providers or at the programme implementation level. Such data are typically used to understand levels of VAC-related service provision (such as changes in the volume of calls to helplines, cases reported to the police, health or social services), or how VAC services are coping with and adapting to shocks or policy changes. If tied to the implementation of a specific service or intervention, operational data can also shed light on how well the service is being delivered, operational constraints and challenges, service provision needs and stakeholder perspectives, among other issues. Service provision data (in particular, data collected through interviews with service providers) can also help in understanding the mental health and well-being of service providers, challenges they may face, and their unique perspective on the pandemic.
Big data	Social media platforms, search engines, etc.	Big data include testimonials or conversations on social media, Internet services or other publicly available sources. Such data are typically used to understand public opinion, interest or attention to VAC.

Examples of COVID-19-related applications

UNICEF and academics from the London School of Hygiene and Tropical Medicine are using existing data from **Multiple Indicator Cluster Surveys (MICS)** to model how COVID-19 measures might have changed children's exposure to violent discipline. This follows the development of a conceptual framework that combines exposures, outcomes and the potential effects of COVID-19 (*results not yet published*).

In exceptional circumstances – for example, where researchers have long-standing relationships of trust with caregivers, children or other household members, and where privacy can be ensured and a clear referral and support system is in place – it may be feasible to undertake remote qualitative research on VAC. For example, the **Healing and Resilience after Trauma (HaRT)** programme in Uganda pivoted from in-person to virtual data collection. In **this interview**, two HaRT researchers discuss how they carried out trauma-informed phone interviews on sensitive topics with women and girls living in a shelter during lockdown. Although collection of sensitive data during the pandemic is not recommended, in this case the researchers had prior and ongoing contact with their small cohort of participants, and were able to put in place a protocol to ensure participant safety.

In March 2020, UNICEF's Europe and Central Asia Regional Office implemented an **online survey with 23 UNICEF country offices** to investigate how child protection systems were being adjusted for COVID-19.

UNICEF implemented an **online survey of all of its 157 country offices** to assess disruptions in VAC prevention and response services in light of COVID-19 as well as mitigation measures.

Academics used data from hotlines in the United States to show how **school closures led to decreases in reporting of child maltreatment**.

UNICEF and Child Helpline International have collected and analysed **data from 48 helplines** around the world to document changes in the number of counselling calls received in the first six months of 2020, compared to 2019.

The UN Trust Fund to End Violence against Women implemented a **qualitative survey** among their grantees (civil society organizations) to assess how they were affected by the pandemic.

UNICEF and academics from the Stevens Institute of Technology have analysed **content from two social media platforms** (Twitter and Reddit) to assess changes in VAC-related content before and after stay-at-home orders were issued in 16 countries.

WHAT ETHICAL ISSUES MIGHT ARISE WHEN COLLECTING DATA ON VIOLENCE AGAINST CHILDREN?

Regardless of the type and purpose of VAC data collection, it is essential to adhere to well-established and **standard principles** and protocols for ensuring the safety and confidentiality of participants and researchers. The key requirements of ethical research with children become **more complex in the context of COVID-19**, when face-to-face data collection **may not be advisable or possible**. Table 2 summarizes some of the critical ethical issues that must be considered when deciding whether or not to undertake data collection on VAC during the pandemic. These include complications that stem from both remote data collection requirements and from the COVID-19 crisis itself (which may limit vital referral and response efforts). The table presents general issues that may be relevant at different phases of the pandemic and emphasizes the importance of context.

The guidance provided represents the minimum standards that must be considered before data collection can move forward. In addition, by law in many countries, any data collection effort that includes human subjects must undergo

an ethics review by national (and, where possible, international) bodies to ensure that the research complies with established ethical considerations and is appropriate for the context and the target population. Even where ethics reviews are not mandated by law, due to the sensitivity of the topic, researchers must seek out a reputable ethics board with the ability to review VAC research. In addition to the ethical and methodological issues mentioned, which are particularly relevant in the context of COVID-19, a host of other **methodological concerns** exist, which apply to data collection on VAC at any time. Such concerns relate to sampling, validity and the reliability of measures and implementation protocols, among others, and are not discussed here. For example, children living and working on the street, children in residential care, victims of trafficking, refugee children, and children with disabilities may be left out of mainstream data collection efforts. Special tools and methods are required even under normal circumstances to identify and sample these populations, in addition to the considerations mentioned in this note.

