



Ethical considerations and safeguarding practices for survey research that engages children and youth participants:

Best practices and lessons learned from the Violence Against Children and Youth Surveys (VACS)

Ethical Considerations and Safeguarding Practices for Survey Research that Engages Children and Youth Participants: Best Practices and Lessons Learned from the Violence Against Children and Youth Surveys (VACS)

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I. Introduction

Research on violence against children and youth poses critical ethical challenges, particularly when directly engaging them as research participants. It is important for researchers conducting violence survey research, particularly sexual violence, with this demographic to ensure that children (under 18 years old) and young people are protected, and their human rights are respected throughout all phases of the research process: from conceptualization through methodological planning, implementation, report writing, translation, and dissemination.^{1,2}

Implementing strong ethical protections that prioritize participant safety, privacy, and confidentiality helps minimize risks like retaliatory violence and ensures participants' well-being. Alongside these protections, comprehensive interviewer training and a robust response plan for disclosures of violence can encourage participants to share sensitive experiences. Privacy and confidentiality, as core ethical principles, foster a sense of security, making participants more comfortable discussing difficult topics. These measures can reduce non-disclosure and under-reporting. Children and youth who trust that their confidentiality is protected are more likely to share their experiences of violence. Maximizing disclosure is vital because poorly designed surveys with low disclosure rates can underestimate the prevalence of violence and lead decision-makers to dismiss the issue.^{3,4} Even well-structured surveys may underestimate violence prevalence if training and procedures are not specifically tailored to address violence, especially when a violence module is added to a broader survey with different objectives, training needs, and field procedures.⁵

The Violence Against Children and Youth Surveys (VACS) are household surveys of 13-24-year-old youth designed to provide population-based estimates of the prevalence of childhood, lifetime, and past-year physical, emotional, and sexual violence, as well as data on health outcomes, risk and protective factors, and service utilization.⁶ Households are systematically chosen, known only to the survey team while in the field, and *not* associated with any person or address. Since no personal identifiers are collected on the questionnaire, participants cannot be linked to the data once they complete the interview. These data provide critical information for developing policies and programs to prevent and respond to violence against children and youth. VACS can help countries understand the magnitude of the problem, the circumstances under which it occurs, and the factors that may place children and youth at increased risk for, or offer protection against, violence victimization. Prioritizing programs and policies ideally starts with high-quality data that identifies the greatest need and most significant gaps. Without these data, decision makers seeking to identify or develop effective and evidence-based policies, programs, and targeted violence prevention efforts rely on anecdotal evidence or program data that may be biased and not representative of the experiences of the most at-risk populations who are least likely to report violence. Strong ethical protections ensure the VACS provide quality epidemiological evidence to

¹ <https://childethics.com/>

² United Nations. General Assembly (1989). Convention on the Rights of the Child, 20 November 1989. *Annual review of population law*, 16, 95–501.

³ <https://www.who.int/publications/i/item/WHO-FCH-GWH-01.1>

⁴ Centers for Disease Control and Prevention (2017). *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*. Atlanta, GA: National Center for Injury Prevention and Control <https://stacks.cdc.gov/view/cdc/159026>.

⁵ Currie, D. W., Apondi, R., West, C. A., Biraro, S., Wasula, L. N., Patel, P., Hegle, J., Howard, A., Benevides de Barros, R., Durant, T., Chiang, L. F., Voetsch, A. C., & Massetti, G. M. (2021). A comparison of two population-based household surveys in Uganda for assessment of violence against youth. *PLoS one*, 16(12), e0260986. <https://doi.org/10.1371/journal.pone.0260986>

⁶ Nguyen, K. H., Kress, H., Villaveces, A., & Massetti, G. M. (2019). Sampling design and methodology of the Violence Against Children and Youth Surveys. *Injury Prevention: Journal of the International Society for Child and Adolescent Injury Prevention*, 25(4), 321–327. <https://doi.org/10.1136/injuryprev-2018-042916>.

inform significant and meaningful change in the countries and contexts in which they are implemented.⁷

This document outlines ethical considerations and safeguarding practices in the VACS that protect children and youth from harm. These practices are based on strategies used in VACS across more than 20 countries in diverse geographic settings and are informed by various recommendations, standards, and publications related to surveys on violence against women, and guidance on conducting ethical research involving children.^{8,9} The safeguarding practices of VACS also align with the Resourced, Engage, Follow, Establish, and Report (REFER) framework, which defines five pillars for response planning in research and interventions where children may disclose experiences of violence.¹⁰ These pillars include: 1) A well-resourced response plan for violence research and interventions, 2) Engaging context-specific expertise in addressing violence, 3) Following and prioritizing the best interests of the child, 4) Establishing support systems for researchers and implementers, and 5) Developing reporting approaches to ensure safeguarding.

The lessons learned from VACS can provide valuable insights into best practices for researchers conducting violence studies that engage child/youth participants and contribute to formal efforts to identify and create standardized ethical guidelines and safeguarding measures within the field.

II. An overview of the VACS protocol adaptation and ethical review

Incorporating safeguarding principles for child participants from the outset

Maintaining a consistent approach to survey implementation is integral to obtaining accurate, reliable, and ethical data from children and youth. This consistency ensures the inclusion of crucial child safeguarding principles and ethical best practices, resulting in safer and more ethical processes for engaging children and youth as human subjects. Consistency also minimizes biases and allows researchers to compare data and accurately monitor changes over time.

Through the Together for Girls partnership, a core VACS protocol is maintained and adapted for each country implementing the study. The core protocol is organized into key sections: project summary, background and rationale, methods, human subjects protections, conflicts of interest, collaborative agreement, and intended use of results, as well as several appendices such as core consent forms, core questionnaires, and other standard tools. Each section follows standard Institutional Review Board (IRB) or Ethical Review Committee (ERC) protocol formats and can be adapted to a country's specific requirements. Maintaining a core protocol facilitates consistency across country implementations and allows for faster protocol development. To further assist in efficiency and focus, the core protocol includes guidance and instructions identifying portions requiring adaptation. For example, the background and rationale section includes a sub-section for country and regional literature on violence against children and youth that is flagged for local adaptation by local collaborators. The core protocol also includes standardized materials and resources that protect child safety, privacy, and confidentiality, including consent forms, questionnaires (household questionnaires and male and female versions of the participant questionnaire), guidance documents, standard operating procedures, and training materials.

⁷ <https://cdn.togetherforgirls.org/assets/files/The-Power-of-Data-to-Action-full-report>.

⁸ <https://www.who.int/publications/i/item/WHO-FCH-GWH-01.1>

⁹ Graham, A., Powell, M., Taylor, N., Anderson, D., & Fitzgerald, R. (2013). Ethical research involving children. Florence: UNICEF Office of Research - Innocenti.

