



MEASURING VIOLENCE AGAINST CHILDREN IN HUMANITARIAN SETTINGS

Implementation Guidance for a Humanitarian Violence Against Children and Youth Survey (HVACS)

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Canada



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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

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INTRODUCTION

The Violence Against Children and Youth Surveys (VACS) have been implemented in over 20 countries across Africa, Asia, the Caribbean, Latin America, and Eastern Europe. Violence against children is a global crisis, with an estimated 1 billion children experiencing violence annually.¹ A robust body of literature has established that violence can lead to a host of short- and long-term health consequences including sexually transmitted infections (STIs) and HIV, poor mental health, poor pregnancy outcomes, and chronic diseases.^{2,3} Further, child victims of violence may go on to become perpetrators later in life, perpetuating the cycle.⁴ Preventing, interrupting, and responding to violence against children should be prioritized due to the magnitude and lynchpin nature of this public health crisis.

Why do we need to understand violence against children in humanitarian settings?

Children who have been affected by humanitarian crises such as disease outbreaks or other public health disasters, natural disasters, and conflict are exceptionally vulnerable to violence.^{5,6} However, rigorous studies are limited, and more data are needed.⁷ A systematic review of violence against children in natural disasters concluded that the evidence base is too limited to draw major conclusions.⁸ Similarly, a review of the state of the evidence of violence against children in humanitarian settings concluded⁹:

“Ultimately, the body of evidence in this review offers an incomplete picture regarding the prevalence, nature and impact of violence against children in emergencies, demonstrating a weak evidence base for some of the basic assumptions underpinning humanitarian practice. The development of standardized approaches to more rigorously measure violence against children is urgently needed in order to understand trends of violence against children in humanitarian contexts, and to promote children’s healthy development and well-being.”

The United Nations High Commissioner for Refugees (UNHCR) estimates that between 30 – 34 million of the 79.5 million forcibly displaced people as of 2019 are children (38 – 43%). At the end of 2019, around half of refugees were children even though children only represent an estimated 31% of the world population and just 10% of the international migrant population.¹⁰ This is also linked to the fact that as more people are becoming displaced and fewer are able to return to their countries of origin, an increasing number of refugees find themselves in protracted and long-lasting displacement situations. Many children are thus growing up in displacement situations, and never have a stable childhood.

HOW CAN VACS BE USED TO FILL THIS GAP? The global VACS began with the Eswatini survey in 2007, providing the Government of Eswatini and stakeholders with national data on emotional, physical, and sexual violence against girls and young women as well as risk and protective factors, service seeking behavior, and health outcomes. These ground-breaking results garnered interest in the region and ultimately around the globe that continues to present day, when more than twenty countries have conducted VACS in Africa, Asia, the Caribbean, Eastern Europe, and Latin America.

The VACS' standardized methodology provides some of the only population-based prevalence estimates of violence against children globally, in addition to deep contextual information about experiences of violence and risk and protective factors. VACS provides national estimates (and often sub-national) on a host of indicators. The study uses standardized sampling and interviews 13 to 24-year-old females and males on their past and current experiences. The survey has over 400 questions, with complex skip patterns to ensure participants are only asked follow-up questions that are relevant to them based on their prior answers. The time required to complete the survey averages 45 minutes. Aggregated and weighted data provide the results featured in VACS reports that countries use to inform their prevention and response activities.

The safeguarding protections built into the standard VACS methodology and contextualized for each implementation, maximize safety and disclosure in an ethical and sensitive way.¹¹ VACS methodology could be applied, with careful modifications, to measure violence against children and youth in humanitarian settings. A VACS in a humanitarian-affected population would provide the critically important data needed to understand the magnitude and context of the problem and thus inform prevention and response efforts and help ensure that national child protection plans include this vulnerable population. This implementation guidance document describes the key tenets for such an adaptation.