It is essential to adhere to well-established and standard principles and protocols for ensuring the safety and confidentiality of participants and researchers.



Table 2. Summary of critical ethical and methodological issues that may arise when asking questions about children’s experiences of violence

Issue	Why is this crucial for VAC research?	Considerations	
		Remote data collection	COVID-19
Informed consent and informed assent	Informed consent ensures that the participant agrees voluntarily to take part in the research, without coercion and with full understanding of the risks and benefits. Children may not be legally able to provide consent in many settings – and therefore consent must be obtained from parents or legal guardians as part of the data collection process. Further, assent must be obtained from children to confirm their willingness to participate in the research, even when they are not legally able to provide consent.	Parents and guardians may be hesitant to give consent in remote contexts if they cannot observe or verify the credentials and intent of the person with whom their child will be speaking. There is also a risk that the parents and guardians who are asked to consent to their child’s participation in the survey are perpetrating violence. This risk is not exclusive to remote data collection, but it may be more challenging to address in this context.	COVID-19 may not explicitly affect informed consent beyond those issues raised for remote data collection. However, in certain circumstances, parents and guardians may be more vulnerable to incentives or exploitation by data collection agents due to the economic and social effects of COVID-19.
Privacy and confidentiality	A requirement for asking sensitive questions, including about direct experiences of violence, is the ability to ensure privacy and confidentiality. This includes privacy and confidentiality of both direct verbal communication as well as data and communication related to the study (such as consent forms, text messages, etc.).	It is challenging to ensure privacy if researchers are unable to confirm where participants are responding to questions, or to observe interruptions that would require halting an interview. Also, contingent on context, privacy may be difficult to guarantee if remote survey technology, such as cell phones, are shared, or when online surveys (and data trails) may be seen by other individuals in the same household. The risk is heightened if parents and other caregivers are the ones causing harm to the child and are monitoring interviews overtly or covertly.	In quarantine situations, especially in crowded dwellings, conversations may be easily overheard, screens monitored, and technology shared among family members.
Profile and training of interviewers, and support during fieldwork	Careful selection of experienced interviewers (including interviewers of the same sex as interviewees, where applicable) is necessary to minimize harm, maximize disclosure and ensure high-quality data. Just as important is in-depth training covering all aspects of survey administration – including dedicated modules on ethics, VAC and response plans. Debriefing with interviewers is also key to ensuring that they are supported and able to emotionally process the content of interviews. Such debriefing is important not only to the well-being of interviewers, but also to the quality of the data they gather.	Ability to monitor quality, debrief and ensure interviewers are supported may be compromised with remote methods, unless concerted efforts are made to gather and discuss these issues in person, when safe to do so, or virtually.	Training of interviewers may be hampered by restrictions to group gatherings. While training could take place remotely, role playing and other interactive activities are key, as is the ability of lead researchers to directly observe interviewers. All of these activities may be compromised when training takes place remotely. Finally, it is important to note that interviewers should not be put at risk during training or fieldwork – including by possible exposure to COVID-19 – and should be provided with personal protective equipment, whenever required.

