

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**

National Center for Injury Prevention and Control
Division of Violence Prevention



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 is a publication of the National Center for Injury Prevention and Control of the Centers for Disease Control and Prevention.

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December 2017
Atlanta, Georgia

Suggested citation:

Centers for Disease Control and Prevention. *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, Centers for Disease Control and Prevention, 2017.

Executive Summary

The Violence Against Children Surveys (VACS) are national surveys that provide population-based estimates of lifetime prevalence of physical, emotional, and sexual violence (among girls and boys) as well as risk and protective factors for victimization and perpetration. These data provide critical information for developing national policies and programs to respond to and prevent violence against children. Due to the sensitivity of interviewing youth age 13 to 24 on violence, there are important precautions and protections that interviewers must understand and implement. Given the novelty of surveying children and adolescents about their experiences with violence, the training of interviewers for the VACS draws heavily from and builds upon existing training recommendations from research on violence against women for the unique needs of the VACS.

This white paper seeks to fill a gap in the field by describing strategies for interviewer recruitment and training for population-based studies on violence with child research participants. These strategies help ensure the quality of the data while maintaining respondent safety and encouraging disclosure of violence. The white paper is intended to provide the field with additional, detailed information about methodological approaches to implementation and training that are driven by critical ethical and safety considerations, including:

- The composition of and responsibilities of members of the interview teams;
- Comprehensive training content that provides interviewers with information on theory, ethics, survey design/methods, study protocols, electronic data collection, community entry, vicarious trauma, and the roles and responsibilities of team leaders and interviewers;
- Question-by-question review of the questionnaire followed by practice interviewing and recording answers electronically;
- Protocol for discreet community entry;
- Potential for experiencing vicarious trauma and ways to avoid and/or cope with it; and
- Assessment, understanding, and retention of training material and electronic data entry.

The white paper concludes with a discussion of four lessons learned from the implementation of the VACS in more than 15 countries in Africa, Asia and the Caribbean from 2007-2016:

1. There is a critical balance between standardization of procedures and protocols and adaptation for culture and context.
 2. Computer literacy among interviewers is a fundamental skill required when conducting a survey using electronic data collection technology.
 3. Balanced and comprehensive protocols are necessary for assessing the skills and readiness of field staff.
 4. The experience of participating in both the training and data collection for violence against children can be a profound experience that has the power to create educators and prevention champions out of interviewers.
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Background

Measuring Population-Level Prevalence of Violence Against Children

The Violence Against Children Surveys (VACS) are national household surveys designed to provide population-based estimates on the prevalence of physical, emotional, and sexual violence of males and females age 13 to 24, as well as data on health outcomes, risk and protective factors and service utilization. VACS have been conducted in countries in Africa, Asia, and the Caribbean, and are planned for implementation in Latin America and Eastern Europe, as well as additional countries in Africa. CDC initially developed these surveys in partnership with UNICEF in Swaziland and Tanzania; in 2010, these surveys were the impetus for the development of *Together for Girls*, a robust partnership that leads the survey implementation as well as prevention efforts in response to the data.¹ The design and results from some of the VACS have been described in other manuscripts and reports.

The surveys provide governments with data on the magnitude, context and consequences of violence against children. National governments and their partners use these data to raise awareness of the burden of violence and allocate limited resources to develop, launch and evaluate violence prevention programs and child protection systems.

Ethical Guidelines and Training Recommendations for Violence Related Research

The World Health Organization (WHO) and partners conducted the Multi-Country Study on Women's Health and Domestic Violence. This study made tremendous progress in the field of violence research through the careful documentation of ethical considerations for conducting household-based studies on violence against women (World Health Organization [WHO], 2001) and training procedures for interviewers (Jansen, Watts, Ellsberg, Heise, & Garcia-Moreno, 2004). WHO published ethical guidelines for interviewing women who have been trafficked (Zimmerman & Watts, 2003) as well as guidelines specific to researching sexual violence against women in conflict and disaster settings (WHO, 2007).

Along with these WHO recommendations, a number of publications offer guidance on covering specific content while training interviewers to collect data on violence against women (Campbell, Adams, Wasco, Ahrens, & Seff, 2009; Brzuzy, Ault, & Segal, 1997; Campbell, 1996; Block, McFarlane, Walker, & Devitt, 1999; Ellsberg & Heise, 2005; Campbell, Adams, Wasco, Ahrens, & Seff, 2010) as well as what survivors of violence believe interviewers should know about them as respondents (Campbell et al., 2009; Campbell et al., 2010).

