Checklist

for ensuring the quality of violence against women surveys

World Health Organization

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Contents

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Background

In 2015, all United Nations (UN) Members States agreed to work towards eliminating violence against women: Target 5.2. of Sustainable Development Goal (SDG) 5 *[1]*. They also agreed to measure progress using two indicators, the first being the proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months (SDG indicator 5.2.1) *[2]*. Knowledge about how to produce valid and reliable data on the prevalence of intimate partner violence and other types of violence against women has expanded in recent decades *[2-4]*. Surveys that measure the prevalence and consequences of violence against women, including intimate partner violence, are specialized and need technical support and guidance to follow best practice. However, not all surveys follow best practice *[2,5]*. This makes national and sub-national data on the prevalence of intimate partner violence difficult to compare across settings. Some surveys are subject to the risk of bias, including the risk of underestimating the prevalence.

Purpose of the checklist

This checklist is designed to help national statistics offices and other national research and data institutions and research teams to think through the steps needed to produce high-quality survey data on intimate partner violence — from the planning stages through to analysis, report write-up and dissemination of accurately interpreted findings. Most surveys on violence against women measure multiple types of violence, and many of the generic recommendations in this checklist are applicable to various forms of violence against women. However, this checklist addresses the specificities of measuring the prevalence of intimate partner violence — one of the most common forms of violence women are subjected to globally. A checklist to address the specificities of measuring the prevalence of non-partner sexual violence will be produced in the future. This checklist is meant to be used by teams planning dedicated surveys on violence against women as well as surveys with a module on violence against women within a larger survey, as in the Demographic and Health Surveys. Funders and other organizations commissioning surveys on violence against women may also find this checklist useful to inform their work.

The checklist is designed to be completed in a participatory manner by the different members of the survey team along with other stakeholders. Each item is meant to encourage discussion, planning and/or self-evaluation. Some items include citations, hyperlinks to key resources or brief explanations about why that element is important for improving the quality and impact of surveys on the prevalence of intimate partner violence. For detailed guidance about the rationale behind each item in the checklist, research teams are encouraged to consult the Guidance Note in Annex 1 and resources listed in References section.

Methods and sources used to develop the checklist

This checklist was based on recommendations made by global experts on violence against women at meetings on strengthening the measurement of the prevalence of violence against women convened by the World Health Organization from 2016 to 2020, including members of the Technical Advisory Group of the United Nations Inter-Agency Working Group on Violence Against Women Estimation and Data and of the Working Group. Early drafts were revised based on reviews by many of these global experts. The development of the checklist was also informed by a review of the literature on methodology and international guidance on undertaking high-quality data collection, analyses and reporting on the prevalence of intimate partner violence [2-4, 6-12], including resources listed in the References section. For more detailed information on how to plan, design and conduct violence against women research, please see Ellsberg M, Heise L. Researching violence against women: a practical guide for researchers and activists. Washington, DC: World Health Organization and Program for Appropriate Technology in Health; 2005.

Checklist to ensure the quality of surveys that measure the prevalence of intimate partner violence against women

Overall survey design, planning, implementation and management	
A	**Are the roles and responsibilities of key stakeholders from government and civil society clear in all phases of the survey, from planning through to analysis, report writing, and dissemination? Specifically:**
1	If the National Statistics Office is conducting the survey, have the relevant government agencies or ministries been involved in the planning and/or implementation? If the survey is conducted by another governmental agency or ministry, or an academic institution, have the National Statistics Office and/or other relevant ministries been involved in the planning and/or implementation? *It is recommended that the focal point for the Sustainable Development Goals (SDGs) is also informed about the survey.*
2	Has government commitment (if possible, with a memorandum of understanding) been obtained that defines their role, supports data collection and commits the government to using results to inform policies, programming and reporting? *This is particularly important when the survey is being conducted by an academic or other nongovernmental organization.*
3	Have the objectives for the survey been clearly identified and agreed by the key stakeholders?
4	Does the core survey team or (at least) advisory group include: • researchers with significant multidisciplinary expertise in violence against women across diverse disciplines; • researchers with international or regional expertise in violence against women; • national researchers from the country where the data will be collected, supported with capacity-building if needed; • advocates for women's rights and service providers for violence against women from the country where the data will be collected?
Ethical and safety protocols and procedures	
B	**Has the survey team developed plans to implement international ethical and safety guidelines on violence against women? Specifically, has the team taken the following steps?**
1	Made an explicit commitment to adhere to the World Health Organization (WHO) Ethical and safety recommendations for research on violence against women *[11]* and set up mechanisms to monitor such adherence from the earliest planning stages through to implementation, analysis, reporting and dissemination.
2	Named and framed the survey as a survey on women's health and life experiences (or other "safe" wording) rather than on violence when preparing scripts and communication materials for communities, to minimize risks to survivors.