¹⁰ Bhatia, A., Zinke-Allmang, A., Bangirana, C. A., Nakuti, J., Amollo, M., Mirembe, A. F., Nangati, P., Guedes, A., Carter, K., Peterman, A., & Devries, K. (2024). Putting children's safety at the heart of violence research. *Nature medicine*, 30(10), 2721–2724. <https://doi.org/10.1038/s41591-024-03291-1>

The approach of embedding safeguarding practices in a standardized protocol with flexibility for local adaptations, provides consistency across country implementations. In addition to ensuring the highest safeguarding standards are upheld in each implementation, this consistency makes data comparable across countries and over time when countries repeat VACS.

Ensuring a child and youth-friendly approach

When constructing a survey to assess violence against children and youth, it is important to ensure that the questions and instructions are written at a comprehension level that participants can understand. Consulting with local subject matter experts to review the instrument and ensure that all questions and response options are culturally appropriate, developmentally appropriate, and sensitive to the communities visited during a survey is a best practice. Depending on time and resources, cognitive testing of the instrument with the survey population may be beneficial.

Researchers may also consider how broadly the survey includes children and youth living with disabilities, who may be at an even higher risk of violence compared to the general population. VACS includes questions that assess functional disabilities (e.g., difficulties with activities such as seeing, walking, or communicating), but it does not cover children and youth with mental disabilities (e.g., those who cannot understand the questions) or those with significant physical disabilities (e.g., hearing or speech impairments) that impede oral survey administration. Since the survey is not designed to generate statistically stable estimates of violence within this subgroup, addressing this issue would be best achieved through a separate study.

The judicious use of skip patterns can reduce the burden of sensitive questions on children. Skip patterns allow participants to skip entire survey sections if the questions are irrelevant to them based on a previous answer. For example, participants who have not had sexual intercourse or who have not been exposed to a particular type of violence are not asked follow-up questions on these sensitive topics. This ensures that a survey can be a flexible tool for children and adolescents of multiple ages with diverse life experiences. It also reduces the questionnaire's length and respects participants' time. Other child-friendly approaches and safeguarding protections, such as consent/assent, privacy and confidentiality, and responding to participants who need help or support, are discussed in later sections.

Cognitive testing to ensure a child and youth-friendly approach

Cognitive testing is an important methodological approach to evaluate data collection tools for acceptability and validity. It is important to consider when designing research with populations and may be particularly important for sensitive surveys with child and youth participants. Cognitive testing methods help determine if survey questions and instructions are written at a comprehension level that participants can understand and if participants are willing to answer them. They also provide insights into how participants interpret consent forms, questions, and answer options, helping improve the validity of survey tools. The best practice established by VACS is to conduct cognitive testing of the questionnaire when implemented in a new geographical region. Cognitive testing was conducted for the core VACS questionnaire in Malawi, the Philippines, Haiti, Colombia, and the United States. In addition, cognitive testing has been conducted for novel or revised questionnaire modules, such as questions on harmful social attitudes and norms in Tanzania. Cognitive testing results across these settings have demonstrated that the VACS questionnaire is well understood, and participants are willing to answer sensitive questions. Those who participated in cognitive testing indicated that their peers would also understand and be willing to answer the questions. These tests provided valuable insights into specific sections or questions that were poorly understood, allowing for further refinement. The main considerations for the feasibility of cognitive testing are typically the associated costs and timeline implications.

Special considerations and protections for children in research

A precedent has been set in many parts of the world for interviewing adolescent and preadolescent children on sensitive questions such as sexual behavior, substance use, tobacco use, and violence victimization. For example, the Global School-Based Student Health Surveys (GSHS) conducted in over 50 countries include questions about violence to children as young as 13 years old.¹¹ In Tanzania, GSHS asked a question on sexual violence among school-aged children as young as 11 years old.¹² Similarly, the Global Youth Tobacco Surveys (GYTS) collect data on sensitive topics from adolescents as young as 13 years old. Since its initial implementation in 1999, GYTS has been conducted in over 180 countries and ask sensitive questions about tobacco use to children. A cognitive-lab study of GYTS found that participants aged 13 to 15 years old did not have difficulty comprehending the intent of the questions.¹³ The Health Behaviour in School-aged Children (HBSC) surveys, initiated in 1982, focus on preadolescents beginning at age 11. HBSC has been conducted in over 40 countries and includes questions on sexual behavior and violence. HBSC data have been used in the UNICEF Innocenti Report Card 9 “The Children Left Behind”.¹⁴ In the United States, studies in which children as young as 10 years of age were interviewed about sexual violence have been extremely effective in mobilizing action to prevent violence against children while prioritizing the safety, privacy, and confidentiality of child participants.^{15,16}

The age of the children included in a violence survey is a critical decision. It is important to select a population that closely approximates the age of interest. It is not, however, ethically or practically feasible to interview all children because children must be of sufficient age and maturity to understand the nature and content of the survey questions and provide informed consent. The age at which a child is mature enough to answer questions of this nature depends, in part, on factors specific to each research setting or population, such as laws and cultural contexts. Ideally, the age

¹¹ [https://www.who.int/publications/m/item/gshs-core-questionnaire-modules-\(2009-2012\)](https://www.who.int/publications/m/item/gshs-core-questionnaire-modules-(2009-2012))

¹² <https://extranet.who.int/ncdsmicrodata/index.php/catalog/22>

¹³ Centers for Disease Control and Prevention (2009). Global Tobacco Surveillance System (GTSS), *Global Health Promotion, Supplement 2*, 4-90.

¹⁴ UNICEF (2010). ‘The children left behind: A league table of inequality in child well-being in the world’s richest countries,’ *Innocenti Report Card 9*, UNICEF Innocenti Research Centre, Florence.

¹⁵ Finkelhor D, Hamby SL, Ormrod R, & Turner H. (2005). The juvenile victimization questionnaire: Reliability, validity, and national norms. *Child Abuse and Neglect*. 29, 383-412.

¹⁶ Finkelhor, D, Turner, H, Ormrod, R, Hamby, S, & Kracke, K. (2009). Children’s exposure to violence: A comprehensive national survey. *Juvenile Justice Bulletin*, Office of Juvenile Justice

range for participants in a study asking about violence is determined by local experts and approved by local IRBs. For investigators and researchers planning to conduct studies with children, careful research regarding local customs and policies can be helpful in understanding the appropriate age ranges to include. This could include the legal age of marriage for males and females, the age at which a child can be tried in an adult court, as well as other factors, such as percentage of child-headed households in the locale. For VACS, the age of inclusion was carefully determined through a literature review and consultation with experts in the field. It was determined that children younger than 13 years might not comprehend the questions in the questionnaire. In addition, because a study goal is to understand health outcomes of violence, young adults should also be included to explore how violence experienced in childhood impacts health and social wellbeing in young adulthood. A cut-off age of 24 years was selected to minimize risks of recall bias. The age range of 13-24 years has been used across all VACS countries to ensure consistency, while taking into consideration developmental age ranges appropriate for the study. Each VACS countries' local experts were supportive of this age-range. This consistent approach allows for comparison analyses across multiple countries.