As face-to-face data collection with children and adolescents as research participants has increased over the last decade, there has also been an effort to document ethical considerations unique to

¹Together for Girls is a global public-private partnership dedicated to breaking the cycle of violence against children, with a particular focus on sexual violence against girls. In partnership with governments, civil society and the private sector, Together for Girls calls attention to the issue and mobilizes support for country-driven efforts for change. The partnership includes five UN agencies, the governments of the United States and Canada, several private sector organizations and implementing country governments. UN partners are led by UNICEF and include UNAIDS, UN Women, WHO and UNFPA. The United States and Canada are represented by their respective agencies, the U.S. Centers for Disease Control and Prevention's Division of Violence Prevention; the U.S. President's Emergency Plan for AIDS Relief; the U.S. Agency for International Development; the U.S. Department of State's Office of Global Women's Issues; and Foreign Affairs, Trade and Development Canada. Private sector partners include BD (Becton, Dickinson and Company), Cummins & Partners, and the CDC Foundation.

this potentially vulnerable population. In 2005, Schenk and Williamson developed useful ethical guidelines for research involving children, and some years later, Childwatch published a literature review of ethical issues related to this study population (Powell, Fitzgerald, Taylor, & Graham, 2012). In October 2013, UNICEF launched a website (<http://childethics.com/>) devoted to ethics related to research with children (Graham, Powell, Taylor, Anderson, & Fitzgerald, 2013). Clearly, there is a growing body of literature on the ethics of violence research that engages children and adolescents as research participants. This white paper seeks to fill a gap in the literature by presenting specific training considerations when conducting global population-based studies on violence against children.

This white paper describes the importance of rigorous training for the implementation of surveys with children and adolescents due to the unique population and sensitive topic areas; the various components of the training process; and the lessons learned and best practices based on trainings completed in multiple countries in diverse geographic and cultural contexts.

Study Population

The study population for the VACS includes males and females age 13 to 24. The research design includes a lower limit of age 13 because children younger than 13 may not be able to fully comprehend the survey questions, especially those related to sexual behavior. Younger children also may not have the developmental maturity to communicate in an interview setting or, more importantly, to understand and exercise their rights in the research (e.g., the right to refuse to answer questions or end participation). Considering the United Nations defines adulthood as 18 and older, gathering information on experiences of violence from respondents age 13 to 17 provides data on children's and adolescents' *current* (in the past 12 months) experiences of violence. Including respondents age 18 to 24 provides data on *lifetime* estimates of the prevalence of childhood violence as well as associations between experiences of childhood violence and current (in the past 12 months) health outcomes, sexual risk behaviors, and perpetration of violence. The upper limit of the age range of respondents is 24 years because research indicates that recall bias becomes a challenge the farther the respondent gets from the target age range of childhood and from the violent incidents (Caspi et al., 1996; Yoshihama & Gillespie, 2002).



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While surveys specific to violence against children typically include both boys and girls, violence modules in broader global health surveys sometimes only ask victimization questions of girls and young women. Besides the first VACS in Swaziland, all the surveys have included boys and these data are important to the individual countries and for the understanding of global epidemiologic patterns of violence against both boys and girls. VACS data estimate a range of 22-66% of girls and 52-76% of boys experience physical violence, 17-29% of girls and 20-38% of boys experience emotional violence, and 4-38% of girls and 6-21% of boys experience sexual abuse in childhood in the countries in which a VACS has been conducted (Reza et al., 2007; UNICEF Tanzania et al., 2011; UNICEF Kenya et al., 2012; Zimbabwe National Statistics Agency et al., 2013; Centers for Disease Control and Prevention, Interuniversity Institute of Research and Development (Haiti) and Comité de Coordination, 2014; Ministry of Women's Affairs (Cambodia), UNICEF Cambodia, Centers for Disease Control and Prevention, 2013; Ministry of Gender, Children, Disability and Social Welfare (Malawi), UNICEF, The Center for Social Research at the University of Malawi, and Centers for Disease Control and Prevention, 2014; National Population Commission of Nigeria, UNICEF Nigeria, and Centers for Disease Control and Prevention, 2015). Similarly, other international research indicates that while 20% of women experience sexual victimization as children, 5-10% of men also experience sexual violence during childhood (Krug, 2002; Finkelhor, 1994; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011).

Interview Team

Interview Team Structure

VACS interview teams are comprised of one team leader and three to five interviewers all of the same sex and also the same sex as respondents they interview. The team leader's primary responsibilities consist of coordination and supervision; community entry; quality assurance; identifying sampled homes with maps, GPS, or other tools; and communication back to operations headquarters. The interviewers' primary responsibilities are building rapport with respondents; conducting the face-to-face interviews, with particular attention to methodological and ethical protocols; and accurately recording interview responses. The literature related to the sex of interviewers in public health research shows mixed results related to bias and disclosure. There is some indication that rates of disclosure, for both male and female respondents, may be higher with female interviewers (Davis, Couper, Janz, Caldwell, & Resnicow, 2010); however, approaches vary with violence surveys (Black et al, 2011; NatSCEV; Finkelhor & Turner, 2009; Fulu et al., 2013; Barker et al., 2011). All VACS to date have used female interviewers to interview female respondents and male interviewers to interview male respondents, in order to increase safety and improve disclosure.

