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**Gender-Based Violence Research Initiatives  
In Refugee, Internally Displaced, and Post-Conflict Settings:  
Lessons Learned**

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## **List of Abbreviations and Acronyms**

ADRA	Adventist Development and Relief Agency International
AWDC	Azerbaijan Women and Development Centre
CDC	Centers for Disease Control and Prevention
DFID	Department for International Development [UK]
GBV	Gender-based violence
IDP	Internally Displaced Person
ISAR	Initiative for Social Action and Renewal in Eurasia
MIT	Massachusetts Institute of Technology
NATO	North Atlantic Treaty Organization
NGO	Non-governmental Organization
OSCE	Organization for Security and Co-operation in Europe
RHRC	Reproductive Health for Refugees Consortium
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNIFEM	United Nations Development Fund for Women
UNMIK	United Nations Interim Administration Mission in Kosovo
USAID	United States Agency for International Development

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## Abstract

Gender-based violence (GBV) warrants research in any circumstance in which it is perpetrated. Yet, there is a paucity of GBV research published about refugee, internally displaced (IDP) and post-conflict populations. Therefore, this project was designed to identify and analyze GBV studies, with a view to the conditions under which they were conducted, their strengths and limitations, and their impact on international and local programming. For these purposes, loosely structured qualitative interviews were conducted with local, international, and UN organization personnel. In addition, focus groups were held with refugee and IDP populations in Azerbaijan, Kosovo, and Bosnia and Herzegovina.

The GBV research studies identified during site visits served various purposes including program planning, outreach, and advocacy. Their methodologies ranged from simple ad hoc polling to complex surveys, incorporating quantitative, qualitative, and mixed-method designs. Although the definitions of violence and methodologies varied, preventing comparisons across study sites, the initiatives provide evidence that GBV research is occurring on various scales in refugee, IDP and post-conflict settings.

Continued and improved research is much needed, particularly involving local NGOs. Minor adjustments in research design and implementation could greatly enhance the generalizability, validity, and comparability of the findings. One adjustment advocated in this report is the utilization of a standardized questionnaire and research protocol, in order to facilitate the design and implementation of high quality GBV research in multiple refugee, IDP, and post-conflict settings. Online assistance in the form of research guides and a theoretically sound, field-tested sample questionnaire could facilitate the exchange of information and experience.

Equally needed is continuing qualitative research. The few initiatives that used a qualitative component were also the most comprehensive and informative, contextualizing the numeric representation of GBV within the service, legal, and cultural context in which GBV is perpetrated and experienced.

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# Gender-Based Violence Research Initiatives in Refugee, Internally Displaced, and Post-Conflict Settings: Lessons Learned<sup>1</sup>

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## I. Introduction

Gender-based violence (GBV) is broadly defined as any harm that is rooted in social roles and inequitable power structures. Women and children are over-represented among those with less power and thus are more likely to experience GBV. Even so, research among male victims of GBV is seriously lacking, especially in conflict-affected populations. The parameters of GBV are more clearly defined for women and usually in terms of violence against women. The Beijing Platform for Action is often utilized to define the various types of violence against women and serves as the conceptual framework for this project.

113. The term "violence against women" means any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. Accordingly, violence against women encompasses but is not limited to the following:

- a. Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;
- b. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;
- c. Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs.

114. Other acts of violence against women include violation of the human rights of women in situations of armed conflict, in particular murder, systematic rape, sexual slavery and forced pregnancy.

115. Acts of violence against women also include forced sterilization and forced abortion, coercive/forced use of contraceptives, female infanticide and prenatal sex selection (UN 1995).

Delineating an extensive list of acts of violence and potential perpetrators is essential given the magnitude of GBV in refugee, internally displaced (IDP), and post-conflict settings. GBV data is not widely available for most conflict-affected populations, but evidence from a few settings

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demonstrates the enormity of the problem. Research by Nduna and Goodyear (1997) among Burundian refugees in Tanzania found that 26% of the 3,803 women in the Kanembwa camp setting had been subjected to sexual violence *since* becoming refugees. Similarly high magnitudes of violence were reported as a direct consequence of the Liberian civil war, wherein 49% of the 205 female research participants reported at least one act of physical or sexual violence by a soldier or fighter (Swiss et al. 1998).