Issue	Why is this crucial for VAC research?	Considerations	
		Remote data collection	COVID-19
Safety, support, referrals and mandatory reporting	<p>All VAC data collection requires that teams be prepared to minimize risks and ensure the safety of participants. Typically, this includes training interviewers to identify signs of distress and to allow respondents to skip questions, including if someone else enters the room. It also includes a referral plan to offer support to respondents who may require it, and a structured protocol to respond to mandatory reporting requirements of VAC to authorities (when legally required), while promoting the best interest of the child.</p> <p>Additionally, since violence against both children and women may occur within the same families, it is important that protocols for responding to victims of VAC incorporate referral and support options for women in the household who may also be exposed to violence.</p>	<p>Ability to assess distress may be limited. Moreover, the ability to support someone's access to needed services or to safely and effectively carry out protocols related to mandatory reporting of child abuse is likely to be compromised in remote data collection efforts. In instances where there is a legal requirement for researchers to report child abuse, this will have to be noted explicitly during the informed consent process and during any assent process. It must be made clear that, while confidentiality will mostly be maintained, disclosure of abuse will have to be reported. This may bias data and limit willingness to participate. In instances where mandatory reporting exists, and a contextual assessment is made that this would compromise the safety of children, then the research cannot be undertaken. Where research is viewed as critical, an exemption from mandatory reporting would need to be sought from the authorities and/or relevant ethics review board. Where this is not approved, and children's safety may be compromised, research cannot proceed.</p>	<p>The ability to provide safe and timely services to those who may need them may be impossible due to closures or reductions in services. Timely referral is particularly crucial in the case of post-rape prophylaxis or when participants are in acute danger. In addition, participants may be unable or unwilling to access services due to COVID-19-related transportation or movement restrictions or fear of becoming infected at service locations.</p>
Use of evidence	<p>Given the risks and costs of collecting data on VAC, it is essential to have a clear plan for how the data will be used for policy and programming in the short term. Longer-term research questions and objectives that are not time-sensitive are best addressed by postponing data collection until the pandemic has subsided, when it may be easier to mitigate inherent risks.</p>	<p>Remotely collected data may have limited actionability if it is challenging to reach respondents. For example, it may result in findings that represent only a portion of the population (such as those who have access to mobile phones). In large-scale crises, adverse events are more likely to occur within hard-to-reach populations (such as children who live and work on the street, children in institutions and children with disabilities). Thus, a concerted effort should be made to reach these children in order to both provide services and generate evidence. In addition, a host of other methodological challenges may limit data quality and, consequently, actionability (for example, if there is underreporting or other bias due to remote methods).</p>	<p>Data must be actionable and acted upon for immediate COVID-19 response, otherwise data collection efforts should wait until the COVID-19 crisis subsides.</p>

FREQUENTLY ASKED QUESTIONS

QUESTION: What type of data can be used for COVID-19 advocacy related to VAC prevention and response?

ANSWER: Many forms of data can be used for advocacy purposes. First, you must decide what type of question you want to ask. Do you want to know any of the following:

- Have levels of VAC changed during the COVID-19 crisis – if so, how?
- What are the likely consequences for children of any potential increase in violence or tensions at home?
- Are children able to access services? Are child protection services able to reach clients and families?
- Are services to prevent or respond to VAC effective during COVID-19?

For many of these questions, pre-existing data can be used. Such data include administrative records, pre-COVID-19 survey data or reviews of academic literature. While available data may be limited, they can be used to highlight the already widespread exposure of children to violence. Evidence concerning the factors that increase children's risk

of experiencing violence, paired with information on how such **risk factors can be heightened during the pandemic**, can provide insights into possible changes in levels of VAC. Existing data on access to services, together with information on service disruptions during COVID-19, can be relevant in underscoring potential gaps in service delivery and outreach due to the virus. Research reviews on **what works to prevent VAC** can offer evidence-informed areas of investment to mitigate violence during and after the COVID-19 crisis. Another alternative is to incorporate safe and appropriate questions on child well-being, and on vulnerability more generally, into upcoming household surveys while avoiding questions on direct personal experience of VAC (see box on the opposite page for a list of possible research domains). Finally, **implementation research** with service providers can also provide a picture of the constraints to protection services, including their ability to reach and serve clients.

EXAMPLES OF POSSIBLE RESEARCH DOMAINS TO INFORM RESPONSE EFFORTS

Many different tools are available for measuring VAC. Some of these options are summarized in [UNICEF guidance on quantitative measures of VAC](#) and in the [INSPIRE Indicator Guidance and Results Framework](#). However, when the collection of data on the experience of VAC is not appropriate (as would be the case when privacy and safety cannot be ensured), options can be found to inform response efforts, including the collection of data on a range of child well-being measures. For example, the [Gender & Adolescents: Global Evidence \(GAGE\)](#) programme has conducted [phone surveys](#) to understand knowledge, attitudes and behavioural changes in response to COVID-19. Data on direct experience of VAC were not collected; rather, questions were asked about risk factors and community perceptions of violence as indirect measures.

It is important to underscore that all data collection efforts with human subjects must comply with standard ethics protocols and ethical review by national and international bodies and must be assessed for suitability in each context. It is recommended that stakeholders work with researchers to identify priority themes and the exact wording of survey questions (including response options), which have been validated and are suitable for the setting and population. Possible research domains include the following:

- **Information and support outlets:**

Understanding where children seek information and support, including access to services and information during the lockdown, such as radio, Internet, phone, social media, TV.