Interview Team Characteristics and Recruitment

Considering the sensitive subject of the VACS questions, the careful recruitment and intensive training of interviewers is vital to the ethics and data quality. Interviewers who are competent, empathetic, trustworthy, and non-judgmental will have more success creating positive rapport with respondents. This, in turn, creates an environment in which respondents are more likely to disclose experiences of violence, resulting in the collection of accurate and high quality data (Wyatt & Peters, 1986; Jansen et al., 2004; Ellsberg, Heise, Pena, Agurto, & Winkvist, 2001). Through comprehensive training that includes developing an understanding of the topics relevant to the survey content, becoming familiar with the questionnaire and comfortable asking the survey questions, and practicing interviewing, interviewers are prepared to build rapport and create a comfortable environment for disclosure.



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A specific demographic profile and a screening process to identify highly qualified interviewers and team leaders can also contribute to creating stronger rapport and a more comfortable interview space for the respondent. Several countries have conducted qualitative research on disclosure prior to conducting VACS (Cambodia, Indonesia, Malawi, Rwanda and Zimbabwe) and cognitive testing has been conducted for the VACS in three countries (Malawi, Philippines and Colombia). This qualitative research and cognitive testing has consistently demonstrated that interviewer rapport is stronger if the youth respondents perceive the interviewer more as a peer than an authority figure, therefore, identifying interviewers aged 18 to 30 is a best practice that VACS utilizes. On the other hand, team leaders have supervisory responsibilities and represent the team to the community leaders upon entry into new communities. These individuals should, therefore, be more senior, typically aged 30 and older.

It is important for interviewers to have commensurate educational and work experience to prepare them for the rigors of the job. Typically, interviewers should have some post-secondary education and team leaders should have completed baccalaureate degrees. Ideally, both interviewer and team leader candidates will have research experience, preferably research on sensitive issues such as violence, HIV, or sexual behavior. Countries are encouraged to use these recommendations as a minimum standard; several countries have implemented more rigorous standards in their recruitment efforts. Because data are collected electronically, computer skills are also important for both interviewers and team leaders, i.e., demonstrated experience working with computers; comfort with basic computer functions, navigation, and data entry; and the ability to use the internet and email.

VACS best practices indicate utility in developing screening questions to select interviewers who are non-judgmental, have a basic understanding of confidentiality, and do not subscribe to harmful gender norms which could preclude their ability to conduct a neutral interview. Finally, the selection of interviewers and team leaders must take into account the demographic, ethnic, tribal, religious, and linguistic diversity of the sample population. Most importantly, interviewers and team leaders must speak at least one of the study languages. If a country is particularly culturally heterogeneous (for example, Kenya has varied tribal identity and linguistic diversity), the recruitment will need to take this diversity into account. This is best accomplished by looking at the actual study sample and the distribution of sampled communities to determine where interviewers need to be sent and thus which cultural differences need to be represented, and in what proportions, in the interviewer pool.

Finally, in order to provide a cushion in cases of attrition and give trainers and implementing partners the flexibility to cut trainees who fail to meet a minimum standard of performance, VACS best practices indicate prudence in training 5-10% more team leaders and interviewers than are actually needed for fieldwork.

Training Implementation

Training Objectives and Intended Outcomes

There are four overall learning objectives that drive the content and delivery of the trainings for the interviewers and the team leaders. By the end of the trainings, participants are expected to demonstrate a comprehensive understanding of (1) study protocols, (2) interviewer and team lead roles and responsibilities, (3) interviewing techniques, and, (4) electronic data collection using netbooks.

Training Content

The team leader training lasts approximately ten days followed by a two-day pilot data collection, representing over 100 total hours of training. The interviewer training is also approximately ten days followed by 1-2 days of practice in communities that have not been sampled and where data are not included in final data aggregation and analysis. Some countries have lengthened training to allow for additional practice and review. Training content includes modules on theory, ethics, survey design/methods, study protocols, electronic data collection, community entry, vicarious trauma, and the roles and responsibilities of team leaders and interviewers. In addition, the training facilitators conduct a question-by-question review of the questionnaire with the trainees who are also given considerable time to practice interviewing and recording the interview responses electronically.

The training combines lecture, small and large group activities, and role-plays. Team leaders participate in the interviewer training in order to reinforce what they learned during their own training, as well as to actively participate in the facilitation of the training. This includes providing supervision and feedback, facilitating group work, and often facilitating role-play activities.