The consequences of GBV are pervasive, affecting the health and well-being of survivors, their families, and their societies. (Heise et al. 1999; Heise et al. 1994). The international community has acknowledged the impact of GBV on women's rights, development, and peace through the 1994 International Conference on Population and Development in Cairo and the 1995 World Conference on Women in Beijing (UN 1994; UN 1995).

Advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women, and ensuring women's ability to control their own fertility, are cornerstones of population and development-related programmes (UN 1994, Principle 4).

The Beijing Platform for Action went on to call for an explication of the causes and effects of, and strategies to prevent, GBV (UN 1995, D2).

The absence of adequate gender-disaggregated data and statistics on the incidence of violence makes the elaboration of programmes and monitoring of changes difficult. Lack of or inadequate documentation and research on domestic violence, sexual harassment and violence against women and girls in private and in public, including the workplace, impede efforts to design specific intervention strategies (UN 1995, para. 120).

Since these conferences, international research efforts have accelerated in developmental contexts; however, GBV research among refugee, internally displaced (IDP), and post-conflict populations remains sparse and, when conducted, is often not disseminated beyond local communities. Knowledge and experience gained by the few local and international organizations that have conducted GBV research in conflict-affected settings provides a base from which to advocate additional and more effective GBV research. Therefore, this project was designed and implemented in collaboration with a representative of the Reproductive Health for Refugees Consortium (RHRC) to increase information sharing and understanding in the evolving field of GBV research.

The RHRC is a consortium of seven organizations<sup>3</sup> with a common goal to improve access to reproductive health services for refugees and IDPs worldwide (RHRC website). As a component of reproductive health, the Consortium has undertaken the Gender-Based Violence Initiative, which is designed to improve the capacity of the international and local communities to address GBV in refugee and IDP populations (RHRC 2000). The Initiative has produced three related outputs: a global report of multisectoral responses to GBV in refugee and IDP settings, a web-based bibliography, and a manual of standardized tools for GBV assessment, program design, monitoring, and evaluation.

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<sup>3</sup> American Refugee Committee, CARE, Columbia University Heilbrunn Center for Population and Family Health, International Rescue Committee, JSI Research and Training Institute, Marie Stopes International, Women's Commission for Refugee Women and Children.

The project described in this paper was designed to complement the GBV Initiative by investigating GBV research activities in three countries: Azerbaijan, Kosovo, and Bosnia and Herzegovina, which the author visited as part of the global overview of GBV issues and programming. Funding for the project was generously provided by the Mellon-MIT Program on NGOs and Forced Migration, and site visits were facilitated by member organizations of the Reproductive Health for Refugees Consortium. As a graduate student in public health, the researcher's job was to assist with focus groups and assessment interviews, and to identify GBV research projects. The results of this exploratory work were intended (1) to identify and collect information about any GBV research initiatives that have been implemented in the three countries listed, (2) to analyze the methodologies and instruments used to conduct this research, (3) to obtain a sense of the research environment from interviews and focus groups, and (4) to determine if there is a need for a more standardized approach to survey research in conflict-affected populations or if context-specific approaches are required.

## **II. Methodology**

Site visits to Azerbaijan, Kosovo, and Bosnia and Herzegovina were conducted in June 2001. The researcher attended focus groups with refugees and IDPs and held interviews with personnel from relevant local NGOs, international NGOs, and United Nations (UN) agencies.

Focus group participants were identified by the organizations facilitating the site visits. Topics included general problems faced by men and women in the camp or post-conflict setting, and the existence and extent of GBV. A much longer list of topics had been prepared prior to the site visits, but proved to be unrealistic given time and logistical constraints. In Bosnia and Herzegovina, all focus groups included women only. In Azerbaijan, three focus groups included women only, one included men only,<sup>4</sup> and two were mixed. Focus groups were not possible in Kosovo because of coordination difficulties.