3	Obtained ethical approval from a national or local or institutional ethics board qualified to evaluate research on violence against women. *In the absence of a qualified ethics board, surveys may set up specialized, ad hoc, independent committees to provide scientific and ethical review, comprised of individuals with expertise in research on violence against women from government, academia, civil society and advocacy groups.*
4	Ensured that the survey protocol protects respondent confidentiality by interviewing only one woman per household about experiences of violence. *It is not considered safe or ethical for prevalence surveys to interview multiple respondents (men or women) in the same household about violence.*
5	Ensured that consent procedures and scripts emphasize voluntary participation, the right to refuse any question and the right to stop the interview at any time.
6	Ensured that consent procedures for interviewing minors (if applicable) meet ethical and legal standards appropriate for the setting where data collection will occur *[12]*.
7	Ensured that consent procedures do not require a written signature. *Where there is a context-specific requirement for written consent, it is important to ensure that this does not affect safety of participants.*
8	Designed robust field procedures to ensure safety, privacy and confidentiality, including protocols that ensure: • interviewers do not interview women in their own community; • respondents are interviewed in total privacy; • informed consent is obtained and confidentiality of data ensured; • respondents can reschedule or relocate interviews to safer times or locations if needed; • interviewers know how to switch to safe questions if interrupted by household members. *Lack of the above procedures poses risks to the safety of participants and interviewers. This is particularly important when using remote methods of data collection such as telephone or online interviews as there are additional challenges to ensuring privacy and safety than when conducting in-person interviews.*
9	Developed specialized protocols to protect the confidentiality and privacy of respondents living in small communities, islands or villages. *These protocols might include attention to subsample sizes, modes of survey administration, and extra safeguards for management of personal identifying information.*
10	Developed procedures for separating, storing and limiting access to data and personal identifying information, including password protection and encryption for electronic data.
11	Established protocols so interviewers and supervisors can refer respondents to local services and sources of support during the survey.
12	Created short-term support mechanisms for respondents and fieldworkers if local services for violence against women do not exist or are not adequate.
13	Ensured that printed information about local support services is designed to minimize risk to respondents if perpetrators were to find such material. *For example, by making it small enough to hide or by including services for survivors alongside other services.*

C	**Has the survey/research team developed plans for interviewer selection, training and support? This includes plans for:**
1	Selecting suitable female interviewers. *For example, fluent in the language of the training and possibly any other language into which the questionnaires have been translated; have good communications skills; ideally have the equivalent of a secondary-school education or more; demonstrate maturity.*
2	Providing specialized training for interviewers that includes: • orientation about violence against women and gender inequality; • how to conduct supportive, non-judgmental interviews and minimize distress; • the importance of privacy and confidentiality; • how to refer women and adolescent girls to local services and support. *Where remote methods need to be used, training should include how to create rapport and carry out surveys in a way that ensures safety, privacy and "no harm".*
3	Ensuring the safety of fieldworkers during survey implementation (e.g. provision of mobile telephones, safe transportation and male escorts where women cannot travel safely alone).
4	Providing interviewers with opportunities for relaxation, debriefing and counselling during the fieldwork to ensure their well-being.
	Questionnaire design and adaptation
D	**Has the survey/research team made plans to ensure that the questionnaire is developed with the following procedures in mind?**
1	Consideration for using existing, standardized, tested instruments, such as the Demographic and Health Survey (DHS) domestic violence module *[13]* or the WHO long and short questionnaires *[14]* as well as for what is known about how to design questions on intimate partner violence based on both the international literature and research in the local context.
2	Back translation of any questions about violence or other sensitive issues to ensure that translation has captured the question as intended.
3	Pilot testing the questionnaire, with particular attention to questions that have not been used before in that setting. *The use of questions from internationally endorsed survey instruments that have already been widely tested is recommended. If new questions are included that have not been tested already in a range of settings (e.g. on technology-facilitated violence), cognitive testing is recommended in addition to pilot testing, if resources permit.*
E	**Do plans for measuring the partnership history of women and adolescent girls include the following components?**
1	A clearly defined, operational definition of "intimate partner" appropriate for the setting.
2	Questions on whether or not women and adolescent girls have ever married or cohabited, even if the survey uses a broader operational definition of an intimate partner.