HIV testing has been added for VACS in countries with high HIV prevalence. In these countries, the field staff receive separate training on conducting the HIV tests per the country-specific training protocols and trainers. Additionally, for these countries HIV testing is integrated into the study protocols and throughout the main VACS training with particular focus on consent, privacy and confidentiality, referrals and data entry and quality.

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Theory

Following best practice in training interviewers for research on violence against women, the training on VACS begins by introducing training participants to information about violence as a health and human rights issue and the role of gender as an often intrinsic aspect of violence (WHO, 2001). During this introduction to violence, the discussion highlights the effects of violence in childhood on physical and mental health as well as on sexual risk-taking behaviors (e.g., inconsistent condom use and multiple sexual partners) later in life (Chiang et al., 2015; Dube et al., 2005; Dube, Felitti, Dong, Giles, & Anda, 2003; Felitti et al., 1998; Reza et al., 2009; UNICEF Tanzania et al., 2011). Important concepts from the gender training include understanding how gender norms affect girls' and boys' vulnerability to different types of violence in childhood, consequences of violence victimization based on the sex of the survivor of the violent act, a perpetrator's access to boys and/or girls, willingness of boys and girls to disclose experiences of childhood violence and seek and receive help, and the prosecution and criminalization of violence against children. Most importantly, the gender training seeks to open a discussion about cultural norms related to gender and how such norms might influence an interviewer's neutrality during an interview (WHO, 2001). Small and large group activities are used to facilitate discussions about beliefs and attitudes toward gender norms and how gender norms, coupled with violence, may affect boys' and girls' lives in both similar and different ways.

Survey Methods/Design

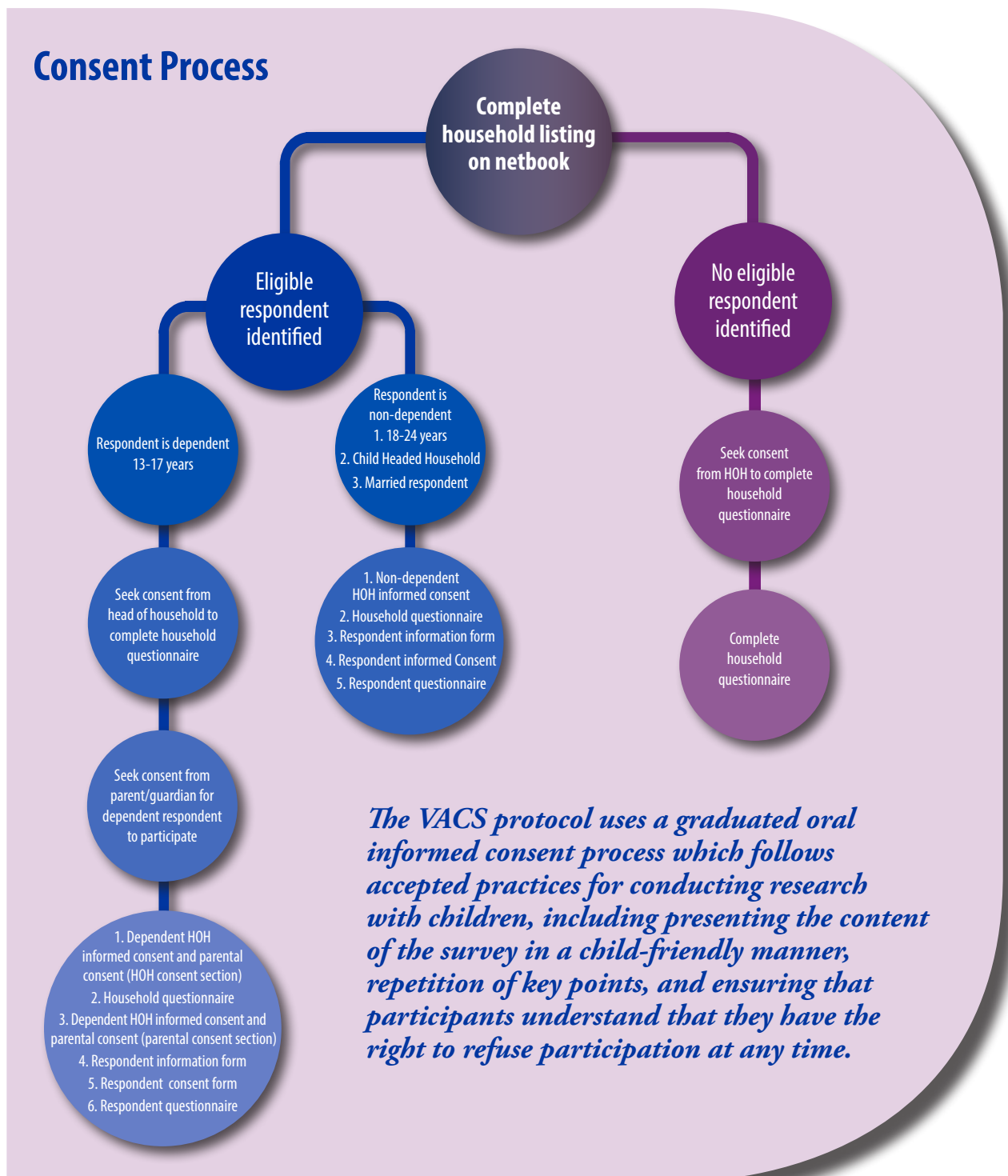
After the violence and gender sessions, the training moves into basic information about the survey methods, including the staged sampling design, participant eligibility criteria, and components and organization of the questionnaire. An understanding of basic survey methodology is important for trainees to clearly communicate to selected communities and respondents about random selection. Familiarity with the questionnaire is vital for interviewers' comfort with sensitive questions and terminology and their ability to create rapport with respondents during the interviews.