Interviewees were queried about their impressions of the current level of GBV and the basis of these impressions. Additional interview topics included: the importance of GBV programming in relation to other refugee and IDP programming needs; the climate of disclosure regarding incidences of GBV; and any preexisting GBV research—including methodologies, security issues, instruments, perceived impact, and environmental constraints. Interviews were loosely structured to accommodate the variations in experience and expertise of interviewees; therefore, the information obtained is not standardized across sites. The basic components and lessons learned from the research initiatives identified during site visits form the basis of this report.

The author of this paper conducted two primary analyses of the available research data. The first was a review of survey methodologies, focusing on the sampling procedure, questionnaire design and content, the definition of the term “violence,” and comparability. The second analysis consisted of a review of the focus group transcripts. While questions varied according to the dynamics of the focus groups, one question was consistently asked in all focus groups: What are the main problems faced by men, women, and children in the camp setting? As part of this second analysis, the focus group transcripts were also studied to identify issues put forth by the participants that were relevant to GBV research and programming.

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<sup>4</sup> The men's focus group included the all female RHRC assessment/research team and one woman from the hosting organization. Therefore, while the participants were all men, women were in attendance.



### III. Data

#### A. Summary of Research Projects Identified During Site Visits

Data for this project consist of 27 studies, identified during interviews and through referrals, and 8 focus group transcripts. Table 1 describes the various studies.

<i>Country</i>	<i>Organization</i>	<i>Date*</i>	<i>Basic Description</i>	<i>Collaborators and/or Funders</i>
Azerbaijan	Adventist Development and Relief Agency International (ADRA)	2001	Reproductive health survey including domestic violence and sexual violence by any perpetrator	Centers for Disease Control and Prevention (CDC), UNFPA, UNHCR, USAID
Azerbaijan	Azerbaijan Gender Association “Symmetry”	1998	“Domestic Violence,” chapter in booklet entitled <i>Women and Violence</i> ; topics include domestic violence, reproductive consequences of consanguinity, and the association between marriage patterns, reproductive health and violence.	UNDP
Azerbaijan	Azerbaijan Sociological Association	2000	“Knowledge, Attitude and Practice of Refugees and IDPs Towards Reproductive Health and Family Planning Issues”; survey included questions on domestic violence, injuries and help seeking behavior.	Pathfinder International, USAID
Azerbaijan	Azerbaijan Women and Development Centre (AWDC)	1999	Survey of families; topics include status of women, family values, economic status, family relations, including domestic violence.	UNIFEM
		2000	Pre- and post-test of women’s knowledge of reproductive health issues including one question about domestic violence.	Pathfinder
Kosovo	Center for Rehabilitation of Women and Children	Date Unknown	Collected statistics during the war; exact nature of the statistics are unknown.	Unknown
Kosovo	Kvinna Till Kvinna	2001	“Getting it Right? A Gender Approach to UNMIK Administration in Kosovo”; this report is a gender analysis of the UNMIK administration including a discussion of violence against women and trafficking of women (edited by Annette Lyth).	Unknown
Kosovo	Medica Gjakovë	Date Unknown	Violence against women	Unknown
Kosovo	Natasha Milenkovic and Biljana Maletin, consultants for	2000	“Violence Against Women in Kosovar Serbian Communities”; topics included life before and after 1999, an ordinary day in the woman’s life, feelings and emotions, decision-making	UNIFEM

<sup>5</sup> Two studies (trafficking in Azerbaijan and school violence in Bosnia Herzegovina) were not included in this table since they were not under way at the time of the visit.