3	Questions on whether women and adolescent girls have ever had a stable but non-cohabiting intimate partner (e.g. a fiancé or a "long-term" boyfriend).
4	Questions on age at first cohabitation (in effect, the international definition of first marriage) *[15]* regardless of how broadly or narrowly partnership is defined.
5	Questions for ever-married women and adolescent girls about circumstances of their first marriage, including who decided when and whom she would marry and/or what type of marriage occurred.
6	Questions for never partnered (however defined) women and adolescent girls on whether they ever had a short-term/dating partner, if relevant for the setting.
7	Collection of data on the sex of any current or former partner where the survey team is confident it is feasible and safe to ask such a question.
F	**Has the survey team selected measures of intimate partner violence that are known to be valid and reliable and conform to international best practice? These include the following:**
1	Questions to measure at least three types of intimate partner violence: physical, sexual and psychological that use behaviourally specific acts rather than abstract concepts (e.g. violence or abuse) and are aligned with international operational definitions of physical, sexual and psychological intimate partner violence. *Abstract terms such as violence or abuse may lead to misunderstanding, create barriers to disclosure and underestimate the prevalence of intimate partner violence.* *Survey teams are encouraged to align their measures with the DHS module, WHO questionnaire, and acts recommended by the SDG metadata for indicator 5.2.1 [2], as well as other UN publications about measuring violence against women including the Guidelines for producing statistics on violence against women [3].*
1a	Questions about behaviourally specific acts of physical intimate partner violence based on the modified conflict tactics scale (e.g. hit, pushed, slapped, kicked). *It is important to measure and report on all acts of physical violence by a partner and not just on severe physical violence.*
1b	Questions about behaviourally specific acts of sexual intimate partner violence such as forced intercourse using physical force or coercion, other forced and unwanted sexual acts, and unwanted sex due to fear of what the partner might do if she refused. *Forced sexual intercourse is recognized internationally as rape; however, the word rape, like the term violence, is not recommended because it is open to interpretation and reduces disclosure.*
1c	Questions about behaviourally specific acts of psychological abuse, such as insulting in public, repeated humiliation, threats and intimidation. *There is limited consensus on how to define, measure, report and interpret the prevalence of psychological intimate partner violence. There is wide variation in: the number of items included (surveys in high-income countries include up to 26 items, DHS and WHO questionnaires include 3–4); measures of frequency; and inclusion of acts of economic abuse and controlling behaviours.*

1d	Questions that measure controlling behaviour, such as being prevented from seeing family or friends or from seeking health care without permission[1]. *Controlling behaviours were included in the WHO multi-country study as a risk factor for intimate partner violence. This behaviour is also considered as a form of psychological violence [16]. Current agreement is to measure and report on the prevalence of controlling behaviour separately while maintaining the ability to combine it with other acts of psychological intimate partner violence during analysis, including by using the same frequency as for the psychological (and other) questions on intimate partner violence.*
1e	Questions that measure economic abuse. *Knowledge about how to measure economic abuse is evolving. Patterns vary by setting and different measures of economic abuse require different denominators. Measures of economic abuse should be tailored to the local setting, with attention paid to the relevant denominators and filters. For example, questions on a partner taking a woman's earnings or property against her will can and should only be asked of the sub-sample of ever-partnered women who are in paid work and/or own property and related assets.*
2	Questions that are partner-specific and avoid general filter questions about violence by any perpetrator. *Partner-specific questions explicitly ask about partners (e.g. "Has any current or former **husband or partner** ever hit you?"). Filter questions ask about violence by anyone (e.g. "Has **anyone** ever hit you?) before asking who the perpetrator was. Non-specific filter questions are known to reduce disclosure and underestimate the prevalence of intimate partner violence [4, 6].*
3	Questions designed to measure (and distinguish) violence by: • any and all current or former intimate partners in life (however defined), • the current partner (among currently partnered women and adolescent girls), • the most recent partner (among women and adolescent girls who are not currently partnered).
4	Measuring at least two timeframes (ever and past 12 months) for each type of intimate partner violence. *While the SDG indicator 5.2.1 is restricted to prevalence in the past 12 months, it is important to measure women's overall experience of violence in their lifetime and not just current or recent violence as is captured by past 12 months, because the evidence indicates that being subjected to intimate partner violence often has long-term health and other consequences.*
5	Measuring frequency (once, few times, many times) of each type of intimate partner violence (physical, sexual and psychological) at least in the past year, and possibly before that time.
6	Measuring violence by non-stable, short-term or dating partners, where relevant to the setting, with questions specifically designed for that group. *Best practice in measuring violence in dating or other informal relationships is still evolving. Currently this group may be missed if not included in the definition of ever partnered.*

1 DHS and WHO surveys also measure controlling behaviours such as insisting on knowing where a woman is at all times, getting angry if she speaks with another man and wrongly accusing her of being unfaithful.