Mandatory reporting

Many countries or jurisdictions have laws that require disclosures of certain experiences of violence, abuse, neglect, or maltreatment of a child to be reported to relevant authorities (such as current or recent abuse). Depending on the provisions in the law, some requirements may apply to some aspects of research on violence with children and youth. In this case, researchers would need to carefully consider the specific laws and determine how to ensure their study factors in these laws and the privacy and confidentiality of participants. Given the nature of the VACS, disclosures of reportable incidents may occur during data collection; therefore, the laws in each study site are thoroughly reviewed during protocol development and approaches are tailored to maximize protections within the specific legal context.

Whenever there is a mandatory reporting requirement in the jurisdiction, partners can discuss options that best protect participants. Mandatory reporting laws, if not carefully considered and planned, can affect study outcomes, participant safety, and autonomy (Participants might not report, disclose, or seek help for reportable experiences. Additionally, mandatory reporting laws can put participants at risk of harm from poor intervention, inadequate care, or retaliatory violence.¹⁷ Meeting mandatory reporting requirements may also lead to an increase in reports to responsible agencies. In such cases, it is important to ensure sufficient resources for the response.

Often, mandatory reporting laws have an exemption for research, particularly if the national statistics agency is engaged in data collection. Many countries have statistics laws that provide parameters for research exceptions that may be carefully reviewed and considered. In countries with no applicable exceptions, survey implementation partners may seek alternative measures to protect the privacy and confidentiality of participants. In some cases, a waiver could be issued by the appropriate authority so that interviewers are not required to report disclosures of abuse per usual procedures. Finally, if the options above are not appropriate, then it is important that the consent forms clearly state to the participants that certain responses may require the interviewer to report, and their confidentiality cannot be guaranteed for those specific instances. Careful wording ensures participants clearly understand mandatory reporting and its confidentiality implications. It

¹⁷ Devries, K. M., Child, J. C., Elbourne, D., Naker, D., & Heise, L. (2015). "I never expected that it would happen, coming to ask me such questions": Ethical aspects of asking children about violence in resource poor settings. *Trials*, 16, 516. <https://doi.org/10.1186/s13063-015-1004-7>

also helps them make informed choices about participating or sharing specific experiences, while avoiding unnecessary alarm. When interpreting results, consider the possibility that the mandatory reporting context may depress disclosure. Further, if a survey requires mandatory reporting, children and youth with experiences of violence may be less likely to consent to participate due to fear of the consequences of reporting violence to authorities, which could bias the results of the study. A well-designed and implemented response plan (discussed in section 7 below) can help mitigate the potential risks.

Resources for Mandatory reporting

- Mathews, B. (2022). Legal duties of researchers to protect participants in child maltreatment surveys: Advancing legal epidemiology. *University of New South Wales Law Journal*, 45, 722.
- Liu, B. C. C., & Vaughn, M. S. (2019). Legal and policy issues from the United States and internationally about mandatory reporting of child abuse. *International Journal of Law and Psychiatry*, 64, 219–229. <https://doi.org/10.1016/j.ijlp.2019.03.007>
- Lowe, A. (2019). Mandatory reporting: Managing disclosure and information gathering. In *Child Abuse and Neglect* (pp. 289-306). *Academic Press*.
- MacCormick, N. A. (2018). To Mandate or Not to Mandate: A Review of Mandatory Reporting of Suspected Child Abuse and Neglect. *Journal of Law and Medicine*, 26(2), 334-340.
- Berman, G., Hart, J., O'Mathuna, D., Matellone, E., Potts, A., O'Kane, C., ... & Tanner, T. (2016). What we know about ethical research involving children in humanitarian settings: an overview of principles, the literature and case studies
- Randall, D., Anderson, A., & Taylor, J. (2016). Protecting children in research: Safer ways to research with children who may be experiencing violence or abuse. *Journal of Child Health Care*, 20(3), 344-353.
- Mathews, B., & Kenny, M. C. (2008). Mandatory reporting legislation in the United States, Canada, and Australia: A cross-jurisdictional review of key features, differences, and issues. *Child Maltreatment*, 13(1), 50-63.

III. Survey design and sampling approaches for safeguarding children and youth

When researching sensitive topics such as violence against children and youth, it is essential to implement measures that protect them and reduce the risk of further victimization or retaliation. Specific methodological, sampling, and design components employed by VACS include best practices that protect participant safety, privacy, and confidentiality while maintaining high standards of methodological rigor.

Safeguarding Considerations in VACS Methodology and Sampling Design

Ensuring a buffer between households

When sampling households within communities, ensuring a buffer between households within the selected communities can enhance participant safety. One option is to establish a minimum number of households to include in each sampled community (in the case of VACS, these are enumeration areas). Having too few households can increase the risk to participants, as a smaller number may not provide adequate separation. In a small community, information about the survey could spread quickly, potentially compromising the safety and confidentiality of participants. The standard approach in VACS is to have at least 50 households in each enumeration area (EA), and those with fewer than 50 households are excluded from the final sample. Given that most VACS have a cluster size of approximately 20 households, this typically ensures at least a one-house buffer between sampled households. Of the sampled households, we expect approximately 10-11 will have an eligible respondent, further increasing the buffer between survey participants to at least 2-3 houses. This approach is perhaps most important in communities where neighbors know each other well. It may be less critical in urban environments or societies that are more individualistic and less communal. In most countries, enumeration areas typically consist of around 100 households, with very few having fewer than 50 households. Therefore, this approach minimizes bias and enhances the confidentiality of participants.

The number of planned completed interviews per community requires careful consideration. For VACS, the appropriate percentage of interviewed children depends on the specific community context (demography and density), setting (urban/rural), inter-cluster variance, and frequency of surveys moving through the community. When considering the response rate and estimated percentage of eligible children for the survey, researchers can make every effort to minimize the number of planned completed interviews in the study design needed to power estimates during analysis.

Split sample design (separate Enumeration Areas for males and females)

The VACS design utilizes a “split sample” approach such that the survey for females is conducted in different communities than for males. This approach serves to further protect the confidentiality of participants by eliminating the chance that opposite sex perpetrators will be interviewed in the same community, discover the purpose of the study, and possibly retaliate against participants. For example, a male who perpetrated sexual violence and the female who was the victim of his sexual assault in the same community would not both be interviewed. This split sample approach does not address the possibility that same-sex perpetrators and victims may both be selected for participation. Nonetheless, given the power differential between males and females, harmful norms, and common epidemiological patterns of violence perpetration and victimization, a split sample approach provides greater safeguarding.

Sex-matching interviewers with participants

In most VACS, female participants are interviewed by young adult female interviewers who would be perceived more as a peer than an authority, and male participants are interviewed by male interviewers who are also within a comparable age range. This approach helps establish rapport and trust between interviewers and participants and promotes disclosure.

Randomly selecting one participant per household

The three-stage VACS cluster design allows only one randomly selected youth participant per household. This design helps protect the sensitive nature of the survey from others in the household

to safeguard participants. This can protect participants who experience violence from another household member from retaliation for sharing information with the interviewer.