Ethics

A detailed protocol governs the ethical considerations of the VACS and guides the content and implementation of the training program. In addition to upholding the broad ethical principles of autonomy, justice, and do no harm, to which all research on human subjects must comply, the VACS protocol follows specific international guidelines for researching violence. VACS ethical safeguards protect the well-being of survey respondents and field research teams alike, which the training emphasizes as critical for successful survey implementation. Survey research on sensitive topics, such as violence, presents a number of risks for both respondents and field teams (WHO, 2001). Past research suggests that if perpetrators in a surveyed community learn the interviewers asked questions about violence, they may retaliate against the respondents simply for participating (WHO, 2001). Similarly, community members' knowledge that the survey is about violence can put field teams at risk of retribution (WHO, 2001). Thus, the VACS training includes considerable time on how to safely and respectfully enter a community that has been sampled. Trainees also learn that the study uses a split-sample design such that boys and girls are surveyed in different enumeration areas to reduce the likelihood of a perpetrator and victim being sampled in the same community. Additionally, the consent process takes into consideration the privacy and safety of the respondent and the rights of a parent or guardian to make an informed decision about their child's participation. These are all described in greater detail below.

General Principles of Ethics in Research on Human Subjects

Training participants spend substantive time learning the general principles of ethics in research on human subjects. As one component of this foundational ethics training, trainees are provided with examples of ethical violations from past research on human subjects, such as the Tuskegee syphilis trials and local examples as applicable. This helps demonstrate the need and historical context for rigorous ethical requirements to ensure individual protections in research and is of particular importance in the context of the VACS considering children's increased vulnerabilities.



Informed Assent and Consent Process

The VACS protocol uses a graduated oral informed consent process which follows accepted practices for conducting research with children (Graham et al, 2013), including presenting the content of the survey in a child-friendly manner, repetition of key points, and ensuring that participants understand that they have the right to refuse participation at any time. For children under the legal age of consent, this process begins with his or her parent(s) or guardian(s). In order to protect the confidentiality and safety of respondents, parents or guardians are given enough information to understand that their child is being asked to participate in a sensitive survey, but they are not told the full nature of the survey in order to protect respondents from retaliation, particularly if the parent or guardian is a perpetrator. After the parent or guardian provides consent for the child to participate in the survey, the interviewer introduces the survey to the child and then asks for his or her assent. If the child agrees to hear more about the survey, then at this point in the process the interviewer seeks a private location. Once the interviewer is confident of the child's privacy, s/he provides detailed information about the survey in order for the respondent to make an informed decision about participation, including the inclusion of questions about violence and sexual behavior. At the end of this process, the only person in a household to understand the full and sensitive nature of the survey is the respondent. Considerable emphasis is put on ensuring both team leaders and interviewers understand the importance of informed assent and consent and executing the process with fidelity for every interview.

Privacy and Confidentiality

Interviewers must understand the need to ensure both privacy and confidentiality when conducting the interviews. The definitions of these terms are provided and discussed during the training and interviewers learn that in order to maintain confidentiality, it is mandatory to conduct the respondent informed consent (assent if the child is a dependent minor) and respondent questionnaire in a private space. Obtaining privacy ensures that others, including potential perpetrators, do not learn the nature of the violence-related content of the survey or overhear personal or sensitive information. Interviewers receive tips on finding private spaces and the training facilitators open up a discussion on best practices based on the culture and location. For instance, team leaders are encouraged to pre-identify community spaces, such as a school, mosque, or church, available to the research team if privacy cannot be obtained at the respondent's home. Through group work and role-play scenarios, trainers provide examples of how privacy and confidentiality might be compromised in the field and how to negotiate these issues.