**Table 1. Research Initiatives Involving Gender-based Violence Identified<sup>5</sup> During Field Visits to Azerbaijan, Kosovo, and Bosnia and Herzegovina**

<i>Country</i>	<i>Organization</i>	<i>Date*</i>	<i>Basic Description</i>	<i>Collaborators and/or Funders</i>
	UNIFEM		authority, family dynamics, women’s educational status, employment, family violence, help seeking behavior, aspects of life that women believe can be changed and how. The issue of community violence emerged during the research process.	
Kosovo	NORMA	Date Unknown	Research on laws relating to various issues including domestic violence	UNHCR
Kosovo	Organization for Security and Co-operation in Europe (OSCE)	2001	“Review of the Criminal Justice Sector”; topics include legal representation, detention, trafficking and sexually related crimes, municipal and minor offence courts.	Unknown
Kosovo	Rachel Wareham, consultant for UNIFEM	2000	“No Safe Place: An Assessment on Violence Against Women in Kosovo”; the survey component of this project addressed domestic violence; other topics investigated through group discussions, interviews with service providers, and secondary source analysis include rape during war and trafficking/sexual slavery.	Department for International Development (DFID)
Kosovo	Rachel Wareham, consultant for the Office of Gender Affairs, UNMIK (United Nations Interim Administration Mission in Kosovo)	2001	“Responses to Cases of Violence Against Women in Kosovo”; this report primarily reviews UNMIK’s response to violence against women, with a focus on the police and protection forces, status of shelters and other services, and trafficking of women.	Unknown
Kosovo	Women’s Union Afrodita	Date Unknown	Gender-based violence	ADRA
Bosnia and Herzegovina	International Human Rights Law Group	1999	“A National NGO Report on Women’s Human Rights in Bosnia and Herzegovina in the areas of: Labor Relations and the Economy, Violence Against Women, Health and Reproductive Rights, Politics and Public Life, Education”	USAID, Royal Netherlands Embassy in Sarajevo
Bosnia and Herzegovina	Kvinna Till Kvinna	2000	“Engendering the Peace Process: A Gender Approach to Dayton and Beyond?; This report is a gender analysis of a variety of topics including domestic violence and trafficking of women (edited by Anna Lithander).	Unknown
Bosnia and Herzegovina	Medica Zenica - Infoteka	1998	“To Live With(out) Violence: A Second Look 2-excerpts. Final Report Violence Against Women. Zenica, Bosnia & Herzegovina” (edited by Holly Peele and Duška Andric-Ružicic); topics included domestic violence, sexual assault, incest, prostitution, and abuse of the elderly.	UNIFEM, Oxfam
		1999-2000	“Violence Against Women: An Indepth Survey”; topics include the characteristics of	Oxfam, Žene Ženama, Udružene

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<i>Country</i>	<i>Organization</i>	<i>Date*</i>	<i>Basic Description</i>	<i>Collaborators and/or Funders</i>
		2000	the victim and perpetrator, characteristics of the violence, services utilized, and awareness of violence and human rights.  “How We Live(d): A Second Look 4” (edited by Jennifer Erickson); topics covered were similar to those in the previous study, “To Live With(out) Violence,” except the study population was Roma women. The study also included in-depth qualitative interviews. Interview topics included: customs, traditions, family history, perceived ethnic and gender differences, education, and politics.	Žene  Oxfam
Bosnia and Herzegovina	Sarah Maguire, researcher for Oxfam	1998	“ A Family Affair: A Report of Research Into Domestic Violence Against Women in: Albania, Bosnia and Herzegovina, Croatia, Federal Republic of Yugoslavia”; the report examines domestic violence, social status of women, the legal, protection, and service environment, trafficking, prostitution, and sexual harassment.	Unknown
Bosnia and Herzegovina	Sumajja	Date Unknown	Client survey to determine need and desire for SOS hotline	Unknown
Bosnia and Herzegovina	United Women	2000	Analysis of service statistics on violence against women  Poll on trafficking	Helsinki Citizens Assembly
Bosnia and Herzegovina	Zena BiH	Date Unknown	Survey on violence against women <sup>6</sup>  Survey on trafficking	USAID Sarajevo, Mujeres en Zona de Conflicto
Bosnia and Herzegovina	Zena Sa Une	Date Unknown	Survey about women’s perceptions, including the acceptability of violence against the wife	Unknown
Bosnia and Herzegovina	Žene Ženama	Date Unknown	Poll on violence against women; topics include the respondent’s definition of violence, the perceived magnitude of the problem, reasons behind this magnitude and how to resolve it, perceived influence of education, effective service and legal response, and location of violence.	Unknown
<i>Notes:</i> * Date refers to the date when the research was conducted. When this information is not available, the date of the documentation is provided. The research initiatives with minimal or no documentation were not able to be dated.				

