

SII on GiE Ethical Guidance Notes

(draft for consideration by CARE Nigeria pilot team)

CARE is increasingly explicit about its commitment to understand the power relations that underpin poverty, risk, and social injustice. This means that we commit to understanding power in the communities we serve, and to harnessing power to promote more just and sustainable societies.

Sensitizing Ourselves to the Risks in Research:

Knowledge is power. This goes beyond the classical skill-building approach to training that equips people with practical knowledge to confront their world with new abilities. It means that there is a prior step of empowerment that comes from simply stating new facts, and having those facts recognized as worth knowing. When facts of life are recognized as knowledge, they can be the basis of a conversation about what to do about them. The power to shape knowledge is the power to define what is taken for granted, what is accepted, what is contested, and what can not be discussed.

Research is a process of shifting, and so disrupting knowledge. It is inherently political when any person or system relies on prior knowledge. The SII on GiE in CARE can disrupt accepted power relations in at least four ways: accepted questions, accepted sources of information, accepted narratives and accepted accountabilities.

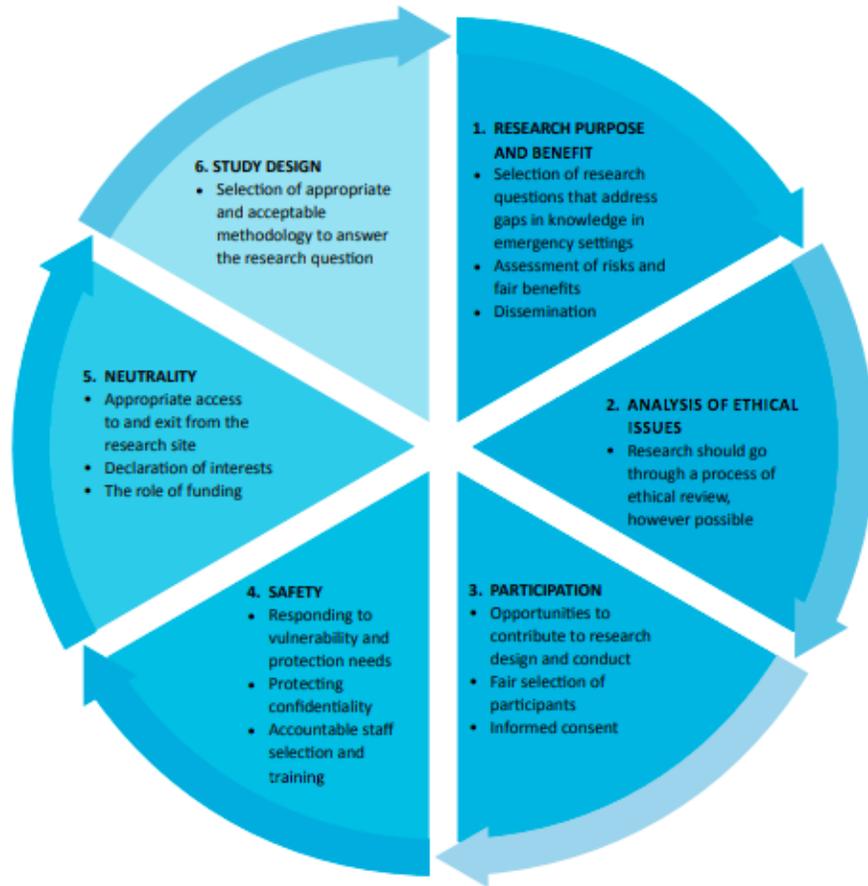
1. It calls attention to new **questions**, disrupting established patterns of thought and practice
2. It asks **diverse and often marginalized people** to share **information** hidden realities, and may expose them to retaliation or judgment
3. It creates new **narratives** about what is causing the situations we see, challenging old explanations, and triggering new **accountabilities** that people may embrace or resist.

Because research can challenge these four accepted ways of thinking and being in any system (including our own, as CARE), the first step in building ethical research is to recognize potential threats that can arise from the research process. These threats may directly affect the people involved in the research (researchers and respondents); they can also affect people who do not participate in the research, but who will be affected by its findings.

Planning to Prevent Harm and Mitigate Risk

Protection of all participants in research involving human beings begins from the moment we define the questions that will guide a study. The IASC identifies six broad areas where we can be thoughtful about the design choices we make, to minimize risk and mitigate the harms that research can cause for participants (community members and research team members).