The training emphasizes the critical responsibility of everyone who participates in the survey to maintain the confidentiality of all information related to the respondent, the household, and the community. Training participants sign a confidentiality agreement that outlines specific prohibited actions related to disclosure and care of survey information and data. Training participants learn why it is important to speak in general terms when talking about the survey with their family and friends, and to refrain from posting information about the survey on social media. Finally, training participants learn that no interviewer should conduct interviews in a community in which he or she is known. Similarly, interviewers are instructed to notify their team leader for immediate reassignment if they realize that they have had any prior contact with a respondent.

As an additional effort to protect children and maintain the confidentiality of their responses to the survey, training participants learn to talk about the survey in general terms rather than revealing details about the nature of the violence questions. Relatedly, VACS countries give the survey a generic title such as “the national survey on health and life of children and young people” (note: this is a fictional designation that has not actually been used in any prior VACS countries). Both the use of a generic survey title and the introduction of the survey in general terms to non-participants are consistent with WHO guidelines on surveys related to violence against women (WHO, 2001).

Supportive Services for Survey Respondents

Provision of supportive services for respondents who have experienced violence and would like a direct referral for counseling services also requires extensive training. Psychosocial support is never forced on a respondent; rather, the interviewers learn about the importance of providing a comprehensive inventory of local and national services to all respondents and activating a response plan to those who meet certain criteria and agree to being connected with a counselor.

Throughout the ethical components of training, participants engage in practice, role-plays, and group discussions that challenge them to problem-solve how to handle situations that may arise and threaten ethical practices in carrying out the VACS. Interviewers and team leaders practice handling challenging and complex situations and how they might navigate them in the field. Rather than simply providing a set list of scenarios and solutions, trainers encourage participants to provide examples from their own past experiences and to think critically about how to handle ethical challenges within the local context.

Electronic Data Collection

Interviewers are oriented to electronic data collection early in the training. These sessions are interactive with didactic instruction immediately followed by practical, hands-on exercises. The trainees begin with basic instruction on opening the electronic data collection platform and correctly navigating the data entry options. They spend the remainder of training learning how to enter responses electronically and practicing conducting interviews on the netbook. Finally, interviewers receive instructions on how to handle special cases, how to correct errors, and how to save their data. Team leaders receive additional instruction on how to back up, aggregate and send their team's data back to the in-country data center for processing. In the assessment section, there is a description of how the trainees' skills are evaluated to determine their comfort with electronic data collection and the accuracy with which they enter data electronically.

Community Entry

The training dedicates at least half a day to learning and role-playing the country-specific protocol for community entry. Often, the initial step of community entry is for a key ministry involved in the VACS to send an official letter through the appropriate government channels to the traditional or local authority as contextually appropriate. This ensures that the community leadership have already received basic information about the survey prior to the team's arrival for data collection. It is critical that this letter frames the study in general terms (e.g., "health and life experiences of children and adolescents"). As previously mentioned, this is done in order to protect the confidentiality and safety of the respondents and is in line with the WHO recommendations on researching violence against women (Ellsberg & Heise, 2005). The training emphasizes that this approach is an added precaution intended to protect respondents who are survivors of violence and may be at risk of additional violence if their perpetrators know they reported the violence during the interview. Many countries have specific authority figures or community leaders who must be briefed on any research projects in the community. Trainees receive careful instruction about how they should frame the study to such authority figures, how they should handle curious community members or concerned parents, and how they should conduct themselves when first entering a community and gaining trust and access.

Vicarious Trauma

The training has a dedicated module on vicarious trauma, which is the experience of negative feelings and emotions associated with trauma due to exposure to the suffering of others (Azar, 2000). The purpose of this portion of the training is to better prepare team leaders and interviewers for the

realities of collecting data on children's experiences of violence and how this can impact them (Jansen et al., 2004; Coles & Mudaly, 2010; Dickson-Swift, James, Kippen, & Liamputtong, 2008). This session begins with a brief introduction to what vicarious trauma is and how common it is among people who work in humanitarian settings or with individuals who have experienced trauma in their lives. The session continues with information on characteristics of individuals who may be at greater risk of experiencing vicarious trauma, how to recognize the signs of vicarious trauma, and how to avoid and handle vicarious trauma when in the field. Finally, the trainees are given information on counseling resources that will be available to them throughout the duration of data collection should they need to speak with a professional counselor. Trainees have reported, formally and informally, that this portion of the training is new material and that they appreciate the direct acknowledgment of vicarious trauma and the resources made available to them.

Practice and Role-Plays

Once interviewers have participated in these different modules of the training, they spend time working with different partners of the same sex to practice their interviewing skills and familiarize themselves with the questionnaire. One key aspect of the interviewers practicing conducting interviews is increasing their comfort with the specific wording of the questions, particularly sensitive questions such as asking about sexual activities and different types of violence.

