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**PERSPECTIVES AND STANDARDS FOR GOOD PRACTICE IN DATA COLLECTION
ON VIOLENCE AGAINST WOMEN AT EUROPEAN LEVEL**

Supporting Paper

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Introduction

Violence against women is considered one of the most serious social problems that European countries are currently facing. Although research has been carried out to determine the prevalence of this violence and its impact on the health of the victims, there are great differences in the methodology used (see Martinez, et al., 2006; Schröttle, et al., 2006). It has been difficult to obtain a clear picture of differences and similarities in the prevalence of violence against women and its determinants, and in the interaction between various factors and the role of context. Thus, it has become urgent to establish shared minimum methodological standards as well as recommendations to guide future research. So far, methodological standards have been proposed by the United Nations (UN), the World Health Organization (WHO) and individual researchers (Walby 2005, 2006).

Because of the impact of violence on victims' health it is desirable to gather information about the health status of victims and the immediate health consequences of violence when conducting prevalence research. Although questions on health already have been included in many prevalence surveys, this has been done at varying levels of detail. Thus, shared standards for assessing health impact are needed as well.

Although in principle prevalence surveys are the best method to obtain information about the prevalence, intensity and forms of violence against women, in practice survey research faces obstacles, which also can differ from one European country to the next. Similarly, assessing health impact confronts researchers with numerous challenges. Because of this it can be a useful strategy to complement survey studies with other research on violence against women, in particular with studies that assess violence in specific settings.

The present report sets out standards and recommendations for planning prevalence and health impact studies on a European level. In addition to making specific recommendations, this report contributes more generally to the ongoing international discussion on developing comparative methodologies.¹

1-Methodological standards for data collection in prevalence research on violence against women

Violence against women includes a wide variety of different types of violence that can occur in different contexts. The UN and the WHO have already published guidelines to carry out prevalence research on violence against women (UN: 61st session of the General Assembly, 2006; UNECE, 2006; WHO, 2001, 2005a). The WHO report in particular provides a comprehensive research methodology for prevalence research on violence against women (Ellsberg and Heise, 2005). The present report contributes to this body of work with a focus on prevalence research in Europe. The report's recommendations reflect experiences in Europe with a diverse range of prevalence studies and related research:

- a-The report builds on the experience with prevalence research in western Europe and English speaking countries where prevalence research has had a longer history than in other parts of Europe (see the review analysis by Djokovic-Papic et al., 2006).
- b-The report draws in more detail on studies and data sets from eight European countries (Finland, France, Germany, Holland, Lithuania, Spain, Sweden, and UK) (see review by Martinez, et al., 2006).

¹ See, for example, UN: 61st session of the General Assembly; UNECE, 2006; Walby; WHO, 2005.

1.1- Achieving maximum representation of different population groups in the sample

The sample should provide maximum representation of the target group(s). Population-based sampling is the best strategy for this. However, this is not always possible in the strict sense, so many surveys use alternatives such as random sampling. [RK1] Thus, these are the suggested minimum standards:

1.-Building a representative sample under the country-specific circumstances

Samples should be representative of the populations for whom prevalence estimates are sought. Samples should be stratified to cover particular variables if necessary (age, social class, education, ethnicity, geographical location etc.). National random probability samples are ideal if they can be drawn from an inclusive base (e.g., using postcode address files when the population in question has a postcode). Service-based studies are important, but they reach only a selected sample of the population and are not representative of the whole society. Nevertheless they are relevant to contribute to knowledge about violence that is visible within institutions.

2.-Including vulnerable groups

It is important to include in surveys marginalized or disadvantaged groups, which appear to be at high risk of suffering violence; if they are excluded, prevalence rates will underestimate the extent of violence in the population. Special provisions have to be made to facilitate the inclusion of persons who may be excluded by any one sampling strategy.

3.-Differentiating between specific groups in relation to socio-demographics or type of violence

The sample size has to be large enough to allow differentiation between various socio-economic groups and between different patterns of victimisation. Generally, the sample size depends on the sampling error a researcher is willing to bear (the larger the sample the smaller the sampling error and vice versa). In comparative studies across Europe, similar socio-demographic variables should be agreed on and followed.

1.2-Obtaining information about both the experience of victimization and the experience of perpetrating violence

Commonly lacking in prevalence studies is information about the perpetration of violence by respondents. Most studies focus on the experience of victimization. However, it is necessary to obtain information about the perpetration of violence, where perpetration occurs, and how perpetration and victimization are connected.