Figure 1. Six key areas covered by the recommendations



In its first SII (on Women’s Empowerment), CARE researchers identified specific features of research that upholds the organization’s rights-based programming principles. These features of rights-based research offer a guide for ensuring that SII research remains true to the organization’s vision, values and mission. (Annex 1).

Categories of Risk and Strategies for Mitigation

When we ask people to talk to us about the gendered challenges they have faced, we expose them to predictable kinds of risks. This means that we can prepare strategies to reduce those risks and to help the person we are speaking with to feel they are able to make choices about how to manage risk, and expand and promote benefits.

There are several keystone commitments that can help teams know how to decide whether/how to approach certain topics with certain populations:

1. **Autonomy:** can the person or group involved retain control over their experience, and shape/end it without suffering adverse consequences or exposure? IF IN DOUBT ON THIS POINT, RECALL THAT SII IS RIGHTS-BASED RESEARCH, AND SEEK OPPORTUNITIES TO FOSTER AGENCY AND INFLUENCE IN THE RESEARCH PROCESS.
2. **Protection:** can the researchers set up measures that reasonably guarantee that the person or group involved will not be exposed to new harms/trauma as a result of participating? IF IN DOUBT ON THIS POINT, RECALL THAT THE SII IS AN EXERCISE OF CARE'S CORE VALUES, PRINCIPLES AND MISSION, AND DO NOT PLACE PARTICIPANTS OR RESEARCHERS AT RISK.
3. **Benefit:** can it be a benefit to the person or group involved to discuss these issues with CARE? Are there responses we can set in motion that will be helpful or therapeutic? IF IN DOUBT ON THIS POINT, RECALL THAT THE SII IS RESEARCH FOR SOCIAL CHANGE, AND SEEK OPPORTUNITIES TO INCREASE COMMUNITY HEALING, RESILIENCE, VOICE, INFLUENCE ON DUTY-BEARERS OF ALL KIND THROUGH THE RESEARCH PROCESS.

The following table summarizes some of the common ethical and safety concerns the research team should plan for, and discuss with participants.

Table 1 Elements of Trauma-related Risk and Safety

Category of Respondent Risk/Harm	Elements of Safety	Strategies to Consider
Safety: Exposure/retaliation for disclosing	Confidentiality	<ul style="list-style-type: none"> • Explain how team will protect confidentiality to any participant • Appropriate methods and settings (general themes in groups, individual experiences in culturally appropriate privacy) • Consider nonverbal tools (marking diagrams, drawing, acting/movement) • Systematic anonymization of data (codes/pseudonyms in all documentation) • Data encryption/protection and procedures in case data is breached • Agree with participant on "interruption plan" (change of topic) in case of intrusion in a private interview
Shame: Internalized and external judgment	Non-judgment, empathy	<ul style="list-style-type: none"> • Researcher sensitization training • Supportive, neutral, encouraging verbal and non-verbal communication. Taking time to hear story fully, offering "I understand," "I can appreciate..." etc • Normalize pain/difficulty after traumatic experiences, encourage help-seeking
Distress:	Trigger awareness, support	<ul style="list-style-type: none"> • Thoughtful research team composition and pairing with respondent gender/age/etc

Physical/mental pain of reliving traumatic experience		<ul style="list-style-type: none"> • Voluntary presentation and respondent-driven sampling • Informed consent • Preview broad themes • Sequence topics to build trust, from general conditions to difficulties. End on discussion of strategies/solutions where possible, to recognize agency • Balance specificity with sensitivity (see Box 1, below) • Make it safe to pass/exit at any time • Referral info/agreements for local support (security, legal, mental health, physical health, solidarity groups)
Stigmatization: Being reduced to a label	Holistic, humanistic stance	<ul style="list-style-type: none"> • Explain research purpose in broadest terms of understanding gendered relations and impacts, not narrow topic
Misrepresentation: Losing control of one's own story	Value stories, verify understanding	<ul style="list-style-type: none"> • Photovoice, peer interviewing, and other community-led narrative methods • Ensure diverse sample to avoid obscuring minority voices/stories • Reserve time at the end of a research interview to review/revise key points • Capture respondent feelings/ thoughts about the conversation • Present back aggregated findings, with fictionalized illustrations • If appropriate, support community-driven process of further dialogue/learning/communication
Research Team Risks		
As a survivor... Researchers may themselves be survivors of trauma, which can be a resource for insight and empathy, but can also trigger stress and anxiety as respondents share their stories	Self-care, Team solidarity	<ul style="list-style-type: none"> • Training and encouragement in mindfulness of own emotional/physical state, and self-calming techniques • Rehearsal and role-playing, pre-identification and planning around potential triggers that could come up in the research process (eruption of conflict with bystanders, traumatic stories, helplessness...) •
As an observer... Researchers may experience anger, emotional overload, helplessness or guilt	Role clarity, Risk-mitigation procedures	<ul style="list-style-type: none"> • Buddy-system of trading roles between active facilitator/interviewer and note-taker/documenter • Foster agency by asking participants their own plans/strategies in case harms erupt, encourage