Though the VACS was originally designed for non-humanitarian, nondisplaced populations, the Haiti VACS surveyed participants living in camp settings following the 2010 earthquake. This implementation included questionnaire adaptations as well as a methodological approach of sampling settlement camps as a separate stratum. This experience provided the team some important lessons and provided Haiti with the ability to understand the particular violence risks of children and adolescents living in a post-disaster camp setting to inform prevention and response efforts unique to this population. In most VACS countries, humanitarian-affected populations have been specifically excluded. Uganda, Tanzania, and Kenya all have refugee settlement camps, and these were excluded from the sample primarily because the host governments did not feel that collecting data from these refugee populations was representative and would skew results. As such, statistical offices in these countries generally exclude these settlements from national surveys. Similarly, the Government of Nigeria and partners excluded conflict-affected regions in northern Nigeria from the VACS for security reasons.

The global VACS could be adapted in a number of ways and with a variety of populations to provide estimates of violence against children and youth affected by humanitarian crises. A description of some of these approaches follows, with an ultimate determination on the ideal context for piloting a VACS in a humanitarian setting (HVACS).

STAND-ALONE HUMANITARIAN VACS For this approach, a humanitarian population could be identified for HVACS implementation without national sampling of the host population. The humanitarian population would be targeted in sampling. For example, in a context with internally displaced population (IDP) or refugee settlement camps, a representative sample would be drawn only from within the settlement camps. The core VACS questionnaire would be adapted to identify the timeline of violence victimization in relation to the humanitarian crisis. Additional questions could be added to understand the context of the humanitarian crisis specific to that population or setting.

HUMANITARIAN STRATA IN STANDARD VACS For this approach, HVACS could be embedded as a sampling stratum in a standard national VACS. This approach was successfully implemented for the Haiti VACS (2012), where the IDP settlement camps from the earthquake were sampled as a separate stratum. An advantage to this approach is that it allows a comparison of the sampled humanitarian population compared to the rest of the country.

HUMANITARIAN QUESTION MODULE ADDED TO STANDARD VACS This approach would be a fit for a country conducting a national VACS where there also happens to be a substantial humanitarian population living among the non-humanitarian affected population. For example, this could be a country with a large population of urban refugees or former conflict-affected regions, living in communities outside of the context of camps or other humanitarian-specific settings. A national sample could be drawn as standard if the humanitarian-affected population were evenly dispersed, but more likely there would need to be over-sampling of geographic regions where large portions of the humanitarian-affected population reside. In this approach, additional questions or modules could be added that capture the experiences and contextual factors that may be unique to humanitarian-affected persons. As with the approach above, this approach would allow for comparison between the humanitarian-affected population to the rest of the country if the sampling was powered to statistically assess differences.

LOCATION OF HUMANITARIAN-AFFECTED POPULATIONS

Humanitarian-affected populations can live in a variety of contexts- formal or informal camps, on the move, or embedded in a new town or city- often undocumented.

LIMITATIONS The VACS methodology does not lend itself to a rapid assessment approach. It is not recommended to use the VACS as an approach for going into a country or community during or immediately after a humanitarian crisis for a rapid assessment of violence. Successful implementation of VACS requires adequate planning in order to garner stakeholder support and ownership, contextualize the standard methodology to the local context, and gain necessary approvals from the U.S. Centers for Disease Control and Prevention (CDC) and local Institutional Review Board (IRB). However, even though systematic or representative data are not necessarily available in these acute crises, practitioners and policy makers can presume that there is ongoing violence against children and youth and a lack of data should not prevent stakeholders from implementing programs, policies, and services.

The VACS methodology does not lend itself to an active conflict context. VACS has extensive safety and ethical protections built into the protocol to maximize the safety of participants and field staff. However, these approaches were not designed for, and have not been tested in, an active conflict context. Further, on-the-ground CDC technical assistance is a critical component of successful implementation and CDC staff would not have access to an active conflict setting.