1.3-Following basic ethical standards

Research on violence against women encounters ethical issues concerning such matters as consent, confidentiality, anonymity and attention to safety measures. Such issues should be considered, explored and dealt with prior to the research using appropriate protocols. UN and WHO have published several documents with guidelines in relation to ethical issues (Ellsberg et al., 2001; Ellsberg and Heise, 2005; WHO, 2001, 2005a).

The central issues on ethical and safety standards from WHO-Guidelines (2001) in relation to domestic violence research against women include :

- a-The safety of respondents and the research team is paramount, and should guide all project decisions.
- b-Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence.
- c.-Protecting confidentiality is essential to ensure both women's safety and data quality.

- d-All research team members should be carefully selected and receive specialized training and on-going support.
- e-The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- f-Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- g-Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- h-Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

Based on current experiences with prevalence surveys in Europe a number of points can be added to complement this list

1-Confidential and safe setting for the interview

It is important to ensure confidentiality at each stage of the research: during data collection and analyses, and when reporting and disseminating results. Original data should be stored in a safe place and made available for public use only when they have gone through disclosure analysis, that is when they have been de-identified thoroughly. All possible future uses of the data need to be indicated in the letter introducing the survey to the respondents.

For confidentiality and safety reasons it is desirable to conduct interviews in the absence of third persons, if this can be arranged. Disclosure is often easier when interviews can take place in a neutral location, such as outside the home or place of residence (e.g. room in a school, college, or place of work). The interview may need to be interrupted when a third person enters the room. These standards are necessary to ensure the quality of the results and to facilitate the disclosure of violence. However, this is sometimes difficult to achieve and may have unintended consequences: conducting interviews outside of participants' homes may increase refusal rates and drop-outs. Furthermore, such studies tend to be more expensive overall.

2-Characteristics of the interviewers and their safety

Interviewers should be female and receive intensive interviewer training. Screening may be advised to identify female interviewers who are suitable for sensitive research, open-minded, and able to deal with the topic of violence. Special attention needs to be paid to the fact that the perpetrator could be the partner and that it could be dangerous for interviewees to take part in the survey. Appropriate methods are important in order to ensure that partners or other household members are not informed about the topic of the survey. Thus, additional interviewer training is necessary in order to guarantee security of both interviewers and interviewees.

3-Specific interviewer training in the case of face-to-face and telephone interviews

Interviewer training needs to describe in sufficient detail the methodology used for data collection and explain why certain approaches or precautions matter. Because the role of the interviewers is more relevant in face-to-face or telephone interviews, special attention has to be paid to their training. The risk of repeat traumatization or vicarious traumatization can be reduced by training the interviewers on trauma dynamics and ensuring that questions and questionnaires are presented and used in a way that will minimize psychological stress for participant or interviewer.

4-Providing post-survey support for victims, interviewers and researchers

Post-survey support is desirable and often necessary. Addresses and telephone numbers of associations and support agencies should be provided to all participants at the end of the interview. However, the safety of the participants has to be ensured so that information should only be provided if it is safe to do so and when the respondent agrees. Furthermore support (e.g. telephone or de-briefing sessions) during and after the interview process for the interviewers should also be provided.

5-Implications for methodology of national legislation or other country-specific circumstances

Researchers need to establish whether disclosure of ongoing violence in the interview constitutes information that pertinent law requires to be reported to the authorities. European countries differ in this regard, especially with respect to violence against children. Aspects such as when the violence occurred and which specific types of violence should be reported (e.g. only when it is life threatening) need to be considered. Interviewers and researchers have to inform interviewees about country-specific limitations of confidentiality, if any, –ahead of the interview.

1.4-Following standards specific to questionnaires about violence

WHO, UN and individual researchers (see for example, Walby, 2006) have published guide lines in relation to the definition and measurement of violence against women in quantitative research. These standards are discussed below.