Generally, interviewers are given at least two full days (approximately 16 hours) to practice different scenarios, putting together all that they have learned about the consent forms and questionnaire. During the practice sessions, trainees receive feedback from their partners and the trainers. Training participants also act out scripted scenarios based on actual situations that interviewers have reported from prior VACS countries that have been challenging. After the scenario is acted out, trainees are engaged in a group discussion on options for handling the scenario to ensure alignment with study protocols.



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Assessments

Throughout both the team leader and interviewer trainings there are thorough assessments of the trainees' understanding and retention of the information they are learning, as well as their ability to apply that understanding to actual interview situations. Typical assessment across prior countries has included daily quizzes on study protocol and a two-part final examination: (1) a written theoretical exam and (2) a practical mock interview. Besides these formal assessments, trainees are regularly observed while practicing interviewing and performing role-plays. As previously discussed, countries train more interviewers and team leaders than needed. These assessments serve as the primary metric for determining which trainees will make the final selection. In most countries, partners have determined a definition of passing grades and trainees who do not meet these criteria are not selected for fieldwork.

The daily quizzes are short, written quizzes with multiple-choice, true and false, and fill-in-the blank questions. In addition, a separate mid-term data entry quiz assesses computing skills and data entry accuracy. During this data entry quiz, two trainers act out a full interview scenario and the trainees are required to enter the data simultaneously as if they themselves were the interviewers. Therefore, all interviewers are recording the same responses during the mock interview, and if entered correctly should all have the identical answers recorded in their netbooks. The assessment is done mid-way through the training in order to identify data entry problems early on for remedial training. The trainers analyze the data entered by each interviewer to assess data entry accuracy. This provides the training team with both aggregate and individual assessments of how well the trainees have understood their electronic data collection training and transferred it into practice.

Along with a written theoretical exam, which has a similar format to the daily quizzes, the practical exam is critical for assessing training participants' interviewing skills, particularly with the sensitive content. This is done through a mock interview toward the end of the training.

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Additionally important is the leadership assessment for team leaders. Feedback from prior VACS training teams and local implementing partners reflected that this was an important component to (1) assist in determining which trainees from the team leader training were best suited for final selection, and (2) determine if the team leaders were able to turn the theoretical classroom training on their role as leaders into practice when confronted with different field-based scenarios. The leadership assessment was developed based on difficult situations teams faced during the implementation of surveys in prior countries. Team leader trainees respond to four different scenarios and then answer four additional questions that pertain to the individuals' leadership styles. The responses to this series of questions along with the other assessment tools are used to determine which of the training participants to select as team leaders.

In addition to assessing the training participants' knowledge and skills, there are training evaluation forms for both the team leaders and interviewers to provide anonymous feedback on the training delivery, content, and practical exercises. There is also a section for open-ended comments. The training team uses the feedback to make changes and improvements to the training content and format.

Discussion

This paper has described the interviewer recruitment and selection process as well as the training structure and content for the VACS, which are key elements in maintaining the safety of child research participants, and in turn, producing high quality data. Although interviewer qualifications and training are always critical in research, they can be of particular consequence given the sensitive nature of the VACS survey and the study population. The VACS training package is continually improved as it is implemented in new countries and the training is systematically assessed and improved based on lessons learned.

A key aspect to the VACS team's own efforts to improve training has been to acknowledge and learn from the team's field experience. The conclusion of this paper is a discussion of four key lessons learned from the VACS experiences.

Balancing Standardization with Adaptability

Across countries, there are challenges with balancing the goal of standardization with the need to adapt study tools and training practices to the unique contexts of each country. As an example, role-plays have been an effective tool for emphasizing specific material. However, the implementation of this teaching tool has required adaptation dependent on the context. In some countries where the trainees have been particularly shy or uncomfortable "performing," the training team has acted out these scenarios and then led group discussions. In other countries, it has been far more effective for the trainees (often the team leaders) to act out the role-plays and lead the subsequent discussions. In countries where the majority of trainees do not speak English, scripts of the role-plays have been translated to local language and, by necessity, the role-plays have been acted out by trainees or by local study partners who are participating as trainers. This flexibility has allowed for an effective training tool to be adapted and utilized across the varied settings of the countries that have implemented the VACS.