- **Challenges, opportunities and coping mechanisms:** Asking about difficulties or sources of worry during lockdown (including coded response options), and how children may be coping with the difficulties they face. In addition, asking about the ‘silver linings’ of lockdown, for example, getting to spend more time with family members (including coded responses).
- **Children’s activities:** Asking about children’s daily activities and routines (including coded responses for positive activities that contribute to children’s well-being, such as play and exercise).
- **Subjective well-being:** Asking about children’s expectations for the future, aspirations, and hope for when COVID-19 lockdowns are over.
- **Service provision needs:** Asking about children’s perceived wishes and needs for their household during the pandemic (include coded responses, likely appropriate for older children).
- **Perceptions about community challenges:** Perceptions about whether stress, anxiety, conflict or worry has increased or decreased in the community they live in.

QUESTION: How can data be gathered to inform immediate COVID-19 service provision?

ANSWER: A key question relates to what policies and programmes can be most effective in preventing and responding to VAC during the COVID-19 crisis. For example:

- What changes in demand for services and help are providers observing?
- What challenges and barriers to providing services are different professionals experiencing?
- How can stakeholders assist front-line workers to innovate and adapt service provision during COVID-19?
- Are services to prevent or respond to VAC effective during the COVID-19 crisis?

Surveys of service providers (**quantitative** and **qualitative**) are the best way to gather data on the experience of providers and to assess their needs. These can be undertaken using online (**web-based**) or telephone surveys scheduled at times that suit service providers and do not interrupt servicedelivery. Service providers may also be collecting data directly, via monitoring activities, in an effort to maintain contact and assist clients. Ethical guidelines described in this note apply equally to these situations. It may be possible to use

existing VAC service provision data (see, for example, the analysis of child helpline data in **2014** and **2016**) to understand which children are at highest risk for VAC in order to target certain groups or to inform modes of service delivery. Finally, analysis of administrative data can help in understanding the use of services and challenges in this regard as well as levels of resources needed over time and across geographic areas. For example, if pre-COVID-19 trends or levels of VAC are known, communities can assume that the levels are likely to remain the same or increase, given what is known about the epidemiology of VAC, and prepare accordingly. Here it is important to note that administrative data cannot be used to report on prevalence of VAC since **most victims never disclose** information to, nor seek professional help from, service providers. However, such data are helpful in understanding challenges in accessing such services. For example, during the COVID-19 pandemic, **some settings have seen increases in calls to helplines while others have seen decreases**. Such fluctuations are more likely to represent victims' ability and willingness to access services during lockdown, rather than actual changes in the levels of violence.

QUESTION: What options exist to evaluate the effectiveness of interventions and inform long-term solutions for preventing and responding to VAC?

ANSWER: A variety of relevant research activities can be undertaken after lockdowns are lifted and support services are back in place, and when in-person data collection is feasible to inform the long-term prevention agenda. You may want to know:

- What interventions were effective in mitigating harmful impacts of COVID-19 response measures on children?
- How did these interventions work across settings and for different groups of children, including girls versus boys, different age groups, ethnic minorities, children with disabilities, etc.?
- Which interventions were victims able to access and benefit from?
- Were any interventions effective at addressing the needs of both child and women victims of violence?
- How cost-effective were such interventions?

Research on VAC should focus on promising interventions in prevention and response that can be modified or adapted

to the COVID-19 crisis (see, for example, the innovative programme approaches detailed in the **INSPIRE** and **RESPECT** frameworks or **other methodologies/approaches**). A diverse range of evaluation methodologies exist. One option is to collect retrospective data detailing children's or caregivers' experiences with interventions after the COVID-19 emergency has subsided. Another is to conduct retrospective **implementation research**, asking service providers or first responders about their perceptions regarding the success and challenges of programming efforts. Yet another option is to build on VAC impact evaluations that started before the lockdown (and thus have pre-COVID baselines to measure changes over time). If case evaluations are ongoing, samples can be followed to ask about similar VAC outcome indicators. Similar research has been undertaken on interventions during the Ebola crisis in Sierra Leone, for example. It is highly recommended that such evaluations be planned in advance, in collaboration with independent national and international researchers.