1.-Using specific actions/attempted actions in item lists instead of or in addition to summarizing questions about violence

As much as possible, researchers should delineate the scope of violence assessed in a survey and make explicit the criteria for including and excluding particular behaviors (UN, 61st session of the General Assembly, 2006). General terms such as “violence“ (e.g. have you experienced violence?), gateway or filter questions in advance of behavior-related lists[RK2], and only one or two general questions in relation to the violence should not be used in questionnaires for the assessment of violence as it may lead to substantial underreporting. More detailed findings emerge when prevalence surveys measure violence on the basis of lists of specific acts (e.g. hit you with a fist, slapped with an open hand) and when using items that refer to violent acts of different levels of severity. Survey should include questions about sexual violence that refer to specific behaviors and distinguish between completed and attempted acts (e.g. attempted to have oral sex with you, had oral sex with you).

2.-Assess and distinguish between all relevant forms of violence (physical, sexual, psychological and economic)

All forms of violence are important and can entail harmful consequences. Obviously, multiple definitions and categories of violence exist. In light of this fact the WHO recommends that data collection instruments should be designed to allow different types of violence to be disaggregated according to different definitions. Data should be collected in a way that allows for estimates of the prevalence of different categories of violence.

3-Include questions that allow differentiation between the following aspects:

- a-Life contexts (e.g., domestic, work, public sphere)
- b-Relationship between perpetrator and victim.
- c-Severity of the violence (e.g. injuries, fear). The questions need to be specific enough to determine levels and severity of different types of violence and health impacts.

4-Assess experiences of violence in reference to specific timeframes

To measure the prevalence of violence, different reference periods may be used, for example violence experienced in the life-time, in adulthood, since a specific age, within the last year, or within the last three or five years. Reference periods should be stated explicitly so that meaningful comparisons can

be made between surveys (i.e. issues relating to comparability should be considered at the point of designing a survey).

5-Before designing a questionnaire, review surveys and questionnaires already developed in national contexts or used in international research.

Take into consideration the possibility of using instruments that will allow for comparability of the data.

6.-Survey questions may stress or re-traumatise participants.

If pre-tests or pilot studies indicate that survey questions are too stressful for participants, questions may need to be reworded or the interview process may need to include measures to alleviate stress and contain repeat trauma. Consulting mental health experts may be advised. In general, it is a good strategy to include experts from different disciplines in the development of questionnaires in order to arrive at appropriate and sensitive survey instruments that do not harm participants or interviewers.

1.5-Additional issues in developing methodology and survey instruments:

1-Cultural/Country-specific differences

Specific cultural differences that may have an effect on the data should be taken into account when surveys and questionnaires are developed. They relate to different understandings of questions, issues of gender equality, issues of privacy, perceptions of sexuality (attitudes towards sexuality, restrictive versus permissive) and legislation in relation to violence. Before developing the methodology it is advisable to assess the country in which the research is to take place on dimensions relevant to violence against women and health impact:

- a-Institutional and structural conception of violence
- b-Human rights violations
- c-Levels of technology

2-Demographic details need to be collected with consistency whilst at the same time respecting different country conventions

- a-Ethnicity
- b-Gender
- c-Age
- d-Socio-economic

1.

6-Conflicts of interest during research and dissemination processes

Researchers need to be mindful of potential conflicts of interest that may arise for them at a personal or professional level at all points during the research process. They should be aware of this possibility; should such a conflict arise researchers should act accordingly to deal with the conflict. Conflicts of interest can occur during the preliminary stages or conducting research, including the initial motivation for the study, but also through later stages when research findings are disseminated.

1.7- Finding a compromise between information that would be ideal to gather and what is possible to gather

In most cases compromises are necessary between ideal data collection and the minimum required to obtain a reliable prevalence figure. Nevertheless such compromises should not lead to methods that are unethical with respect to the safety of interviewees and interviewers or that are not appropriate to investigate and uncover violence against women.

1.8-Using violence modules within a more general survey, if a country cannot fund or conduct a full prevalence survey (see Recommendations, chapter 2.)

2-Recommendations for future European research on the prevalence of violence against women

One important aim for policy and research with regard to violence against women is to investigate and monitor the extent, development and changing levels of violence due to political and societal changes and to provide valid data for comparison between countries, regions and over time. This contributes to the scientific knowledge base for the development, modification and improvement of political and social strategies to prevent violence and to provide adequate assistance for victims and their social environment.

Though over the past 15 years a number of European countries have conducted prevalence and health impact research and provided guidelines on good practice and research² there are still challenges concerning methodology and gaps in violence research. These are related to aspects such as inclusion/exclusion of specific population groups, data comparison and the lack of shared ways to measure and describe various forms and levels of victimisation throughout the life-course. The following recommendations for future research are grounded in the experiences of the community of European prevalence researchers and aim to contribute to the further refinement of methodology in this field.