G	Has the survey/research team included questions about context, consequences, and help-seeking? These may include but are not limited to the following:
1	Whether or not children in the home were present during incidents of violence by an intimate partner.
2	Physical and mental health consequences of intimate partner violence, including specific types of physical injuries, mental/emotional health problems such as anxiety, depression and suicidal thoughts or attempts, and reproductive health issues.
3	Help-seeking by women who reported having experienced violence, including separate items for: • disclosure and/or help-seeking from family or friends, • help-seeking from services or institutions (e.g. police or health care providers), • perceived quality or helpfulness of services received, • barriers to disclosure and help-seeking, • questions that clarify which types of violence prompted help-seeking. *Some surveys ask about help-seeking without determining whether it was for intimate partner violence or another form of violence; this has created evidence gaps in some settings.*
4	Violence during any pregnancy and during the most recent pregnancy; for example, "Did your current/most recent partner ever push, slap, hit, kick or beat you while you were pregnant? Did this happen in the most recent pregnancy?" *It is also useful to ask if the violence is a continuation of pre-existing violence or it started with the pregnancy and, if pre-existing, whether it stayed the same, decreased or increased in frequency or severity.*
H	**Has the survey/research team included questions to measure potential correlates (risk or protective factors) for intimate partner violence? These questions include but are not limited to the following:**
1	Sociodemographic and economic characteristics of the respondent, such as age, education, household wealth, paid work/employment and urban/rural residence.
2	Respondent's exposure in childhood to intimate partner violence against her mother.
3	Respondent's experiences in childhood of physical punishment or other forms of child maltreatment.
4	Respondent's views on the acceptability of wife-beating and circumstances in which it is considered justified.
5	Respondent's views on women's right to refuse sex within marriage.
6	Other relevant gender attitudes and norms, including those specific to the setting.
7	Reproductive health history (e.g. history of pregnancies, births, abortions, miscarriages and use of contraception).
8	Whether decision-making within the household, for example in relation to accessing health care and daily household expenditure, is done jointly, by the male partner only or by the respondent only.
9	Key sociodemographic characteristics of the current/most recent partner, such as education, age difference and employment.
10	Partner's use of alcohol, drugs or other substances, including frequency of use and problematic drinking/drunkenness.

11	Partner's exposure in childhood to intimate partner violence against his mother.
12	Partner's experiences in childhood of physical punishment or other forms of child maltreatment or neglect.
	Analysis and reporting
I	**Has the survey/research team developed a plan for constructing key prevalence indicators for intimate partner violence and disaggregating data in ways that conform to international good practice and international reporting obligations? The following indicators and factors should be considered:**
1	Indicators for reporting on SDG indicator 5.2.1 including: • percentage of ever-partnered women and girls aged 15+ years (and 15–49 years) who experienced **physical violence** by a current or former partner in the previous 12 months • percentage of ever-partnered women and girls aged 15+ years (and 15–49 years) who experienced **sexual violence** by a current or former partner in the previous 12 months • percentage of ever-partnered women and girls aged 15+ years (and 15–49 years) who experienced **psychological violence** by a current or former partner in the previous 12 months • percentage of ever-partnered women and girls aged 15+ years (and 15–49 years) who experienced **physical and/or sexual violence** by a current or former partner in the previous 12 months *SDG metadata list a fifth sub-indicator combining physical, sexual and psychological intimate partner violence; however, without consensus about how to define, measure, report and interpret the prevalence of psychological intimate partner violence, this composite indicator poses challenges for interpretation and comparisons.*
2	If the survey included women aged 50 years and older, prevalence estimates should be reported for women and adolescent girls of reproductive age (15–49 years) and for all women and adolescent girls aged 15 years and older (in addition to any other age disaggregation). *The SDG indicator was originally formulated for women and girls aged 15+ years, but SDG metadata recommend that prevalence of intimate partner violence be reported also for women and girls of reproductive age (15–49 years). This is because most data are on the 15–49-year age group, particularly from low- and middle-income countries, and the prevalence of violence by intimate partners tends to be higher in this age group. Furthermore, prevalence for the 15–49-year age group has been collected more consistently over time which allows for trends analysis.*
3	Two timeframes, namely: past 12 months and lifetime.
4	Two categories of partners, namely: 1) any current or former partner and 2) the current or most recent partner. *DHS and WHO currently measure both categories of partner using separate questions to ask about any partner in life versus the most recent partner. The "most recent partner" refers to the current partner (if they are currently partnered) or the most recent former partner (if divorced, separated or widowed).*
5	If relevant for the setting, separate estimates also for violence committed by non-stable/dating partners.
6	Denominators for intimate partner measures limited to ever-partnered women (however defined), ideally with additional disaggregation by type of partner. *As noted earlier, survey teams are encouraged to develop an operational definition of partner that is appropriate for the setting. In all places, it should capture, as a minimum, a spouse and/or cohabiting partner. In other settings, it may also include stable but non-cohabiting partners.*