DATA COLLECTION AND EVIDENCE GENERATION ON VIOLENCE AGAINST CHILDREN DURING THE COVID-19 PANDEMIC: OVERVIEW OF OPTIONS AND CHALLENGES

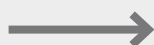
START HERE

IDENTIFY DATA NEEDS RELATED TO VAC DURING THE COVID-19 CRISIS

WHY do you want to collect data?

WHAT questions do you want to answer?

HOW will the data be used?



DATA NEEDS FOR ADVOCACY

- Have levels of VAC changed during the pandemic (for example, prevalence, incidence, frequency, severity) – if so, how?
- What are the likely consequences for children of these potential changes?
- Are children able to access services?

DATA NEEDS FOR SERVICE RESPONSE

- What changes in demand for services and help are providers observing?
- What challenges and barriers to providing services are different professionals experiencing?
- How can stakeholders assist front-line workers to innovate and adapt?

DATA NEEDS FOR LONG-TERM SOLUTIONS

- What interventions were effective in mitigating the harmful impacts of COVID-19 response measures on children?
- How well do these interventions work across settings and for different groups of children?
- Which interventions were victims able to access and benefit from?
- How cost-effective were these interventions?

Always work with research experts, consider ethical issues and use tested methodologies.

Integrate child well-being questions into rapid assessments or other planned data collection efforts.

Focus on aspects such as positive experiences and challenges for children and caregivers, sources of information, daily life amidst pandemic pressures.

Collect operational/service provision data.

Conduct quantitative surveys or qualitative key informant interviews with front-line child protection workers or other similar professionals.



Consider 'safe' options for primary data collection.



Can you ensure a standard ethical protocol with remote methods?