Ultimately, we have determined, through consultation with experts in complex humanitarian crises, that **HVACS could be piloted in an IDP or refugee settlement camp setting that is well-established and in a protracted rather than acute crisis phase in order to maximize ethical protections and to ensure the highest scientific standards.** After such a pilot, HVACS could be implemented in other more complex settings. The ethical standards and methodological approaches that follow are based on the understanding that HVACS will be piloted in a formal camp setting.

CONSULTATION WITH EXPERTS

On February 19, 2020, Together for Girls and International Rescue Committee (IRC) co-hosted a consultation with researchers and practitioners who have expertise in complex humanitarian settings. Nearly 20 experts came together in Washington, DC for a full-day meeting, with representation from the following organizations or institutions: Centers for Disease Control and Prevention (CDC), George Washington University, International Rescue Committee (IRC), London School of Hygiene and Tropical Medicine, Save the Children, Together for Girls, Washington University in St. Louis, and Columbia University.

The meeting covered three main topics: 1) VACS questionnaire adaptation for the humanitarian context; 2) ethics and safety for conducting a violence survey with children and young adults in a humanitarian setting; and 3) methodological issues related to population-based data collection in a humanitarian setting.

After the initial in-person meeting in February 2020, the experts were consulted to provide additional expertise on specific arising issues. A virtual consultation was conducted in June 2020 to review draft materials and provide experts an opportunity for final feedback, ultimately resulting in this document. At this second consultation, experts participated from: CDC, George Washington University, IRC, London School of Hygiene and Tropical Medicine, Save the Children, Together for Girls, University of St. Louis, Columbia University, the Global Partnership to End Violence Against Children, the United Nations High Commission for Refugees (UNHCR), and Global Affairs Canada.

ETHICAL PROTECTIONS FOR PARTICIPANTS

VACS prioritizes the safety and protection of participants and data collectors as paramount to the ethical implementation of the study in any context. VACS has adapted recommendations from WHO on safe and ethical data collection on violence against women.¹² Most of these protections should be followed as is or adapted and utilized for an implementation of HVACS. Additional protections may be needed for this unique and complex setting as identified by the World Health Organization (WHO)¹³, UNICEF¹⁴, and other key stakeholders and researchers in this space¹⁵.

Additionally, HVACS should follow international standards of safe-guarding and ethical protections for human subjects in humanitarian settings¹⁶ as well as any specific standards unique to a specific location.

This section describes approaches and core concepts of protocols that are necessary for the safe and ethical implementation of HVACS.

INFORMED ASSENT/CONSENT As a standard core principle of human subjects research, all participants must provide informed assent/consent to participate in HVACS. Given the sensitive topic and the vulnerable population of children and youth, the global VACS adheres to four important components in the informed assent/consent process:

1. Parental permission is obtained for participants under 18 years of age, minor participants also provide assent, and participants over age 18 provide their own informed consent.
2. Parents providing permission for participants under age 18 are given limited information about the sensitive topic of the study in order to protect the privacy and confidentiality of participants.
3. Child-friendly assent procedures ensure participants understand the information through the use of plain and age-appropriate language, repetition, and a summary statement to check comprehension of key components.
4. A graduated assent/consent process allows for participants to be given initial information about the study and then more details about it as they agree to hear more as well as informing them that they can skip any question and stop participation at any point.

One special consideration should be the consent process for unaccompanied minors prevalent in many humanitarian settings. Unaccompanied minors may represent a demographic particularly vulnerable to violence and excluding this group could introduce bias. Generally, HVACS would consider unaccompanied minors to be emancipated and therefore able to consent for themselves, but careful consideration would be given to local policy and guidelines and a community advisory board would need to provide input on how to ethically consent unaccompanied minors to participate.

Special considerations and adaptations may need to be taken once a study location in a humanitarian setting is identified. Generally, these principles will serve to guide informed consent to ensure that participants fully understand the research and implications of their participation.