7	Estimates that classify "threatened with or use of a weapon" as physical violence, in keeping with recommendations of the SDG indicator 5.2.1 metadata *[2]*.
8	Estimates of the *frequency* of physical intimate partner violence and sexual intimate partner violence in the past year.
9	Disaggregation of each key violence indicator (either in the main report or in annex tables) by characteristics, including but not restricted to age (5-year age groups is recommended), partnership status (e.g. married, cohabiting as if married or separated/divorced/widowed), rural versus urban residence, education and household wealth.
10	Disaggregation of lifetime and past-year prevalence indicators for girls aged 15–19 years and 15–17 years, if the sample size is large enough.
11	Disaggregation of key indicators by subnational regions, if the sample has been designed to allow it. *Disaggregation to small area and geographic information system (GIS) mapping can be helpful, if anonymity is not compromised and resources permit.*
Report writing and presentation of findings ***For more guidance, the STROBE statement (Annex 2) offers detailed recommendations for reporting on observational studies such as prevalence surveys [10].***	
J	**Will the report include key information about methods and field procedures? These include but are not limited to the following:**
1	Dates, length and content of interviewer training.
2	Dates and geographic coverage of data collection.
3	Data collection methods (e.g. face-to-face interviews, computer-assisted interviews and telephone calls).
4	Information about fieldwork procedures (e.g. follow-up of non-respondents, quality control methods and supervision).
K	**Will the report describe measures taken to meet WHO ethical and safety guidelines for research on violence against women? These measures include:**
1	An explicit statement that the survey met WHO ethical and safety recommendations.
2	A description of how implementation of the survey met WHO ethical and safety recommendations, including: • interviewer training and support; • informed consent procedures; • field procedures to ensure privacy and confidentiality; • procedures to ensure respondent safety if remote methods are used (e.g. safe word or quick exit button); • procedures used to refer women to local services or support.

L	**Will the planned report include enough information about the sample design to assess the representativeness of estimates for the target population? This information includes the following:**
1	Justification for the sample design and size.
2	Sampling frame used.
3	Sampling procedures used in the field and any expected or unexpected barriers to intended geographic coverage during fieldwork.
4	Response rate and completion rates. *To assess quality, it is important to also document completion rates, that is, of women who agreed to take part in the survey, what proportion completed it.*
5	Any data available on characteristics of non-responders or non-completers.
6	Unweighted subsample size(s) of women asked about intimate partner violence.
7	Unweighted numbers of women and adolescent girls by subnational geographic area.
8	Socioeconomic characteristics of women and adolescent girls in the whole sample and the subsample asked about intimate partner violence, including marriage/partnership status, age, education and residence.
9	How weights have been calculated to produce representative estimates and compensate for over-sampling of any groups, clustering and known differences between the sample and the target population.
M	**Will the report provide enough information to clarify how intimate partner violence estimates were constructed, analysed and disaggregated? This information includes the following:**
1	Operational definitions of an intimate partner and each type of intimate partner violence measured, including wording used in key survey items if not the full questionnaire. *WHO, DHS and similar survey country reports usually include the full questionnaire at the end, which can help to clarify the way that intimate partner violence was measured.*
2	Treatment of missing responses to all key measures of violence and related factors.
3	Construction of all key violence indicators, including an explanation of each numerator and denominator.
4	Tables showing the number of women in the denominators of all key prevalence estimates of intimate partner violence, disaggregated by key characteristics. *Numerators could also be included in annex tables. Figures and charts typically do not allow for as much space for detailed disaggregation as tables, so it is recommended that reports avoid an overreliance on figures and charts. Detailed and properly labelled tables can be provided in an annex, if not in the main report.*