Child-friendly and graduated consent/assent

Balancing parents' rights with a child's confidentiality is key in sensitive violence surveys. It's important to inform parents about their child's participation and protect the child's safety and confidentiality, especially as children may face violence from household or community members. VACS uses a graduated consent process that provides parents with enough information without revealing the study's full nature, aligning with accepted research practices with children.¹⁸

After an eligible minor is selected, VACS uses a two-stage assent process. First, the interviewer provides the participant with information on the survey using general terms, such as a survey focused on children's health, education, and life experiences. This first stage of assent can be conducted in the presence of their parent or guardian. This initial information also includes a statement about the voluntary nature of participation and the random approach used for household and participant selection. Once the participant agrees to hear more about the survey and proceeds to the second stage, the interviewer identifies a private space before providing detailed information about the survey. This protects the confidentiality of participants and ensures that they can make an informed and voluntary decision about participating.

The second stage of the assent process includes key consent elements defined by international and location-specific guidelines and requirements. This portion of the assent typically describes the purpose of the research, the time required to participate, and the risks and benefits of participation. This portion also emphasizes the voluntary nature of participation and clarifies that participants can skip any questions they do not want to answer and can end participation at any time. Finally, in this stage of assent, the form explains the study's approach to confidentiality and data storage and provides opportunities for the participant to ask questions. The assent process describes all these elements in child-friendly language, and some concepts are purposely repeated for emphasis. For example, the ability to skip any question or stop participating is explicitly re-iterated to remind participants of the voluntary nature of the study and the options available to them.

VACS country protocols are adapted to identify situations in which children under age 18 do not need parent/guardian permission. Several factors may determine when someone under the age of 18 can be treated like an adult, and these factors often depend on local laws and cultural contexts. In many countries, marriage, pregnancy, and child-headed households are contexts where it may be permissible to include children without obtaining parental permission. For example, in Kenya, children aged 16 who are married can consent for themselves without any additional need for parental permission.^{19,20}

In any violence-related study involving children, the safest approach is likely one that seeks permission from the parent/guardian and ensures the child provides final assent.

¹⁸ Graham, A., Powell, M., Taylor, N., Anderson, D., & Fitzgerald, R. (2013). Ethical research involving children. Florence: UNICEF Office of Research - *Innocenti*.

¹⁹ Robert, K., Maryline, M., Jordan, K., Lina, D., Helgar, M., Annrita, I., ... & Lilian, O. (2020). Factors influencing access of HIV and sexual and reproductive health services among adolescent key populations in Kenya. *International journal of public health*, 65, 425-432.

²⁰ Marsh, V., Mwangome, N., Jao, I., Wright, K., Molyneux, S., & Davies, A. (2019). Who should decide about children's and adolescents' participation in health research? The views of children and adults in rural Kenya. *BMC medical Ethics*, 20, 1-16.

Youth in non-traditional living situations

VACS does not include people who are incarcerated or detained, people experiencing homelessness, or people living in residential care facilities such as boarding schools and orphanages. These groups are sometimes hard to find, and unique ethical challenges and considerations for people living in these settings put them at higher risk for harm. Further, people who are institutionalized often have less independence, and researchers would likely need to fully disclose the topic of violence to gatekeepers such as wardens in prisons, which could lead to under-reporting, retaliation, and other ethical challenges. Typically, a separate study that addresses the unique risks of people in each setting is more appropriate than including them in a national survey. Similarly, traditional VACS have not typically included people living in camps, such as internally displaced persons or refugees. However, to date, two VACS have been implemented exclusively in humanitarian settings, following [implementation guidance](#) that addresses the specific needs of these populations.

IV. Recruiting and training field staff

Considerations for Selecting Field Interviewers

Due to the sensitive nature of violence surveys, it is important to carefully plan and execute the interviewer selection process and strategically choose field interviewers based on specific criteria that promote comfort and safety and encourage participant disclosure. This includes recruiting experienced young adult interviewers who may be considered ‘peers’ of the interviewees rather than authority figures and ensuring the selected interviewers speak the survey languages of the EAs to which they are assigned, do not hold harmful attitudes related to violence, and have basic computer literacy skills that allow the interview to flow well. Selecting the best-suited persons for this role can build trust and establish rapport between interviewers and participants. This is important to achieving the comfort necessary during sensitive surveys. Another important consideration is to recruit and hire culturally appropriate interviewers. Ideally, these individuals have a good understanding of the cultural norms and practices where they are conducting interviews and the ability to manage their biases. In some cultures, it is considered culturally inappropriate and disrespectful for a woman to speak directly with a man who is not a family member. Therefore, when selecting interviewers for violence surveys, it is important to consider factors such as age, ethnicity, religion, language, and sex of the interviewers. This should be based on the content, context, and setting within which the survey will be administered, and other specifics. This is especially important when conducting VACS in humanitarian settings where interviewers should have a good understanding of the unique context.

Interviewers should also demonstrate a basic understanding of research ethics, including confidentiality, autonomy, justice, and the principle of do no harm, and they should pledge to maintain these standards throughout the survey. VACS interviewers are introduced to these concepts during field team training and demonstrate their understanding by passing competency assessments. Before beginning data collection, interviewers also sign a confidentiality agreement. They are also culturally competent and have experience in confidential data collection with children and youth.

Field team training

Field team training for household surveys can help ensure the survey implementation adheres to all study protocols. It is also important to dedicate enough time to properly train and prepare everyone involved in the data collection phase of survey implementation. The duration and format of training may vary based on the level of experience of the field team and other factors, such as access to technology that can facilitate hybrid or fully remote training options. Notably, there is a growing body of evidence demonstrating that in-person training is more effective and highly preferred in comparison to virtual training.^{21,22} Nevertheless, training may be customized to the specific roles of field staff, recognizing their unique responsibilities and contributions during data collection. Field teams typically consist of a team leader, who is often a more experienced survey interviewer with advanced education and also supervises a small group of interviewers.

The VACS field team training has two components: (1) the team lead training, and (2) interviewer training, which are comprehensive, standardized, and usually conducted in person over three weeks. VACS conducts separate training sessions since there are variations in the roles and responsibilities and levels of experience and expertise among team members. The first week is dedicated to training team leaders on their roles and responsibilities, the survey protocol, and the instruments. The remaining two weeks are usually focused on more in-depth training of the field interviewers, which includes how to respond to participants in immediate danger and how to accurately and appropriately refer participants for services and treatment. The VACS training process and components align with ethical standards in research involving human subjects and is extensively covered in the VACS training white paper.²³

In the week following the comprehensive field interviewer training, the VACS team systematically conducts field practice designed to rigorously test all study protocols, including the safeguarding protocols, before the official start of data collection.

V. Community entry approach that minimizes harm to participants and field interviewers

Community entry is the context-specific process for initial entry and engagement with surveyed communities that is carefully developed to maximize protection and safety for participants and interviewers. When planning community entry, it is useful for the team to consider community dynamics, hierarchy, social, and cultural contexts, while ensuring survey ethics are followed and children's rights are protected. Community entry often includes making initial contact with district-level authorities, community and/or traditional leaders (such as village chiefs or elders), to

²¹ Groves, R. M., Fowler Jr, F. J., Couper, M. P., Lepkowski, J. M., Singer, E., & Tourangeau, R. (2011). *Survey Methodology*. John Wiley & Sons.