Overall, the 27 studies are descriptive in nature and can be classified into the following major categories:

- Surveys: 15

<sup>6</sup> Questionnaires for both surveys were collected but to date could not be translated.

- Polls: 2
- Collection and analysis of service statistics: 2
- Gender/legal/criminal justice/other analyses: 7
- In-depth qualitative analysis: 1

Several of these studies are discussed more extensively throughout this report. Many of these studies are internationally funded research projects that have been documented and translated into English, thus showing typically how major GBV-related research is documented, financed, and implemented. Unfortunately, much of the smaller-scale local NGO research is not documented with sufficient detail for substantive analysis. Information from these smaller initiatives is used when possible throughout the report, but much of the analysis relies on the projects listed below.

## **B. Summary of Organizations**

### **1. Azerbaijan**

#### **Adventist Development and Relief Agency International (ADRA)**

ADRA is an international NGO currently operating a variety of projects in Azerbaijan including vocational training, primary health care, agriculture training, and micro-enterprise (Open Society Institute 2002). ADRA also facilitated a nationally representative reproductive health survey, including refugees and IDPs. The survey explored knowledge, attitudes, and practice relating to reproductive health issues, including domestic and sexual violence. The survey was conducted with the financial and technical support of USAID, UNFPA, UNHCR, and the CDC.

#### **Azerbaijan Gender Association “Symmetry”**

Symmetry is a local NGO with a mission to improve awareness of gender issues, including gender equity and equality, and to facilitate improvements in reproductive health (ISAR website). With support from the UNDP Gender Development Project, in 1999 the organization conducted domestic violence research, not specific to refugees or IDPs, under its previous name, “Shafag” Initiative Group (Symmetry 2000). More recently conducted research on other forms of GBV was under publication by the organization at the time of the inquiry (Dadashova, email correspondence, 7/20/01).

#### **Azerbaijan Women and Development Center (AWDC)**

AWDC was officially registered as a local NGO in 1995. AWDC works toward the advancement of women through a variety of projects and participation in the United Nations system through a special consultative status with the Economic and Social Council (AWDC brochure). With funding from UNIFEM, AWDC has conducted research on the status of women, not specific to refugees or IDPs (AWDC 1999); and with funding from Pathfinder, the organization conducted a pre- and post-health intervention survey on refugee and IDP patients’ knowledge of a variety of reproductive health issues, including domestic violence (Mehti-Zadeh, interview, 6/8/01; Suleymanova, email correspondence, 7/17/01). Notably, the field workers associated with this project are all IDPs (Mehti-Zadeh, interview, 6/8/01).

#### **Pathfinder International**

An international development NGO, Pathfinder, has been working in Azerbaijan since 1996 to promote family planning and reproductive health (Pathfinder International web site). As part of programming efforts, Pathfinder conducted a survey among refugees and IDPs in collaboration with the Azerbaijan Sociological Association to assess a variety of reproductive and general health issues, including domestic violence against women. (Pathfinder International & Azerbaijan Sociological Association 2000).

## **2. Kosovo**

### **Center for Protection of Women and Children**

The Pristina-based Center was established in 1993 and expanded to nine regions of the country after the NATO intervention (Centre for Protection of Women and Children 2001). The organization provides a variety of services for women, including: a shelter for victims of violence; social and legal counseling; miscellaneous workshops and seminars; and health services and health education (Centre for Protection of Women and Children 2001). The Center systematically collects service statistics, including case information about GBV survivors, and uses the data to advocate the rights of women and children. The Center also conducted research on violence before the war, the only example of pre-conflict GBV research identified in the three countries investigated, but documentation of this research was not available because the Center's files were burned in 1999. A short summary of the results of the pre-war research can be found in the Center's 2000 annual report.