5	Clear, accurate and complete labelling of each table, figure and chart that fully describes: • units of measurement; • composition of numerators (including type of violence, timeframe of violence and perpetrator); • characteristics of denominators (age, sex, partnership and other defining characteristics); • any disaggregation; • statistical significance if any testing was done; • footnotes identifying any cases where cell sizes were too small to report.
N	**What interpretation will be provided to place the findings in context, such as:**
1	Discussion on the interpretation of preliminary results with the key stakeholders, technical advisory group and the local experts involved at the start of the survey process. *It is important to place the findings in context, achieve a clear and common understanding of the data and facilitate ownership of the survey results.*
2	Comparison of the estimates with any previous rounds of data collection on intimate partner violence from the same setting, with a detailed discussion of any changes to the wording of questions or indicator construction over time.
3	Inclusion of 95% confidence intervals for key intimate partner violence estimates. *Confidence intervals are essential for peer-reviewed articles and also important for survey reports. This information, or standard errors, can be provided in an annex if not in the main text of the report.*
4	Discussion of possible changes in prevalence over time based on comparable indicators, a sufficient number of data points, rigorous statistical methods, and accurate interpretation of uncertainty intervals and standard errors.
Dissemination of findings and turning research into action	
O	**Has the survey/research team made plans for disseminating findings and turning research to action? Specifically, has the survey team done the following:**
1	Planned and budgeted for disseminating findings from the earliest planning stages.
2	Developed a communications strategy, including research-to-action activities that include (i) the participation of government and women's civil society organizations; and (ii) subnational as well as national dissemination. *It is advisable to identify and train spokespersons to communicate the results, provide media briefings, and develop press releases and other messaging for social media channels.*
3	Taken steps to minimize time between completion of fieldwork and publication of the findings. *Ideally, this time would be less than one year.*
4	Planned to make datasets available for secondary analyses, especially for researchers from the country of the study, with robust procedures for vetting researcher requests for access, anonymizing data and protecting respondent confidentiality.
5	Planned to prepare findings in formats that can be used for international reporting commitments including for SDGs and the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW).
6	Ensured that the research findings will be sufficiently aggregated so that individuals and communities cannot be identified.

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Annex 1. Guidance note to accompany the checklist

Overall survey design, planning, implementation and management	
A	**Intended outcome: Both government agencies, civil society groups are involved in survey development, with clearly defined objectives and roles from the initial planning and implementation stages through to dissemination.**
	Rationale: Decades of experience suggest that surveys on violence against women, including those conducted by National Statistics Offices should involve relevant governmental agencies and civil society organizations, including academia, starting from the earliest stages of survey development.[2] Government-led surveys benefit from civil society expertise on the issue, including research, advocacy and service provision, which are essential for ensuring data quality and representing women's needs and rights. Surveys led by civil society including academic researchers benefit from engaging governmental agencies for many reasons, including the capability of policy-makers to translate high-quality survey data into policies and programmes that improve women's lives. As one evaluator explained: "Time and again, we found that… where data were able to revolutionize institutions and behaviour, and create real impact, policy-makers were part of the conversation before the expensive, labour-intensive work of data collection began."[3] **Notes and considerations:** Section A asks survey teams to think through specific ways to set up collaborations, engage collaborating organizations and define their roles, whether surveys are led by National Statistics Offices, government agencies, civil society groups or both. There may be circumstances in which such collaboration is not feasible (for example, if the survey is small or the government does not support efforts to address violence against women), but research teams should always attempt to achieve such collaboration when possible.
Ethical and safety protocols and procedures	
B–C	**Intended outcome: The survey team develops robust protocols and procedures that adhere to international ethical and safety guidelines on researching violence against women, including high-quality interviewer selection, training and support.**
	Rationale: Ethical and safety protocols, including those that address confidentiality, privacy and interviewer selection, training and support are important for survey research on any topic. However, they have particular importance when researching violence against women, because such research may put respondents and staff at increased risk of violence and/or emotional distress.[4] **Notes and considerations:** Sections B and C ask survey teams to think through ways to develop protocols and plans that adhere to World Health Organization (WHO) ethical and safety recommendations.[5] This includes selecting, training and supporting high-quality interviewers. The items in these sections of the checklist are not an exhaustive list of considerations and recommendations. Survey teams should consider them as a starting point for developing safe, ethical, high-quality surveys on violence against women.