²² Turke, S., Nehrling, S., Adebayo, S. O., Akilimali, P., Idiodi, I., Mwangi, A., ... & Anglewicz, P. (2021). Remote Interviewer training for COVID-19 data collection: challenges and lessons learned from 3 countries in sub-Saharan Africa. *Global Health: Science and Practice*, 9(1), 177-186.

²³ Centers for Disease Control and Prevention. (2017). *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*. <https://stacks.cdc.gov/view/cdc/159026>

gain access to conduct the study in the community.^{24,25} These influential leaders often have trusting relationships with community members, and their engagement helps facilitate access to the community and high participation rates. In many countries, these leaders have been notified about the survey through official channels before the field team's arrival.

For VACS, a government agency involved in the process typically drafts an official letter describing the survey using a general name, such as a study on children's and youth's health, education, and life experiences, without mentioning violence or the sensitive nature of the survey. This letter acts as official approval for research in the community and is shared with community leaders. When entering a community, the survey is only identified by its title in this official letter. Survey staff always refer to it this way, whether speaking with village elders, chiefs, community, or household members. Consequently, only the randomly selected participant is aware that the survey covers violence experiences. This method aligns with ethical standards established for household surveys on violence against women, ensuring the violence content remains undisclosed and unpublicized. Since participants may face violence from household or community members, this safeguard helps prevent retaliatory violence. It also allows participants to discuss the survey without revealing its sensitive content.

VI. Ethical procedures during data collection

VACS child-friendly and graduated consent/assent procedures for dependent minors

As mentioned in section III, balancing parents' rights with a child's confidentiality is key in sensitive violence surveys. To carefully navigate this issue, VACS uses a graduated consent process that gives parents sufficient information without disclosing the full study details, consistent with accepted research practices involving children.²⁶

Ensuring Privacy and Confidentiality

Privacy is crucial when collecting data on sensitive topics like violence. VACS trains interviewers to think flexibly and creatively about securing a private space throughout the interview, as this can be challenging in different communities and settings. Interviewers work with both parents/guardians and the participant to find a safe and private space outside the home, unless they determine that a private space inside the home is safer and more appropriate. Privacy is often best achieved in an outdoor space away from the home, where parents or guardians can see but not hear the participant. Private spaces can also include community locations such as government offices, schools, churches, or other areas where privacy can be negotiated. A community location is only used when a private space cannot be found in or near the home, such as in crowded urban areas. If a private space isn't available, the interviewer and participant agree on a new time and location to conduct the interview. The interviewer then meets the participant at the agreed-upon time and place, recognizing them by sight rather than by personal identifiers. If interviewers cannot reschedule while in the enumeration area, they mark the interview as incomplete.

²⁴ Ochocka, J., Moorlag, E., & Janzen, R. (2010). A framework for entry: PAR values and engagement strategies in community research. *Gateways: International Journal of Community Research and Engagement*, 3, 1-19.

²⁵ Omobowale, O., Koski, A., Olaniyan, H., Nelson, B., Egbokhare, O., & Omigbodun, O. (2024). Effective community entry: reflections on community engagement in culturally sensitive research in southwestern Nigeria. *BMJ Global Health*, 9(9), e015068.

²⁶ Graham, A., Powell, M., Taylor, N., Anderson, D., & Fitzgerald, R. (2013). Ethical research involving children. Florence: UNICEF Office of Research - *Innocenti*.

Another helpful tool for maintaining privacy and confidentiality is a mock questionnaire with non-sensitive questions that an interviewer can quickly switch to if interrupted. For VACS, each tablet has a mock questionnaire stored on the homepage with approximately 20 non-sensitive questions related to hobbies, sports, and school activities. Interviewers are trained to switch to the mock questionnaire if there is a temporary interruption in privacy, such as someone walking by, or if interviewers suspect eavesdropping. However, frequent interruptions suggest that the environment may not offer sufficient privacy for the interview. In such cases, interviewers consider alternatives, such as moving to a more private area or rescheduling the interview. Although mock questionnaires are rarely used, interviewers receive extensive training and participate in role-playing exercises to prepare them to transition to the mock questionnaire if the interview space is suddenly interrupted. This approach helps protect participant safety, privacy, confidentiality, and the safety of interviewers.

Once the interview is completed, the interviewer never returns to the household. This is another approach to safeguard participants from potential harm and maintain the survey's integrity.

Anonymizing data and data protection

General Suggestion for Researchers: Unless there are compelling reasons to follow children over time, the structure of the data collection process is likely safest for participants when data cannot be linked back to them directly. For this reason, the research design may consider whether names or any identifying information is necessary. If so, then careful data storage protocols can be developed to protect confidentiality.

The VACS data collection process is carefully developed to promote safe and anonymous data collection. Personally identifiable information or other sensitive information that would violate the privacy or confidentiality of participants is never recorded on electronic devices and can never be connected to the questionnaire data. Consequently, participants or households cannot be linked to the data once they have completed the interview since no personal identifier is collected on the questionnaire.

VI. Responding to participants and field staff who need help and support

When undertaking sensitive interviews with children and young people, preparing a response plan for those who need support during or after an interview is an ethical safeguard. In VACS, the response plan is the process of responding appropriately to disclosures of violence, providing a list of services with embedded violence services to all participants, and offering direct referrals to response services to survey participants who meet specific established criteria related to experiences of violence.

While some participants may recall traumatic experiences or express strong emotional reactions to survey questions, few individuals in a multi-country study found participation in VACS upsetting or stressful. Rather, 82.5% (Cote d'Ivoire) to 98.0% (El Salvador) said the survey was not upsetting or

stressful and 98% found it worthwhile.²⁷ This indicates that the value of interviews likely outweighs any negative feelings associated with answering sensitive questions. Review of qualitative responses also indicates that participants may feel relieved to finally talk about important experiences. Participants may even feel some satisfaction that their participation could help improve responses to those who experience violence.

Planning and preparing an appropriate response plan minimizes potential harm caused by asking children and young people to recall and disclose difficult experiences and provides an opportunity to seek healing and justice for children and youth victims and survivors of violence who may never have had an opportunity to seek help. VACS ensures participants and survey field staff receive appropriate response and support services by 1) training staff to respond to disclosures of violence, 2) providing all participants with information on available services to address the experiences or repercussions of violence, 3) providing direct, appropriate, and voluntary referrals to participants and staff who need support, and 4) providing support to field staff who may face vicarious trauma through hearing the experiences of children and youth.