### **United Nations Development Fund for Women (UNIFEM)**

UNIFEM is mandated by General Assembly Resolution A/RES/39/125 "to support innovative and experimental activities benefiting women in line with national and regional priorities; to serve as a catalyst, with the goal of ensuring the appropriate involvement of women in mainstream development activities, as often as possible at the pre-investment stage; to play an innovative and catalytic role in relation to the United Nations overall system of development cooperation" (UNIFEM web site). In Kosovo, UNIFEM commissioned consultants to undertake several research initiatives, two of which have addressed GBV. The first was an assessment conducted in 1999-2000 of violence against women in Kosovo. The consultant responsible for the research collaborated with various local NGOs to conduct focus groups and a survey targeting Kosovar Albanian women, although not specifically refugee or IDP women (Wareham 2000). Subsequent qualitative research to investigate violence against Kosovar Serbian women was conducted in 2001 by two researchers from Belgrade.

## **3. Bosnia and Herzegovina**

### **Medica Zenica**

Medica Zenica was established in 1993 with the support of the German organization Medica Mondiale, to provide therapeutic assistance to survivors of rape during the Bosnia and Herzegovina war (Medica Zenica information sheet). The NGO has since developed into four semi-autonomous functions, Medica 1, Medica 2, Medica 3, and Infoteka (Medica Zenica information sheet). The three Medicas provide shelter for survivors of violence, psychosocial counseling, health services, an SOS hotline, vocational training, and children's day care and education (Medica Zenica information sheet). Infoteka is the organization's research, information, communication, and advocacy center (Medica Zenica information sheet). Infoteka

has conducted three research initiatives addressing GBV, although not specifically about refugee or IDP women: a survey administered in 1998 of violence against women in the Zenica municipality; a survey conducted between 1999 and 2000 of victims and perpetrators of violence in Banja Luka, Sarajevo, and Zenica; and a broad-based survey of the plight of Roma women in the Zenica municipality.

### **United Women**

United Women, a local NGO in Banja Luka, has been operating since 1996 (United Women, group interview, 6/22/01). Its Women and Law project provides legal and psychosocial support to women, with a high percentage of clients seeking assistance for domestic violence. The organization used its service statistics to advocate improved legislation protecting the rights of women. The organization also polled citizens in Banja Luka, not specifically refugees or IDPs, about a variety of issues relating to GBV. The results of this poll have been used to promote community awareness through radio and television programs.

### **Žene Ženama**

Žene Ženama, founded in 1997, is a women's NGO engaged in conflict resolution, the promotion of non-violent values, a respect for diversity, and emotional and psychological support for women in crisis (Žene Ženama pamphlet). Žene Ženama conducted a poll of men and women in Sarajevo, not specifically refugees or IDPs, on violence against women. A broad range of topics was included, such as the respondents' definition of violence, the respondents' perception of the magnitude of violence against women, their understanding of the causes of violence against women, their identification of the sources and effectiveness of help for victims of violence, and the means to reduce violence against women (Žene Ženama, no date given).

## **IV. Results**

The results of the methodological analysis are discussed below using examples from the site visits. The general approach taken (quantitative, qualitative, mixed-method) is presented first, followed by a discussion of the utility of the research, numeric results of several of the survey research projects, and generalizability of the findings—discussed in terms of the sampling technique, demographics of the sample, and non-response rate. A discussion of validity and comparability follow. Concluding this section is a discussion of context, which incorporates findings from both the methodological analysis of research projects and the focus groups conducted during the site visits.

### **A. Approach**

The studies encountered in the field were quantitative (16), qualitative (1), and a mixture of both (3). In addition, seven of the initiatives are loosely categorized as assessments, which include activities such as analyses of gender and legal issues. The abundance of quantitative methodologies among the smaller-scale NGO projects suggests that baseline research needs center around estimating the extent of GBV. For example, the first GBV research initiative in Azerbaijan was a survey conducted by Symmetry (Rzayeva, interview, 6/8/01), estimating the extent of domestic violence. The focus on quantitative data attests to its usefulness as a basis for program planning and advocacy.