2 kNOwVAWdata phase I report. Improving quality and availability of ethical data on violence against women prevalence across the Asia and the Pacific region. Bangkok: UNFPA Asia and the Pacific Regional Office; 2021 (https://asiapacific.unfpa.org/en/publications/knowvawdata-phase-i-report).

3 Pryor EC. How partnering with policymakers turns data into action. Devex News. 17 October 2018 (https://www.devex.com/news/sponsored/opinion-how-partnering-with-policymakers-turns-data-into-action-91809).

4 Jansen HAFM, Watts C, Ellsberg M, Heise L, García-Moreno C. Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. Violence Against Women. 2004;10(7):831–49. https://doi.org/10.1177/1077801204265554

5 Putting women first: ethical and safety recommendations for research on domestic violence against women. Geneva: World Health Organization; 2001 (https://apps.who.int/iris/handle/10665/65893).

Questionnaire design and adaptation	
D–H	**Intended outcome: Surveys use measures of violence against women and adolescent girls and related variables that are valid and reliable, and aligned with international definitions.**
	Rationale: High-quality surveys on violence against women require valid and reliable measures that align with international definitions and capture key forms of violence in the national or local setting. This principle applies to questions that measure violence against women and adolescent girls, partnership history, impacts, help-seeking and correlates of violence. Knowledge about how to develop valid and reliable survey questions related to violence has expanded greatly in recent decades,[6,7] and survey teams have an obligation to ensure that their questionnaires reflect current good practice. **Notes and considerations:** Sections D–H of the checklist are designed to help survey teams discuss how to develop a high-quality questionnaire based on international good practice. Methodological knowledge evolves over time however; therefore, survey teams are encouraged to consult other resources, including the United Nations Metadata Repository for the latest guidance on Sustainable Development Goal (SDG) indicator 5.2.1[8] (prevalence of intimate partner violence in the past year) and the latest violence against women instruments produced by WHO, the Demographic and Health Surveys and/or other international and national research programmes that regularly update their questionnaires to reflect methodological lessons learnt.
Analysis and reporting	
I	**Intended outcome: During analysis and report writing, the survey team constructs and disaggregates key indicators of violence against women in ways that conform to international good practice and country reporting obligations.**
	Rationale: In addition to using high-quality measures in questionnaires, survey teams also need to ensure that they **construct** high-quality indicators that correspond to international good practice when analysing data and reporting findings. **Notes and considerations:** Section I encourages survey teams to discuss key issues related to data analysis, indicator construction and reporting, including which violence indicators to construct, which subgroups of women and girls to use in the denominators (e.g. by age or partnership status), which types of intimate partners, acts of violence or abuse, and timeframes to include in the numerators of each violence indicator, and which variables to use for disaggregating the findings. For example, historically, most national estimates of intimate partner violence were limited to women and girls aged 15–49 years, but SDG indicator 5.2.1 includes women and girls aged 15 years or older. In keeping with the latest SDG metadata, this checklist recommends reporting estimates for age 15–49 years ***and*** age 15 years and older (if available). However, as noted earlier, knowledge about good practice is evolving and survey teams are encouraged to keep up to date with international recommendations.

6 Ellsberg M, Heise L. Researching violence against women: a practical guide for researchers and activists. Washington DC: World Health Organization and Program for Appropriate Technology in Health; 2005 (https://apps.who.int/iris/handle/10665/42966).

7 Guidelines for producing statistics on violence against women: statistical surveys. New York: United Nations Department of Economic and Social Affairs Statistics; 2014 (https://www.un-ilibrary.org/content/books/9789210559874).

8 Sustainable Development Goal indicator 5.2.1 metadata. New York; United Nations; 2022 (https://unstats.un.org/sdgs/metadata/files/Metadata-05-02-01.pdf).