Training field staff to respond to disclosures of violence

Often, field staff are the first people to whom participants have ever disclosed experiences of violence. Upholding ethical and safeguarding standards involves facilitating disclosure, ensuring safety, and appropriately responding to participants who experience psychological or emotional distress during or after an interview. Training field staff to detect, acknowledge, and reduce emotional distress can enhance responses for participants who need help and improve data quality. Studies show that trustworthy, non-judgmental interviewers who show empathy have higher success in developing rapport with participants, which, in turn, facilitates disclosure and impacts data quality.^{28,29} VACS trainings orient interviewers and service providers to their respective roles, established protocols, and appropriate techniques to respond to participants who need support. Rather than counsel participants who display signs of emotional distress during an interview - including crying or a change in mood or tone - VACS trains interviewers to allow time for the participant to cry and recover, offer words of support and affirmation, and ask if they want to take a break. Interviewers may also gently redirect the participant to the present and ask if they feel ready to continue. VACS also trains response plan coordinators and first line service providers on relevant survey protocols and safeguarding procedures to deliver short-term support to participants after completing the interview. This ensures providers who receive direct referrals are aware of and apply all ethical standards and confidentiality considerations for the survey. For example, we ensure service providers are aware that they should not associate their work with the survey and that they should coordinate with the survey team to ensure they have left the EA before the provider arrives.

Providing information on available services to address the experiences or repercussions of violence

²⁷ Zhu, L., Seya, M. K. S., Villaveces, A., Conkling, M., Trika, B. J., Kamagate, M. F. M., Annor, F. B., & Massetti, G. M. (2022). Experiences of participation in a population-based survey on violence: Emotional discomfort, disclosure concerns, and the perceived value of participation among adolescents and young adults. *Journal of Traumatic Stress*, 35, 1226–1239.

²⁸ Wyatt, G. E. & Peters, S.D. (1986). Methodological considerations in research on the prevalence of child sexual abuse. *Child Abuse & Neglect*, 10(2), 241–251. doi: 10.1016/0145-2134(86)90085-2

²⁹ Jansen, H. A. F. M., Watts, C., Ellsberg, M., Heise, L., & Garcia-Moreno, C. (2004). Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women*, 10(7), 831–849. doi: 10.1177/1077801204265554.

General Suggestion for Researchers: Ideally, all children and youth who participate in a violence-related survey receive information on available services to address the experiences or repercussions of violence.

The VACS provides information on support services for healing and justice following violence through a local ‘list of services’. This list includes contact details for embedded violence services such as helplines or hotlines, social welfare officers, counseling or support groups, legal aid, shelters, information or support on separation/divorce, or medical services. When possible, the list is tailored to each research location or district, highlights free services, and specifies any applicable fee rates following a mapping exercise with stakeholders. To ensure that the nature of the survey is not revealed to non-participants, the list includes services not specifically associated with violence, including general social welfare, health, and education support services and interviewers are trained to point out the violence-related services to each participant.

Following the Zimbabwe VACS in 2011, Childline anecdotally reported an uptick in calls, suggesting that the survey can be an opportunity to increase awareness of available supports for children and youth experiencing violence.

Direct, appropriate, and voluntary referrals for survey field staff and participants who need support

General Suggestion for Researchers: Direct, confidential, and voluntary referrals to an identified service provider can enhance support for healing and justice and minimize any potential harm for participants who meet certain criteria. It is important to inform participants of the referral process and ensure they understand that it is their choice whether to accept or decline referrals. Survey field staff can support informed decision-making by explaining the referral process, answering questions, and addressing concerns

VACS trains interviewers to offer direct referrals to participants who become visibly upset during interviews, have experienced violence in the past 12 months, ask for help for violence, disclose not feeling safe in their current living situation, or disclose that they are in immediate danger.

Referral plans facilitate timely access to quality services for participants. As soon as research locations are selected, local officials can help identify organizations in each research location that have the necessary capacity, expertise, and resources to provide quality services. When possible, consider applying quality criteria to select service providers that are well-functioning, widely accessible, and integrated within existing protection and response systems. Government services may be the best option when pre-determined quality criteria are met. If existing services do not meet quality criteria, are not fully functional, or are only located in central or distant locations, consider developing specific arrangements during the survey period. Some VACS engaged appropriate agencies working in or near the study areas or hired a team of professional staff from government or NGO service providers to respond to referrals.

Ideally, participants who accept direct referrals receive timely support within a defined and documented timeframe. The VACS uses several techniques to ensure timely support and facilitate follow-up. Most VACS designate a specific coordinator to monitor referrals and set a 1-week timeline for response. Interviewers also offer participants who accept referrals a phone call with an on-call service provider, such as a district social welfare officer. The phone call provides immediate support (i.e., first aid counseling as needed) and confirms referral information such that the point of contact is certain of how to follow up with the participant. This warm hand-off also helps reduce loss-to-follow-up since receiving officials or case managers can misinterpret written instructions on

how to contact referred individuals. Phone calls allow both parties to ensure understanding, ask clarifying questions, and agree to the best course of action. When a child or young person is unsafe or in immediate danger, designated government agencies can advise on how to provide immediate help.

In VACS, officially authorized or designated partners (typically government agencies) handle urgent or “acute” cases within an expedited 72-hour timeframe. Referral plans may also detail how to assist participants who require long-term professional or specialist support beyond the study period. While direct referrals can enhance support for participants, they incur additional costs, including staff salaries, training, communication, transportation, and service fees. It is important to budget and ensure adequate financial resources to support referrals since the officials with mandates to respond to cases of violence often lack the resources (i.e., phone credit or transportation) to do so. Models of VACS response plan implementation in settings where the social welfare infrastructure is less resourced have included a hired ‘response plan coordinator’ which may be an organization or individual with experience navigating the social welfare system who can ensure service providers receive all referrals, that actors have the required resources to act on them, and that appropriate case management and referrals to additional services (e.g., health and legal) are provided as needed. Typically, VACS results in direct referrals for 10-15% of the survey sample size (approximately 200-300 participants in a 2000-person sample).

It is also important to maintain the confidentiality of participant disclosures and information by not revealing information beyond the specific requirements of the survey process. Options include restricting the collection of participant referral information, de-identifying information needed for referral monitoring, service provision, or follow-up, restricting access to referral information (e.g., name and contact details) to as few contacts as possible and securing the storage and transport of referral forms (e.g., in a secured envelope or server). VACS replaces participant names with unique numerical identifiers and removes other unique features (such as related persons, places, or physical descriptors) from referral forms. Information on referral forms is restricted to the participant, the interviewer, and the study staff who need to facilitate the referral. Once completed, referral forms are secured by designated survey staff in a sealed envelope or secure server.

Referrals for participants in the Humanitarian VACS in Uganda and Ethiopia

During the implementation of the Humanitarian VACS (HVACS) in Uganda and Ethiopia, case workers from UNHCR implementing partners in charge of child protection and violence service provision were incorporated into each data collection team to provide immediate counselling to study participants and referral to further care where necessary. Additionally, psychological support was offered to other household members.^{30,31} However, the short funding cycles in these unique contexts may pose challenges in the implementation of a response plan. Coordination with humanitarian actors to ensure service availability after the survey implementation is a best practice.³²

³⁰ Office of the Prime Minister, Department of Refugees; UNHCR Regional Bureau for the East and Horn of Africa and Great Lakes; Baobab Research Programme Consortium (Population Council, Inc.; Population Council Kenya; & African Population and Health Research Center); & Together for Girls. (2024). Violence against children and youth in humanitarian settings: Findings from a 2022 survey of all refugee settlements in Uganda. Kampala, Uganda: OPM, UNHCR, Baobab RPC, & TfG.