SETTING AND POPULATION JUSTIFIED As with any research engaging human subjects, the need for the data must be well-justified. Anecdotal evidence indicates that violence is a substantial and unique public health burden for refugees, internally displaced persons, and others affected by humanitarian crises. However, limited population-level data exist, particularly for children and youth. Further, these data would be primarily collected for the purpose of informing programs to prevent and respond to violence against children in humanitarian settings. The dearth of comprehensive, systematically collected data on violence against children in humanitarian settings to inform prevention and response indicate a clear need to use a data-driven approach. HVACS should only move forward in a setting where all relevant stakeholders, including government, development, and humanitarian partners, are committed to responding to the data with evidence-informed programs and policies.

MINIMIZE HARM With a strong justification for the research, the next critical ethical principle that must be followed is the minimization of harm. This is of paramount importance in any setting but is particularly so among the highly vulnerable population of children and youth in a humanitarian setting. Given the sensitive topics covered in HVACS, all efforts must be made to minimize the harm for participants. Harm is minimized through key research principles and safeguarding protocols outlined below that are designed to protect participants and in turn foster disclosure. If these standards cannot be maintained, then interviewing should be stopped.

PRIVACY AND CONFIDENTIALITY Privacy and confidentiality are critical for the safety of participants and the quality of data. In any context, privacy can be a challenge to secure and unique challenges will likely be encountered in a humanitarian setting. Protocols for ensuring privacy and confidentiality will require contextually specific adaptations to ensure privacy can be obtained within the household in a humanitarian setting. If obtaining privacy in a household setting, which may include a tent or shared living space, is not possible, then private locations within the community may need to be identified. For example, an empty school classroom location or worship location could be considered for data collection sites.

MINIMIZING RE-TRAUMATIZATION People who have lived through a humanitarian crisis such as conflict are likely survivors of serious trauma. Any research needs to minimize harm to participants, including the possible harm of re-traumatizing them when asking about painful past experiences. Due to a likelihood of increased history of violence compared to non-humanitarian affected populations, the questionnaire needs to be streamlined to avoid lengthy and potentially difficult interviews, and services need to be available for participants who find the interview process difficult and want professional help (see Response Plan section below). Interviewers will receive specific training on the referral process and how to be empathetic to potentially traumatized participants.

INTERVIEWER SELECTION AND TRAINING Selecting qualified, professional, and empathetic interviewers is essential to building rapport and facilitating disclosure. The VACS standards for identifying and training interviewers are documented in the 2018 publication, *Critical Elements of Interviewer Training for Engaging Children and Adolescents in Global Violence Research: Best Practices and Lessons Learned from the Violence Against Children Survey*.¹⁷ The same key principles for identifying and training interviewers should be utilized and adapted in a humanitarian setting. However, there are some unique challenges in this context that must be considered. Finding interviewers who are ethnically and culturally similar (including language) is important for building rapport. Additionally, finding interviewers who understand the unique humanitarian crisis setting will be critical to success in this context. On the other hand, interviewers cannot be known to participants they interview for reasons related to confidentiality. Finding culturally appropriate, experienced interviewers who are not known to the communities they interview can be a unique challenge in humanitarian contexts.

COMMUNITY ENTRY Community entry is an important aspect of the VACS implementation that is critical in order to gain access to participants and ensure participation. The process of community entry will likely require extensive adaptation to the local context. Generally, it will be important to go through appropriate channels to alert community leaders of the study and gain their approval. In some cases, community leaders may assign a guide to help with the identification of selected households and facilitate introductions and buy-in with heads of households. In addition, the most important aspect that will be necessary in any setting is the need to protect the safety and confidentiality of participants by referring to the study in generic terms to community members. The VACS best practices has resulted in a recommendation that partners develop a field name that is general and does not specifically reference violence. This helps to prevent possible perpetrators in the community from becoming aware that the survey asks about violence and retaliating against victims.

Key stakeholders will provide important information about appropriate cultural and procedural aspects of community entry in specific settlements that may be unique and important to gaining community trust.