Report writing and presentation of findings	
J–N	**Intended outcome: Survey findings published in reports and articles that conform to international quality standards for reporting on observational research such as prevalence surveys.**
	Rationale: Surveys that investigate prevalence and correlates of violence against women have a responsibility to report findings in ways that meet international quality standards. High-quality reports and articles are essential to ensure that such surveys contribute to the evidence base available to researchers, programmers and policy-makers and enhance comparability of data across surveys and countries. **Notes and considerations:** Sections J–N of this checklist encourage survey teams to discuss specific information they need to include in reports and articles in order to meet international reporting quality standards. This includes the essential information required for research on any type of prevalence research, as assessed by tools such as the Strengthening the Reporting of Observational studies in Epidemiology (STROBE) checklist.[9] This section also asks survey teams to think through key information known to be particularly important for high-quality reporting on the prevalence (and correlates) of intimate partner violence. Key quality issues in this section are ensuring that reports and articles include adequate information about: methods and field procedures; ethical and safety measures; sample design and characteristics; measures and operational definitions; indicator construction; and how to understand estimates of violence against women and girls in the context of previous research.
Disseminating findings and turning research into action	
O	**Intended outcome: The findings of surveys are disseminated to raise awareness of violence against women and promote strategies to translate research into action and bring about substantive programme and policy changes.**
	Rationale: To maximize the potential of surveys on violence against women to improve the lives of women and adolescent girls, survey teams have an obligation ensure that their research is translated into action and strategies that promote programme and policy change. **Notes and considerations:** This section of the checklist encourages survey teams to amplify the results of their work by planning and implementing strategies to turn research into action, including budgeting for dissemination efforts, developing strategies for national and/or subnational dissemination, engaging policy-makers, ensuring access to data for secondary analyses, and contributing to international reporting — all in ways that protect the safety of respondents.

9 Vandenbroucke JP, von Elm E, Altman DG, Gotzsche PC, Mulrow CD, Pocock SJ, et al. Strengthening the reporting of observational studies in epidemiology (STROBE): explanation and elaboration. PLoS Med 2007;4(10):e297. https://doi.org/10.1371/journal.pmed.0040297

Annex 2. STROBE statement

Strengthening the Reporting of Observational studies in Epidemiology (STROBE) checklist

Item	No.	Recommendation
Title and abstract	**1**	*(a)* Indicate the study's design with a commonly used term in the title or the abstract
		(b) Provide in the abstract an informative and balanced summary of what was done and what was found
Introduction		
Background/rationale	**2**	Explain the scientific background and rationale for the investigation being reported
Objectives	**3**	State specific objectives, including any prespecified hypotheses
Methods		
Study design	**4**	Present key elements of study design early in the paper
Setting	**5**	Describe the setting, locations and relevant dates, including periods of recruitment, exposure, follow-up, and data collection
Participants	**6**	Give the eligibility criteria, and the sources and methods of selection of participants
Variables	**7**	Clearly define all outcomes, exposures, predictors, potential confounders and effect modifiers. Give diagnostic criteria, if applicable
Data sources/ measurement	**8***	For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group
Bias	**9**	Describe any efforts to address potential sources of bias
Study size	**10**	Explain how the study size was arrived at
Quantitative variables	**11**	Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why

Item	No.	Recommendation
Statistical methods	**12**	*(a)* Describe all statistical methods, including those used to control for confounding
		(b) Describe any methods used to examine subgroups and interactions
		(c) Explain how missing data were addressed
		(d) If applicable, describe analytical methods taking account of sampling strategy
		(e) Describe any sensitivity analyses
Results		
Participants	**13***	*(a)* Report numbers of individuals at each stage of study, e.g. numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up and analysed
		(b) Give reasons for non-participation at each stage
		(c) Consider use of a flow diagram
Descriptive data	**14***	*(a)* Give characteristics of study participants (e.g. demographic, clinical, social) and information on exposures and potential confounders
		(b) Indicate number of participants with missing data for each variable of interest
Outcome data	**15***	Report numbers of outcome events or summary measures
Main results	**16**	*(a)* Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision, e.g, 95% confidence interval. Make clear which confounders were adjusted for and why they were included
		(b) Report category boundaries when continuous variables were categorized
		(c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period
Other analyses	**17**	Report other analyses done, e.g. analyses of subgroups and interactions, and sensitivity analyses
Discussion		
Key results	**18**	Summarize key results with reference to study objectives
Limitations	**19**	Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias

Item	No.	Recommendation
Interpretation	**20**	Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence
Generalisability	**21**	Discuss the generalizability (external validity) of the study results
Other information		
Funding	**22**	Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based

* Give information separately if applicable for exposed and unexposed groups in cross-sectional studies.

Note: *Items for case control and cohort studies have been removed.*

Source: Vandenbroucke JP, von Elm E, Altman DG, et al. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE): explanation and elaboration. *PLoS Med* 2007;4(10):e297. https://doi.org/10.1371/journal.pmed.0040297 and www.strobe-statement.org.

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