³¹ Wado, Y. D., Bacha, Y. D., Obare, F., Odwe, G., Habteyesus, D., Wandera, B., Kisaakye, P., Kizito, S., Muthuri, S., Seruwagi, G., Desta, M., Mohammed, M., Lemessa, D., Anwar, S., Negussie, S., Kabiru, C., Fernandez, B., Ginestra, C., Ogwang, K., & Undie, C.-C. (2025). Ethiopia Humanitarian Violence Against Children and Youth Survey, 2024: Summary report (Baobab Technical Report). Nairobi, Kenya.

³² Chiang, L., Fernandez, B., Falb, K., Massetti, G., Ligiero, D., & Behnam, N. (2020). Measuring violence against children in humanitarian settings: Implementation guidance for a Humanitarian Violence Against Children and Youth Survey (HVACS). Together for Girls.

Support for interviewers and service providers

When listening to experiences of violence, interviewers and service providers may also face emotional distress or vicarious trauma. In line with published guidance, VACS prepares and supports staff by (1) training them to recognize, acknowledge, and lessen emotional distress in themselves and their colleagues; (2) providing regular opportunities for field staff to discuss emotional reactions and seek support; and (3) offering interviewers access to professional counseling, often the same services provided to participants.³³

VII. Field monitoring and testing of safeguarding protocols

Testing the safeguarding protocols and providing feedback to interviewers

General Suggestion for Researchers: Field testing is an important aspect of any research study to ensure that protocols are functioning appropriately before beginning data collection. However, in the case of violence surveys involving children and youth, field tests are also a critical opportunity to ensure that safety protocols are implemented according to plan and training. Field tests/practice ideally happen just after training is complete and allow each interviewer to collect 1-2 pilot interviews.

For field tests, VACS mimics all fieldwork protocols, including identifying separate EAs for male and female interviews in communities not sampled for the survey. Field testing is conducted in an urban and rural setting to test the VACS protocols in various environments.

During the field test, field monitors ensure that safeguarding protocols are correctly implemented, particularly protocols related to community and household entry, privacy, and confidentiality during the interviews, and direct referrals for violence support services. To ensure privacy and participants' comfort, monitors only observe the non-sensitive data collection portions. During the field test, team leaders debrief with interviewers immediately after each interview. Field monitors and trainers are also immediately available on the ground to answer questions and support teams with troubleshooting if any concerns arise. After the field practice is completed, interviewers convene to share and learn from one another's experiences, ask questions, and receive feedback from monitors.

Fieldwork Monitoring

Once data collection begins, regular field monitoring is an important aspect of quality assurance. Ideally, monitors visit each team at least once during data collection. Unannounced visits allow field monitors to see how the team is operating authentically. The field monitors only give feedback in a private location – typically after the team leaves the enumeration area and returns to their base camp (e.g., hotel).

Field monitors may also observe something unanticipated with important ethical or safety implications for the entire data collection. In these cases, a communications plan can be established prior to fieldwork to quickly and uniformly disseminate important ethical and safety information to the field teams.

³³ Billings, D., Cohen, R., Coles, J. Y., Contreras-Urbina, M., Dartnall, E., Fields, A., ... & Vujovic, M. (2015). Guidelines for the prevention and management of vicarious trauma among researchers of sexual and intimate partner violence.

When VACS was implemented in a city in the United States, field monitors noticed that house security cameras and doorbell cameras were common in certain neighborhoods. In many countries, interviews could be safely and privately conducted on front porches. However, this technology presented a privacy risk in the U.S. context. In response, the study team quickly developed and shared guidance to inform interviewers that front porches with cameras or recording devices were likely not private spaces for conducting interviews in this context.

While each context will likely use a different communications approach, it's important to establish and test the approach *before* data collection begins.

VIII. Fostering local ownership and sustainability

Collaboration and partnership are essential at every research planning phase. Engaging partners and collaborators from the beginning of the study ensures broad support, and ownership throughout the data to action process, from implementation through data use for programmatic response. Such steps can help ensure that survey findings are properly interpreted and used to advance policy and develop interventions.

Country ownership and sustainability are integral components of the VACS process. Initially, government agencies in each country identify the need for a VACS, plan the survey timeline, and select collaborators and partners to oversee and manage the survey. This typically involves collaboration between multiple national ministries, including those responsible for health, education, and development. Each country then designates an implementing agency to ensure that the survey is conducted by individuals who understand the local context, languages, and cultures.

Host country governments also select a steering committee to provide cultural insights that inform study materials and processes. This committee plays a crucial role in disseminating data and developing a referral plan for participants who have experienced violence and are seeking services.

In addition to building capacities in protocol development, field survey methods, sampling, data collection, weighting, and analysis, the VACS process culminates in a data-to-action phase that socializes local interest holders – including government ministries – to survey findings. The phase includes a data-to-action workshop where experts collaborate with country leaders to establish national priorities for violence prevention.³⁴

The findings from VACS provide reliable evidence that enables countries to make data-informed decisions for allocating limited resources. This supports the development, launch, and evaluation of violence prevention and response programs, and child protection systems.

X. Adaptations for safe data collection during public health emergencies and challenging environments

Specific contexts may require additional, careful adaptation to ensure the safety and confidentiality of field staff and participants. For example, collecting data in the context of a public health emergency such as the COVID-19 pandemic required careful consideration of the level of community transmission, the public health and health infrastructure, vaccine availability and coverage, and the availability of masks and other protective equipment. The two countries that

³⁴ <https://www.cdc.gov/violence-against-children/php/country-process/>

collected VACS data during the COVID-19 pandemic assembled safety boards with representation from each collaborating agency. The boards reviewed information about the COVID-19 context and mitigation plans throughout data collection. The study only started once the safety board finalized study-specific COVID-19 standard operating procedures and agreed that it was safe to begin data collection. The board met weekly throughout data collection and determined on an ongoing basis whether it was safe to continue.

Other issues, such as natural disasters or security concerns in specific regions or communities, may arise. The study team can carefully discuss the issues and what precautions to set in place. For some VACS implementations, sampling excluded high security risk areas because government partners and in-country experts advised that collecting data in these areas would not be safe. Careful plans were developed for other countries, and data collection moved forward with extensive monitoring to continually assess safety. When making these decisions, the importance of the data must be weighed against the ability of the interviewers to move through these areas safely, any potential concerns about retaliation against participating communities or individuals, and whether participants will feel safe enough to disclose sensitive information in these contexts. Experts on the ground are the best placed to advise on the specific approach and ongoing assessment.

XI. Conclusion

Decision-makers need high-quality data on violence against children and youth to inform their prevention efforts, but there are critical ethical considerations for engaging children and youth in research about violence. Ethical and safeguarding measures implemented in over 25 Violence Against Children and Youth Surveys universally offer valuable lessons and best practices for researchers. The field would benefit from standard ethical guidelines and safeguarding measures for researchers to collect this critical information.