The recommendations rely in particular on the experiences of researchers from seven European countries who have conducted one or more national prevalence surveys on the topic. The recommendations were developed in relation to a European context on multiple languages, academic traditions, and levels of experience in statistical data collection. This is also a context in which an increasing number of cross-national research and international, multi-centric [RK3] research projects have been conducted in recent years.

2.1-National surveys on the prevalence and impact of violence should be conducted regularly to monitor the problem and assess the effectiveness of political strategies against violence against women.

[JM4]

It is recommended that population-based representative national prevalence surveys should be conducted at least every 5 years. Additionally, in the time in between surveys shorter survey modules included in more regularly conducted Crime, Health or Quality of Life surveys and other quantitative and qualitative research should contribute to monitoring both victimisation and the impact of changes in law and policy.

2.2-International and interdisciplinary expert groups or research teams should develop a shared set of core questions and standard survey modules for national and international research in order to facilitate international data comparability and data comparison.

Commonly agreed upon survey modules with core questions on victimisation, perpetration and impact(s) of violence should be developed and tested by international and interdisciplinary groups of experts. These modules should contain standardized core questions for physical, sexual and psychological violence and neglect (in different life contexts and time periods). Additionally, international research should investigate, through systematic data analyses, methodological questions about best practice for measurement and the feasibility of developing a short screening tool to determine which items from survey questionnaires are effective in identifying the majority of victimizations. The survey modules should be tested in different countries, cultures, population and age groups and revised in order to

² See chapter 1, see also CAHRV reports Martinez et al., (2006), Schröttle et al., (2006).

enhance sensitivity to gender and cultural issues and to determine whether comparable and valid data on victimisation and perpetration can be obtained. The modules should contain only core questions and allow for further questions that are relevant for the national context to be added.

2.3-In future prevalence research, victimisation and multiple victimisation should be documented more fully. Information should be gathered on repeated violence throughout the life-course and on the overlap between various forms and contexts of violence.

Research on violence against women should provide information on victimisation through different forms of violence and in different contexts, describe multiple victimisation. This means, on one hand, that information on every form of violence (with different levels and in different life contexts and victim-perpetrator-contexts) should be collected and described separately. On the other hand, research should improve the investigation and documentation of multiple and accumulated victimisations over the life-course in ways that are less fragmented and more integrated than current descriptions. This is also highly relevant with respect to health and other consequences of violence as it contributes to effectively structuring the levels of severity of victimisation throughout the life-course.[JM5]

2.4-Measurement of sexual violence and abuse, psychological violence, neglect, levels of severity of violence and types of violence and victimisation should be improved and further developed in the context of interdisciplinary and international research.

European prevalence research on violence against women could develop, test and agree on common definitions and item lists for the investigation of physical violence, sexual violence and abuse, and various forms of psychological violence and neglect. With respect to physical and psychological violence, research needs to clearly define violence, and measure different levels of the severity of violence.

2.5-Research should include underrepresented or marginalized population groups and those who may be at higher risk of victimisation, such as ethnic minorities and migrants, women under extreme control, living in institutions or in private care, and with disabilities.

Future prevalence research should strive to reach minorities and groups of people that are or may be at higher risk of victimisation than other groups. This would mean that additional surveys with top-up samples would need to be conducted, for example, with migrants and ethnic minorities (with multi-language-interviews), additional interviews in institutions where victimised people may live (such as shelters, rehabilitation institutions, psychiatric institutions, prisons), with homeless people, people with disabilities and older people in private and institutional care. Furthermore, special efforts should be taken to reach individuals who cannot provide informed consent for the interview or who were restricted from participation by family members or other close relatives or /-intimate partners. Here the number of people who are under family or partner control might be higher, which often appears to be connected with a higher risk of victimisation. Systematic prevalence research should try to reach all population and age groups (including marginalised and vulnerable people), even if this means higher cost and longer time frames for conducting surveys.

2.6-Cultural issues should be taken into consideration in all prevalence surveys

Cultural differences that may have an effect on the data should be taken into account when surveys and questionnaires are developed. These relate to different understandings and meanings of the questions, gender equality issues, issues of privacy, perceptions of sexuality (attitudes towards sexuality, restrictive versus permissive opinions) and legislation in relation to violence. Furthermore, these cultural differences are relevant when selecting the method of data collection. For example, postal inquiries, telephone or

email-interviews do not work in all cultures. As a further instance in some cultures women are not allowed to be alone in the same room with a stranger.

