



"Violence against women: a statistical overview, challenges and gaps in data collection and methodology and approaches for overcoming them"

Expert Group Meeting

Organized by: UN Division for the Advancement of Women
in collaboration with:
Economic Commission for Europe (ECE) and World Health Organization (WHO)
11 – 14 April, 2005
Geneva Switzerland

**Conducting population-based research on gender-based violence in
conflict-affected settings: An overview of a multi-country research
project**

Expert paper prepared by:

Jeanne Ward ¹
IRIN (Consultant)

Background

T

From 2000-2004 the Reproductive Health Response in Conflict (RHRC) Consortium spearheaded a global GBV Initiative. The Initiative was jointly administered by the Women's Commission for Refugee Women

elicit contextual information about the violence, including the types of injuries sustained, pregnancy outcomes, whether and what sources of help were consulted and their comparative value, and emotional health status. Other questions targeted exposure to family violence in childhood as well as forced abduction related to conflict.

To facilitate comparability with existing questionnaires and benefit from the efforts of previous investigators, questions were taken whenever possible from preexisting surveys, editing or adding response options to tailor them to conflict settings.¹⁰⁰

For the field tests in East Timor and Kosovo, as well as for the national research in Rwanda, a detailed research protocol was written by CDC and the RHRC and submitted for approval to CDC

The research team also received information on safety and security protocols, with an emphasis on confidentiality as a critical component of reducing risk to research team members and participants. Team members were asked to sign a confidentiality agreement that committed them to never disclosing spe

family life and exposure to various forms of GBV would be recorded. Informed verbal consent was obtained from each woman after the consent form was read.

Where local health and psychosocial services existed for participants, as was the case in East Timor, Kosovo, and Colombia, participants were informed that referrals were available and a list of organizations providing support services to survivors would be provided to participants upon request. In Rwanda, participants were advised to access local women's representatives who had been apprised of the research and had agreed to provide follow-up support if necessary. At the recommendation of the research teams in each country, participants were also given small gifts for their participation. However, participants were not informed of the gifts prior to completing the interview in order to avoid influencing participation.

In East Timor and Kosovo the research teams concluded that the number of women agreeing to participate in the research was inversely related to the degree of visibility of the research project. The higher the visibility of the research, the less likely women were to consent to participation when asked by a locator or, after initially consenting, to show up for the interview at the designated location. The research design was adjusted with positive outcomes in Rwanda so that the researchers were only working in a village for an average of one day. In Colombia, as an additional security precaution, the interviews were conducted outside the barrios; however, this presented its own challenges as fewer women were willing to travel the distance required to be interviewed.

Analysis and Dissemination of the Findings

The data from the field-tests in East Timor and Kosovo was entered and analyzed in the United States by collaborators at the CDC. Partnering organizations in Rwanda and Colombia have entered and are analyzing their data in-country using data analysis standards developed during the field-tests by the CDC that will facilitate comprehensive analysis as well as comparability of findings. Research findings were disseminated by IRC and local partners in East Timor through focus groups and the national media. The Women's Wellness Center in Kosovo will be responsible for disseminating their research. Similarly, partnering organizations in Rwanda and Colombia will assume responsibility for dissemination of the data generated by their studies.

Overview of Findings: East Timor

Of the 288 women who participated in the East Timor pilot study, an average of one in four reported exposure to psychological and physical violence perpetrated by someone outside their family directly following East Timor's 1999 vote for independence from Indonesia (a period of pervasive and systematic political violence commonly referred to as the crisis). The majority of women who experienced crisis-related violence reported being threatened with a weapon (92%) and being subjected to improper sexual comments (95.8%). In over two-thirds of the incidents reported for the crisis period, women were threatened to be killed. The primary perpetrators were identified as militia, Indonesian military, or Indonesian police.

Levels of re

during the research in any countries. At minimum, the field-tests in East Timor and Kosovo, as well as the surveys in Rwanda and Colombia, affirmed the feasibility of the study design, demonstrated the safety of the methodology, and provide a basis from which to improve future research efforts.

For more information on the process and outcomes of the multi-country GBV prevalence studies or the RHRC GBV Initiative, contact Jeanne Ward, Jeanne@theIRC.org