Mitigating Security Challenges during El Salvador VACS Implementation

When VACS was implemented in 2018, El Salvador was experiencing unusually high levels of community violence, surpassing its usual high rates. Much of this violence was linked to gangs, especially in urban areas. Consequently, VACS procedures were heavily adapted to ensure the privacy and safety of participants as well as the safety of survey teams. Based on the security situation and the country's context, a series of measures were employed to protect both the data collection teams and participants.

1. Prior to data collection, letters were sent to community leaders and municipal centers in selected communities to inform them about the survey. As with all VACS, the study was described in general terms, rather than as a survey on violence.
2. Dress codes were established for interviewers to ensure they presented themselves professionally and did not wear certain colors or logos that could be associated with specific gangs or groups. Team members wore shirts with the lead study agency's logo to identify themselves as official interviewers from a trusted agency.
3. Community liaisons met the data collection teams at a local government office and then helped facilitate access to the community, sometimes seeking permission from gang leaders if needed.
4. For safety reasons, community leaders decided that teams could only work in certain areas for a limited amount of time. In other areas, they were granted only a single access, after which they could not return. When given limited time in a community, survey organizers strategically increased staffing to conduct more interviews in a shorter period.
5. SOPs were developed to guide team leads and interviewers on how to respond to potential safety breaches. This mainly involved communication plans to request support from CDC headquarters. Any specific concerns were then managed on a case-by-case basis.

Successful execution of this plan required careful planning. Through thorough forethought and input from all collaborating partners, the El Salvador VACS was safely implemented with no known issues related to participant or interviewer safety.

Adapting Best Practices from Violence Against Women to Violence Against Children Research

Key partners implemented a multi-country study on violence against women in 15 sites in the early 2000s, providing some of the most comprehensive data on the topic. Along with the critically important data, the study was also groundbreaking for its methodological work and careful documentation of guiding ethical principles and approaches for safely collecting data on a topic that had once been argued too sensitive to collect first-person accounts. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*³⁵ was a first of its kind and of huge value to the field. These principles have provided a critical foundation for VACS researchers' approach when engaging children and youth in violence research.

“We didn't really foresee how important these ethical and safety standards would become. We wrote them up initially for the multi-country study as we had teams in ten countries, and we wanted to ensure nothing would go wrong, and in particular that we would not be putting any woman at risk by participating in the study. They have since become a standard and are used to inform researchers and IRBs in many countries. It is great to see them being used widely. They have also been adapted for use in other populations, such as for interviewing women who have been

³⁵ <https://www.who.int/publications/i/item/WHO-FCH-GWH-01.1>

trafficked, for documenting and researching sexual violence in humanitarian settings, and for research on interventions.”

Response from Claudia Garcia Moreno, lead author and former Team Leader on Violence against Women at the World Health Organization’s Department of Reproductive Health and Research, when asked if she envisioned how pioneering their ethical guidance would be.

Investments in the social welfare infrastructure and evolution of a response plan expands availability of services in Tanzania

After completing a VACS in 2009, Tanzania made significant investments in the child protection and welfare system. Partners observed results from these efforts when the survey was repeated in 2024. “We implemented the 2009 Tanzania VACS in a context where most district social welfare officer positions were vacant and hard to fill. Therefore, the plan for providing counseling services for participants who needed and wanted help had to rely on a centralized approach. A Dar es Salaam-based organization provided counseling services for participants, such that counselors had to travel from the capital to the participants. For logistical and practical reasons, counseling sessions were limited to three, and counselors tried to help participants identify local services if they were in need of longer-term help. While this approach was the only feasible option in 2009, we knew it was not ideal because there could not be sustained support for children and youth identified through the survey.”

- Andy Brooks, Chief of Child Protection at UNICEF Tanzania in 2009, describing the context of the 2009 Tanzania VACS response to children and youth in need of help and support.

“When we repeated the VACS in Tanzania in 2024, the context of social services for children was very different from the first survey 15 years prior. In 2024, the Tanzania VACS response plan utilized the robust workforce of government social welfare officers who have been recruited in all districts and have a mandate to provide support to children and youth. These social welfare officers provide sustained support and link children to other necessary services at the most locally available level. Training on child protection case management to nearly all Social Welfare Officers in the country using the national standard child protection training package, which links case management process with the Tanzania regulatory framework, has enabled uniformity and continuity of protection services for children and youth across the country.”

- Mbelwa Gabagambi, Child Protection Specialist at UNICEF Tanzania in 2024, describing the

Adapting the 2023 Jamaica VACS to safeguard participants and comply with mandatory reporting laws.

Jamaica has established safeguarding systems designed to protect children in vulnerable situations, address instances of violence and neglect, and ensure children have access to violence prevention services, particularly during emergencies. These systems consist of child protection frameworks within both government and non-government organizations, supported by relevant policies, laws, and regulations. Jamaica also has a mandatory reporting law that has significant implications for research on violence that includes participants who are minors.

The 2023 Jamaica Violence Against Children Survey (VACS) implemented several measures to protect participants' privacy and confidentiality, assist those needing post-violence care and support, and comply with mandatory reporting requirements. Provisions in the law were carefully reviewed, and consultations with legal experts helped inform applicability to survey procedures. Consultations were also held with national child protection agencies to gain a deeper understanding

of mandatory reporting laws and processes for accessing care and protection for minors. Based on discussions with child protection agencies and collaborating partners, study procedures were adapted to ensure compliance with laws while maximizing participant protections. Survey questions that asked about potentially reportable information were administered to participants using Audio-Computer Assisted Self-Interview Software (ACASI). Participants entered responses directly into tablets, which anonymized the data and did not allow for any survey team member to link a particular response to an individual participant. This approach minimized the likelihood of direct disclosures to interviewers. A protocol was established for interviewers to report incidents if a participant voluntarily disclosed information to an interviewer that activated mandatory reporting. Participants were informed of this possibility during the informed consent process before the interview started.

After the interview, all participants received a list of services to address the impacts of violence, along with phone credit to contact those services if necessary. A multisectoral working group oversaw the creation of a response framework for participants who disclosed reportable events or required assistance. To adhere to mandatory reporting laws, the framework included separate referral pathways for individuals ages 13-17 and those ages 18-24. A team comprising interviewers, psychologists, and representatives from child protection agencies facilitated various levels of intervention based on the participants' needs.

Child protection agencies expressed concerns about the potential burden that disclosures and referrals could place on government systems. In response, a team of psychologists and social workers was recruited to alleviate the strain on child protection systems and ensure that every child promptly received the necessary services. Interviewers, study psychologists, and social workers underwent training on laws and reporting requirements concerning children, survey protocols, and ethical considerations. This training was developed in collaboration with country child protection experts.

In summary, developing an effective response framework required a collaborative effort involving the government, non-governmental, private sector, and international development partners. It also required a thorough understanding of the country's mandatory reporting laws, and the resources needed to meet the needs of children and youth.