<p>as respondents share their stories</p>		<p>help-seeking. Conclude sessions by focusing on participant strengths and achievements/resilience.</p> <ul style="list-style-type: none"> • Agreed protocols for referring at-risk respondents to appropriate services, and following up through program team to ensure support provided if needed • Study recommendations include specific areas of program development and community skill- or capacity-building needed to address identified harms/risks
<p>As a presence in local dynamics... Researchers may be targeted or blamed for “meddling in unimportant things” when lives are at stake and stability is fragile</p>	<p>Political awareness, Transparency, Evenhandedness, Accountability</p>	<ul style="list-style-type: none"> • Identify key powerbrokers and vulnerable groups, gain their support for the study and understand their interests and concerns before initiating research • Inform widely on the purpose and intended use of study findings, including link to commitment to improved humanitarian practice and community outcomes • Sample broadly, speak to all key groups to avoid suspicions of bias • Be explicit in what information will be provided to respondents/communities and deliver on promise in ways that facilitate trust, learning, and accountability

Box 1 Screening research participants for potential risk (excerpt from SII Guidance on Physical and Psychological Safety for Work with Trauma Survivors)

“... in discussions of CARE projects such as focus groups, participants will often point out who else in the community *should be interviewed* rather than who *should not be interviewed*. This is an opportunity to help raise awareness and create discussions regarding safety. If participants present the names of individuals with whom to speak, CARE staff should ask whether the person may be at risk of violence from domestic partners, police, or others.

Ultimately, certain groups are inherently vulnerable in research settings, but they can provide information that could not be obtained elsewhere. For example, commercial sex workers are an important group for studies of discrimination and trauma, but they may not have support from anyone in the community, including women’s groups. Adolescent girls can provide unique and important insight, but they are difficult to safely access because of familial control. If these populations become involved, every effort should be made to ensure confidentiality and establish protocols for breach of confidentiality by staff, participants, and others.”

“In the transition from the less morally charged subjects toward discussion of gender-based violence, multiple studies have shown the need to ask specific questions about actions that have occurred rather than simply asking, “Have you ever been abused?”... (However), project staff for CARE India found it difficult to ask a long list of specific detailed questions about abuse... Based on the findings of the CARE India project and other research with surveys, the list of questions can be simplified to a few “gateway” questions. Gateways questions assess more common forms of trauma. If individuals answer ‘yes’ to any of these questions, then additional specific questions can be asked. If they answer ‘no’, then the researcher can move on to other issues. The questions below are exemplar gateway inquiries for their respective subject:

- Physical violence: Has someone ever hit you? Has some ever kicked you?
- Sexual violence: Has someone ever forced you to have sex?
- Emotional abuse: Has someone ever insulted you?
- Mobility: Has someone ever limited where you could go?
- Economic: Has someone ever spent money you earned against your wishes?