RESPONSE PLAN A key tenet of the ethical implementation of research on violence is to provide professional services for participants who experience trauma due to their participation and the recall of difficult events in their lives. The main tenets of the response plan that will need to be in place for HVACS are the following:

REFERRAL CRITERIA

1. Any participant who asks for a service referral for counseling should be offered a referral.
2. Any participant who becomes emotional during the survey should be offered a service referral.
3. Any participant who experienced violence in the past 12 months should be offered a service referral.
4. Any participant who reports attempted suicide in the past 12 months should be offered a service referral.
5. Any participant who reports feeling unsafe in their current living situation or reports being in immediate danger should be offered a service referral.

REFERRALS SHOULD BE VOLUNTARY WHEN POSSIBLE

6. Victims of violence often best know what services they need, and the referrals will be voluntary rather than mandatory when possible. When there are mandatory reporting laws then the protocol can be adapted to align with mandatory reporting in a way that is sensitive and safe for participants.

ADDITIONAL CONSIDERATIONS REGARDING THE AGENCY PROVIDING SERVICES

7. The agency responsible for providing the services should be able to offer prompt, high-quality, confidential counseling services and additional service referrals as appropriate (e.g. medical, legal, etc.).
8. The agency should be geographically proximal to the participant or have the capacity to deploy professional service providers to the participant.
9. The counseling should not be a one-off service but should either directly provide sustained services or refer for sustained services.

The implementation of a response plan in a humanitarian context has some unique challenges. Primarily, the short funding cycle in these contexts and the availability of partners over the course of implementation require strong collaborations among study partners and coordination with humanitarian actors to ensure coverage of services for participants throughout the survey and after. However, as many humanitarian settings are protracted, systems are increasingly being built to ensure that refugees and IDPs are integrated into national responses, thus making it easier to ensure linkages with host government services.

METHODOLOGICAL CONSIDERATIONS

Population-level data collection is the priority for this adaptation. While there are a growing number of small-scale assessments that indicate children in these settings may be uniquely vulnerable to violence, population-level data are a priority to have a clearer picture of the magnitude. HVACS can provide such population-level data, but there are a number of methodological issues to be addressed for the implementation of HVACS to be successful and rigorous.

Once a setting is identified, a technical advisory group should be created to provide input on ethics and methodology unique to the setting in addition to review and approval by one or more Institutional Review Boards/Ethics Review Boards. This advisory group should include relevant civil society organizations and host country government, as well as bilateral and multilateral partners who are working on the ground in the research site or sites and humanitarian coordination mechanisms such as the child protection sub-cluster. Additionally, it would be useful to include or separately establish a community advisory group to facilitate an inclusive and participatory approach.

PRIORITIZING A RESEARCH SETTING HVACS would be best piloted in a large and stable camp setting with a population of at least 50,000 residents and with an up-to-date registry of households. It would also be best to prioritize a camp that has minimal transience in the population. To mitigate the challenges of measurement with a fluctuating population, mapping and listing of enumeration areas should happen just before data collection as described below. Previously, we identified three types of HVACS and here we recommend a stand-alone survey conducted specifically with a humanitarian population with the aim of representative data.

SAMPLING CONSIDERATIONS HVACS can use a household sampling approach, similar to the global VACS with some modifications.¹⁸ The 3-stage cluster sample design would apply to HVACS, where (1) enumeration areas are randomly selected within the humanitarian setting (such as a camp), using a setting registry; (2) households within enumeration areas are randomly selected; and (3) only one eligible participant is randomly selected per household. There may be some humanitarian settings where a 3-stage approach will need to be modified to the context. Since households in these settlements are often in very close proximity to one another, it may be necessary to limit the cluster size and/or increase the sampling interval to reduce the possibility of the community learning the study's topical focus of violence.