Interviewer Selection is Critical and Contextual

Across countries that have implemented the VACS, interviewer recruitment has been one of the most critical contributing factors to the success of the survey. Typically, countries recruited interviewers from pools of trained survey researchers or social workers. The advantage to interviewers with

survey experience is that they are familiar with standard research processes, quick to understand the questionnaire, and have experience in following standardized survey protocols. However, unless they have prior experience researching sensitive subjects, it can be necessary to devote more time to discussing empathy and sensitivity and it may take them longer to feel comfortable with the sensitive nature of some of the questions. On the other hand, interviewers who are social workers have the benefit of familiarity with the subject matter and the study population, but they may find it more difficult to maintain neutrality with respondents who disclose violence victimization. Further, because social workers typically do not have survey research experience, more training time needs to be spent on the methods and the complexities of survey research. As previously discussed, there are divergent perspectives as to whether interviewers for violence surveys should be the same sex as the respondents they interview. Particularly with interviewing young, male respondents about violence victimization and perpetration, this question may be very contextually specific and warrants further research to reach a consensus on best practices to optimize disclosure and comfort in survey research such as VACS.

Finally, as violence is highly prevalent worldwide, interviewers may be survivors of violence or may have witnessed violence in their lives. While this may lead an interviewer to be more empathetic towards respondents, conducting interviews could potentially be traumatic for them as it may remind them of their own experiences and trigger re-experiencing of previous traumatic events. The training facilitators have made it a practice to acknowledge this to training participants. The training organizers offer them access to counseling services in the event that their participation as interviewers is painful and the trainers remind them that if the material is traumatic that they can end their participation as interviewers at any time.

Computer Literacy

With electronic data collection, interviewer computer literacy is paramount to success. When interviewers lack essential computer skills, such as navigating basic computer programs, typing, and using a mouse, it is considerably more challenging for them to master the interview process using the netbooks with the current training. An important lesson learned from one VACS country was that if priority is not placed on candidates' computer competence and literacy, then this can be highly detrimental to the success of training. This skill deficit not only has the potential to derail the flow of the training, but also requires devoting extensive time to remedial training for candidates who do not perform up to standard during practice and on assessments. When the candidates have been screened for computer literacy, the electronic data collection portion of the training is often very straightforward and trainees have reported that this section of the training is engaging and enjoyable. It is of equally critical importance to screen recruits for empathy, subject matter experience and positive gender norms. Ultimately, high quality data collection requires empathetic and experienced interviewers who have intermediate computer skills.

Well-Rounded and In-Depth Assessments

For both interviewers and team leaders, emphasis on the importance of the written quizzes and exams allows for a means of verifying that training participants have mastered the information behind the study's methodological and ethical protocols. However, theoretical assessments alone fail to test interviewing skills and leadership ability. The sensitive nature of the survey, the potential challenges with becoming comfortable with the questionnaire, and the importance of accurate electronic data entry necessitate a more comprehensive assessment process. For the interviewers, face-to-face interviewing skills and data entry accuracy demonstrated during the practical exam and data entry quiz (both described above) are valuable predictors of prospective field success. For the team leaders, the leadership assessment and participation during the training provide invaluable insight into how they will likely perform in the field. Results from previous trainings demonstrated that high performers on theory-based quizzes do not necessarily perform well on data entry accuracy, and those who do *not*

perform well on the quizzes may prove to be excellent interviewers. By using a variety of tools, the training team is confident that this assessment process helps to make well-informed recommendations for both highly competent interviewers and team leaders to participate in VACS data collection.

Interviewers as Educators

One initially unforeseen benefit of the VACS has been the inspiration that interviewers and team leaders have gained from their roles in the study. After training and during field monitoring, many field staff express their newfound understanding of, empathy for, and passion for the child survivors of violence in their respective countries. One team leader, a survivor of intimate partner violence herself, said that the training and her participation in the study had reminded her of her own autonomy and her ability to improve her life and the lives of others by using her voice to condemn violence. A male interviewer shared that he never really believed boys experienced sexual violence until he interviewed them, and he hoped to work with his country to prevent such violence. Among the capacity built in country, the expertise and passion of the field staff should not be underestimated and they may become champions for change in their respective communities and countries.

In conclusion, while there is a fairly robust body of literature guiding interviewer training for research on violence, given the unique subject matter and protections that are necessary for safe and ethical research, the focus to date has almost exclusively been on women. The recommendations of Jansen and colleagues on training interviewers to implement surveys on domestic violence with women have been highly applicable to the training of interviewers for the VACS. As demonstrated through previous research, high quality and specialized training yields higher rates of disclosure and higher quality data. Given the novelty of violence research with child subjects, the VACS team has adapted these recommendations for the unique needs of the VACS. The VACS training allows for substantive time spent on the ethical concerns that are distinct to child and adolescent research participants; the extensive response plan for young respondents; strategies for gaining consent from parents of minors, especially those who are curious or nervous about the survey; the fidelity required when obtaining informed assent from children and adolescents; and the importance of gathering information about experiences of violence in childhood even when it may be difficult for respondents to discuss. These additions represent critical training enhancements for conducting surveys that engage children and adolescents about their experiences with violence.



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