Table 2 Exploring language (excerpt from SII Guidance on Ethical and Effective Discussions of Trauma)

<i>Encouragement</i>	I understand it is difficult to tell all the details, but I think you are describing your situation very well.	You are not explaining your history very clearly.
<i>Acknowledge emotion</i>	Even now I can tell that the experience is painful and brings tears to your eyes.	Not responding to emotional changes
<i>Conscious partiality</i>	- No one deserves to be discriminated against. - You are not to blame for what has happened. - You are not responsible for other's actions. - No one deserves to suffer violence.	X
<i>Sexual violence</i>	Has anyone ever forced you to have sex? (employ culturally-acceptable terms for vaginal, oral, and anal sex)	Have you ever been raped?
<i>Physical violence</i>	Pushing, slapping, throwing objects, kicking, hitting, using a knife or a gun, and burning	Have you been physically abused?
<i>Psychological/emotional violence</i>	- What emotions do you feel when you think about your partner? - Have you ever felt humiliated or ashamed in public by your partner? - Has your partner ever threatened or ridiculed you in front of your children?	Have you ever felt harmed emotionally or psychologically by your partner or another person important to you?
<i>Redirection</i>	I understand that your health is causing you distress now, could you tell me about some of the experiences you had when your health began to deteriorate?	We are getting off-topic / We have discussed this enough, and need to move on.
<i>Compound questions</i>	- Have you been hit by your mother-in-law? - Have you been hit by your husband?	Have you experienced violence from your mother-in-law and your husband?
<i>Minimization</i>	Tell me more about your financial concerns.	I wouldn't worry about your finances right now; let's talk about the refugee leader's behavior toward you.
<i>Judgmental questions</i>	X	How do you think your family felt about the policeman having sex with you?
<i>Why questions</i>	X	Why do you feel anxious when you go outside?
<i>Premature advice</i>	X	Why not just live just avoid going to the part of town with the drunken men?
<i>Nonverbal</i>	If culturally-appropriate, employ eye contact, reassuring touch, leaning toward participant	Yawning, checking the time, lack of facial reactions, extreme reactions-shock

Sources (All online, downloaded 4/29/19)

CARE, 2005. [*Ethical and Effective Discussions of Trauma.*](#)

CARE, 2005. [*Physical and Psychological Safety for Work with Trauma Survivors.*](#)

CARE, 2005. [*Programming Principles in Research.*](#)

ELRHA, 2017. [*Research for Health in Humanitarian Crisis Research Ethics Tool.*](#)

Inter-Agency Standing Committee (IASC) Reference Group for Mental Health and Psychosocial Support in Emergency Settings, 2014. [*Recommendations for Conducting Ethical Mental Health and Psychosocial Research in Emergency Settings.*](#)

Annex 1: Enacting our Principles in the Research Process: Points to consider in preparing the SII research teams. (CARE 2005)

	Internally in CARE	Externally via research
Promote empowerment	<ul style="list-style-type: none"> • Does the process of design, capacity-building and implementation include diverse staff, respect their talents, and strengthen them as change agents? • Are both local and expatriate expertise valued? Male/female voices heard equally? 	<ul style="list-style-type: none"> ○ Does the process encourage learning and growth among participants? ○ Are staff prepared to let participants take control of the content/process?
Work with partners	<ul style="list-style-type: none"> • Does the process build mutual appreciation, trust and interdependence across different parts of the organization, and between male/female staff? 	<ul style="list-style-type: none"> ○ Does the process engage in a transparent and learning-oriented way with other organizations who may see CARE's work with critical eyes?
Ensure accountability	<ul style="list-style-type: none"> • Are key staff and their managers accountable for the quality of support they give the inquiry, and rewarded for fulfilling their responsibilities? 	<ul style="list-style-type: none"> ○ Are adequate and timely spaces made for external stakeholders to assess what is learned, and draw conclusions about CARE's work?
Address discrimination	<ul style="list-style-type: none"> • Does the process challenge staff to explore their own biases/beliefs about women and gender, • Does it challenge assumptions about who is qualified to do analytic work, whose voice counts? 	<ul style="list-style-type: none"> ○ Does the process engage men and women (in the community and its institutional environment) to explore biases about women and gender? ○ Does it challenge stigmatization/exclusion of women via other dimensions of identity?
Promote non-violence	<ul style="list-style-type: none"> • Have staff been prepared to manage harassment and conflict that may arise in the research? 	<ul style="list-style-type: none"> ○ Have adequate measures been taken to protect the physical and psychological safety of participants?
Seek sustainable results	<ul style="list-style-type: none"> • Does the process build in-house competence to understand and address gender/power dynamics and research the underlying causes of poverty? 	<ul style="list-style-type: none"> ○ Does the process leave communities with clear understanding of their own pathways to empowerment, and how these can be strengthened?