If more than one camp is included in one HVACS, settlement camps should represent different strata in the sample and data should be disaggregated by camp or stratum. More than one camp can be combined to form strata only if the residents of all settlement camps are demographically similar to each other. In addition, the settlement camps should have a similar structure and composition to be considered as strata.

The **male screening rate** in the sample population may present unique challenges in certain contexts. The experts at the in-person meeting advised that males may be more likely to be members of armed groups in conflict settings and more likely to be working outside of a camp to support the family. These factors suggest males would be less likely to be in settlement camps or be available for interviews. Males are also generally more likely to refuse participation in survey research.¹⁹ For these reasons, it may be necessary to visit more households to find a sufficient sample of eligible male participants. This will need to be taken into account in developing a sampling approach.

Mapping and listing in a camp setting generally involves utilizing existing camp registries and making updates as necessary. Given the transient nature of populations in most camp settings, mapping and listing should be done as close to data collection as possible. Ideally, data collection teams would complete mapping and listing in each enumeration area and then immediately begin household selection and interviewing before moving on to another enumeration area. Given the narrow age eligibility criteria of 13-24 years, this approach also avoids the risk of participants aging in or out of eligibility between the completion of mapping and listing and the beginning of data collection.

Pre-selection is another recommended strategy for maximizing efficiency in household sampling. In this approach, households are pre-screened during mapping and listing to determine whether an eligible 13-24-year-old participant is a member of the household. The cluster is then only drawn from among those households with an age-eligible participant. This approach results in a higher household eligibility screening and a more efficient data collection process.

VACS uses a **split-sample** approach: enumeration areas for females are sampled separately from enumeration areas for males. This approach serves to further protect the confidentiality of participants and helps minimize the chance that a male perpetrator (e.g., of a sexual assault) and the female who was the victim in the same community would both be interviewed. The design also minimizes the chance that a female perpetrator and a male victim from the same community would both be interviewed. A split-sample approach is also recommended for HVACS. Strategies for implementing a split sample and minimizing contiguous areas in potentially crowded camp settings would need to be carefully considered and adapted to each specific context. Further, this approach does not protect against same-sex perpetrators and victims being interviewed in the same community, but several other VACS protections help minimize risk from this scenario.

SUMMARY OF QUESTIONNAIRE ADAPTATIONS

The global VACS questionnaire was adapted to create a core HVACS questionnaire. However, each humanitarian context is unique. The core HVACS questionnaire would be adapted to each setting prior to any implementation with input from local partners and stakeholders. Cognitive testing to determine how participants interpret the meaning and intent of questions would also be ideal. This would help ensure that data are being captured accurately.

The adaptations to the global VACS questionnaire for the core HVACS questionnaire were based on input from experts convened in February and June 2020 and from a review of validated instruments used in humanitarian contexts, particularly the WHO South Sudan study that focused on violence against women and girls.²⁰

The HVACS questionnaire was adapted to allow data to assess the temporality of violence victimization in relation to the humanitarian crisis to which participants were exposed. For each incident of violence, the participant is asked to recall when it happened in relation to the humanitarian crisis that led to them seeking refuge where they reside.

Questions to understand the context of experiences of violence are meant to provide data for programmatic impact. For example, questions about the location or time of day when violence occurred are only asked in relation to incidents that occurred since arrival at the current camp. This will serve to focus on the collection of actionable data.

THE MAJOR CHANGES REFLECTED IN THE HVACS INCLUDE:

- Additional questions to understand the participant's experience with education in a humanitarian context
- Inclusion of a high crimes module to understand the participant's experience with specific types of violence that may be more common in humanitarian crisis settings: (1) killing of a family member, (2) serious injury, (3) disfigurement, (4) abduction, (5) village being attacked
- Adapted physical, sexual, and emotional violence modules to better understand the temporality of the violence, i.e. whether the violence happened before or after arriving in the current camp
- Adapted services questions to humanitarian context
- General contextualization of the questionnaire to a humanitarian context throughout the questionnaire

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