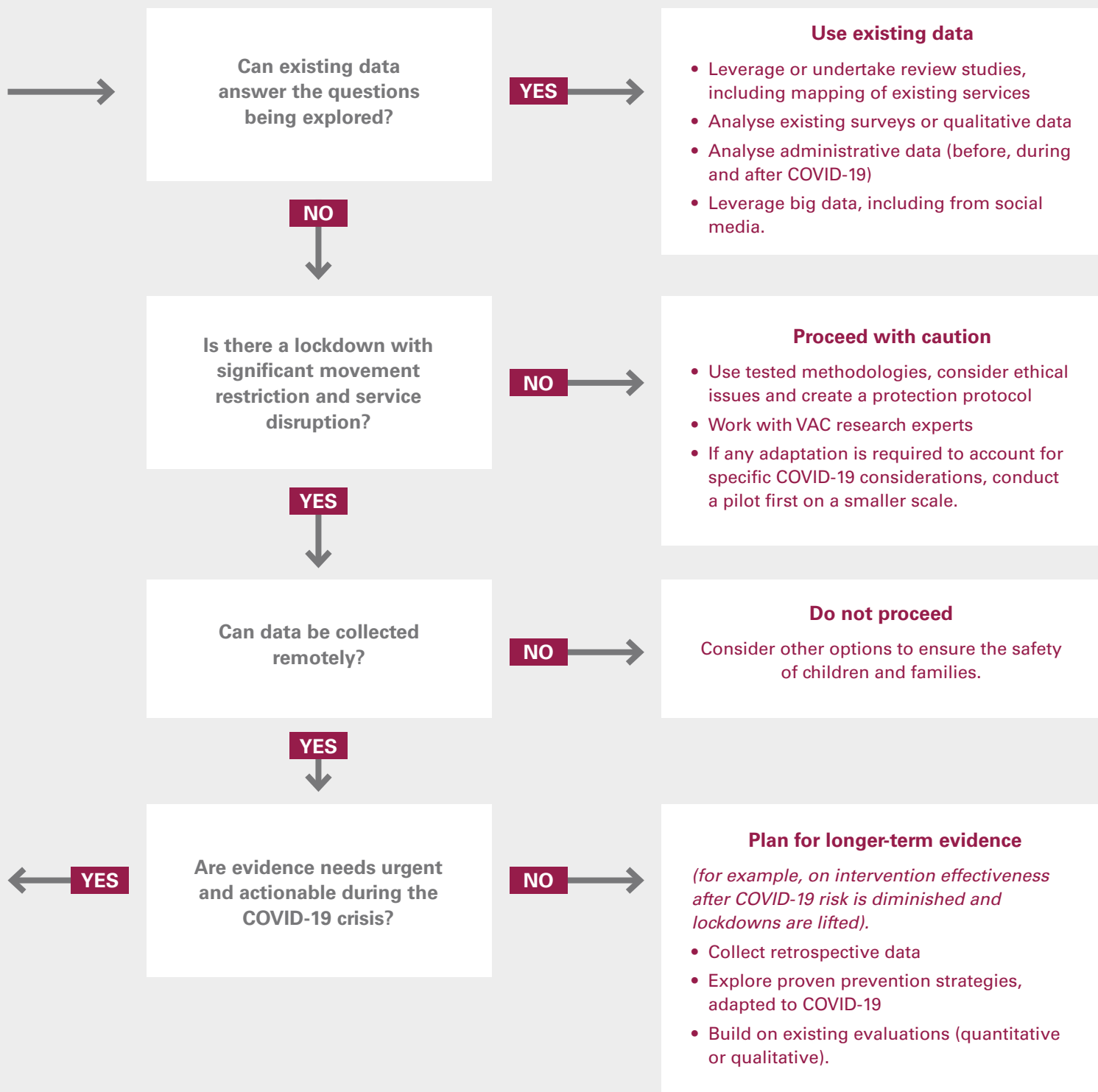
NO



Do not proceed

Consider other options to ensure the safety of children and families.

*Ensure a 'do no harm' approach.
No data are worth risking a child's safety.*



Note: This figure draws on **Decision Tree: Data collection on violence against women and COVID-19** developed by kNOwVAWdata, UNFPA, UN Women and the World Health Organization, July 2020.



CONCLUSION

The emergence of COVID-19 has created an unprecedented global crisis. In many settings, it could erase progress towards ensuring that every child is safe and able to thrive and jeopardize advances on other development goals. While many options are available for collecting data and generating evidence on VAC during the pandemic, the risks inherent in doing so need to be carefully studied in relation to their perceived benefits. This brief guide discusses options for stakeholders to consider as they make decisions to commission or undertake evidence generation on VAC. The note lays out the complexities of data collection during the COVID-19 pandemic (including remote data collection) and recommends options for informing VAC responses through secondary sources and service provision data.

Asking about children's direct experience of violence (online, in person or via telephone) is not recommended while measures to contain COVID-19 are in place, given the risks in obtaining and the challenges of interpreting such data (in the absence of baseline measures, for example). Many other issues should be considered before undertaking VAC evidence generation. Therefore, it is strongly recommended that any such effort be carried out by, or in collaboration with, researchers with prior experience in VAC. In addition, any evidence generation should refer to existing **ethics procedures/policies** as general guidance. Stakeholders committed to the well-being of children should continue to seek ways of strengthening the evidence base and improving services in the safest way possible.

In light of the constraints imposed by the pandemic, it is now more important than ever to carefully weigh risks and benefits of data collection and evidence generation on VAC.

Additional resources

Child Protection Monitoring and Evaluation Reference Group, *Ethical Principles, Dilemmas and Risks in Collecting Data on Violence against Children: A review of available literature*, UNICEF, New York, 2012.

End Violence against Children, *Measuring Violence against Children: A methods menu*, Edinburgh, 2020.

kNOwVAWdata, United Nations Population Fund, UN Women and World Health Organization, 'DecisionTree: Data collection on violence against women and COVID-19', UNFPA website, 2020.

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United Nations Children's Fund Office of Research – Innocenti, 'Remote Data Collection on Violence against Children during COVID-19: A conversation with experts on ethics, measurement & research priorities (Part 2)', UNICEF website, 2020.

Endnotes

1 While different definitions of VAC exist, for the purpose of this note the **INSPIRE glossary** was used for key forms of violence among children aged 0-17, including violent discipline, sexual violence in childhood, intimate partner violence, bullying (in person and online), physical attack, child homicide and maltreatment.

2 UNICEF uses the term '**child protection**' to refer to preventing and responding to violence, exploitation and abuse of children.

3 While there are many types of VAC research experts, generally they have a specialized research function (either at a research university or institute), have requisite ethics certifications, and have previous publications on the topic, including in the setting of interest.



For every child

Whoever she is.
Wherever he lives.
Every child deserves a childhood.
A future.
A fair chance.
That's why UNICEF is there.
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The most excluded.
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