Further research on methodology with respect to culturally sensitive questions is needed, as well as the development and inclusion of questions about perceptions of violence and disclosure of violence to third persons. Thus, in addition to the core items included in all studies, country-specific (and culture-specific) questions should be introduced. Survey data should also incorporate questions to obtain information about individual norms and practices, but contextual variables are also necessary in order to locate individual values, attitudes and practices in relation to the broader level of social norms, i.e. in order to avoid fitting “cultural” data into the representational system of the researcher.

2.7-More funding for secondary data analyses and further longitudinal studies is necessary in order to determine the development, dynamics, influencing factors, causes and consequences of violence.

It is necessary to realize the potential for in-depth secondary analyses of prevalence data and to provide access and funding for the purpose of re-analyses and meta-analyses. Accurate knowledge about the development, dynamics, influencing factors, causes and consequences of violence and their direction is needed. Therefore additional longitudinal studies are likely to be an important contribution to the field. Ideally these studies include information from perpetrators as well as from victims of violence.

2.8-Health impact research should be strengthened and integrated into prevalence research.

A very important consequence of violence is its impact on the health of the victims. For this reason many prevalence studies on violence have included questions about victim health (see review by Martinez et al., 2006). However, many existing European research instruments for the impact of violence on physical and mental health could be reviewed and developed further to assess evidence on both prevalence and impact of violence. Desirable would be a core module to assess health impact of violence within prevalence surveys. These core questions should contain: a) questions about the direct impact of violence on physical/mental health as perceived by victims (physical injuries, psychological impact, other consequences on health status, etc.), and b) general questions on the current health status, which are useful for characterising the status of individuals who have experienced certain types of violence in comparison with those who have not. Furthermore, questions on the social impact of violence should be included (e.g. quality of life scales, economic impact/economic costs of violence).

2.9-Policy and research development requires longitudinal and systematic monitoring of the extent and development of violence against specified population groups and in different life contexts. Prevalence data collected by dedicated surveys and modules should be one part of a system of collecting various indicators on the visibility of violence in institutions and state responses.

3-Conclusions

This report is the third in a series of three reports on ‘Identifying and profiling violence’ that were produced by the Coordination on Human Rights Violations.³ The present report focused on standards and recommendations for good research practice. It hopes to contribute to the emerging international work on guidelines for research and development of methodology appropriate for studying and monitoring violence against women. This report reflects research perspectives within the European context. It is based on European experiences with quantitative prevalence surveys and cross-national data comparison, and reflects current debates in Europe on development and innovation in prevalence methodology.

Researchers will continue to debate the merits of different methodological approaches to survey research. This is increasingly done within international networks and working groups such as the UNECE

³ First and second CAHRV report, see Martinez et al. 2006 and Schröttle et al. 2006 in the Internet under: www.cahrv.uni-osnabrueck.de (Publications).

task force and contributes to the standardisation of survey methodology for violence against women prevalence research. This sort of international cooperation is likely to produce survey modules for comparative research within the next couple of years. We hope that this report and its two companion volumes can contribute fruitfully to that process.

One of the most important issues for future research and policy concerning violence against women is a more regular and systematic monitoring of the problem at both national and international levels. And although prevalence research and health impact research are highly relevant they are only two elements of a broader approach to collecting data and information needed to document monitor violence, monitor reactions of the state and other institutions, and assess the impact of interventions on the increase or decrease of violence. In the long run, it is necessary to conduct continuing research with adequate funding. Results need to be available to assist and inform policy makers and practitioners on the scale and nature of the problem and of its likely impact on their work.

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[RK1]I don't understand how this section differentiates between population sampling, random sampling, and representative sampling. What do they mean by posing population-based sampling and random sampling as alternatives?

[RK2]This is unclear. Do you mean "in place of" or do you mean surveys in which filter questions may direct respondents away from specific behaviors?

[RK3]What is multi-centric?

[JM4]This implies that repeated prevalence surveys are way to evaluate policy. I'm not sure whether that is the case and wouldn't make the point so strongly. I would say to "monitor the problem and document changes over time"

[JM5]I'm not quite clear what this is about. It seems there is too much in one sentence.