The qualitative approach identified during the site visits entailed an in-depth analysis of Kosovar Serbian women's lives and daily routines. Although domestic violence was to be a focus of the inquiry, the process revealed the pervasiveness of various forms and perpetrators of GBV (Milenkovic & Maletin 2000).<sup>7</sup> This study attests to the flexibility of qualitative research, and its ability to examine women's perceptions and priorities.

The assessments identified during the site visits examined the legal, social, and political environment in which GBV is perpetrated and experienced (Lyth 2001; Lithander 2000; OSCE 2001; Wareham 2001; International Human Rights Law Group 1999; Maguire 1998). They provide a useful backdrop to understanding GBV in context. While the assessments were primarily funded and conducted by international organizations, the quantitative initiatives were conducted by a mix of local and international organizations.

**Lesson Learned:** The predominance of quantitative methods reflects a need for baseline numeric data used in program planning and advocacy efforts. The qualitative studies and assessments provided the social and legal backdrop, contextualizing the numeric estimates of GBV. Together these approaches provide valuable information, useful to the design of GBV research and programming.

## **B. Research Utility**

The quantitative studies identified during the site visits served a variety of purposes including advocacy, outreach, and program improvement. For example, Medica Infoteka used the results of its 1998 survey to fuel a campaign on violence against women (Medica Infoteka, group interview, 6/25/01). The Centre for Protection of Women and Children began in the year 2000 to publish its activities and statistics for the year. This report is distributed through various means to raise awareness and make public statements about the issues facing women and children (Ahmeti, interview, 6/14/01). Similarly, United Women utilized the analysis of its service statistics to lobby for domestic violence legislation (United Women, group interview, 6/22/01).

One particular organization, Symmetry, articulated the multilayered impact that its study has had in Azerbaijan. By being visited and asked the survey questions, women were made aware that someone was interested in these issues. Subsequently, many of these women visited the organization, demonstrating the awareness-raising and outreach capability of GBV research. Finally, when the results of the research were published in booklet form, the publication raised the public's awareness of violence against women (Dadashova, email correspondence, 7/20/01;

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<sup>7</sup>Qualitative GBV research about the former Yugoslavia is available in published journals. See the following for more information:

Nikolic-Ristanovic, Vesna. 1999. Living Without Democracy and Peace: Violence Against Women in the Former Yugoslavia. *Violence Against Women*, 5(1): 63-80.

Olujić, Maria B. 1998. Embodiment of Terror: Gendered Violence in Peacetime and Wartime in Croatia and Bosnia-Herzegovina. *Medical Anthropology Quarterly*, 12(1): 31-50.

Sofos, Spyros A. 1996. Inter-ethnic Violence and Gendered Constructions of Ethnicity in former Yugoslavia. *Social Identities*, 2(1): 73-91.

Stevanovic, Ivana. 1998. Violence Against Women in the Yugoslav War as Told by Women-Refugees. *International Review of Victimology*, 6: 63-76.

Symmetry 2000). Overall, the implementation of the study enabled the organization to raise awareness of violence against women, to improve services for its target population, and to reinforce programming aimed at the prevention of violence (Dadashova, email correspondence, 7/20/01).

***Lesson Learned:*** The entire process of GBV research has diverse effects on the organization and the community, beginning with awareness-raising and outreach that occur during implementation of research, and extending to the utilization of findings for programming and advocacy purposes.

### **C. Survey Results**

The data generated by quantitative studies provide important insights into the magnitude of the problem. Below are some of the rates of GBV that have been observed using survey techniques.

#### Azerbaijan

- 37% of the 800 women sampled among four regions of Azerbaijan reported experiencing mental, physical or sexual violence; 32% of these women report violence experienced from their own family, 58% report violence from their husband's family, and 10% reported violence in places such as work or on the street (Symmetry 2000).
- 23% of the 500 refugees/IDPs sampled in the Apsheron peninsula reported that their husbands beat them (Pathfinder and Azerbaijan Sociological Association 2000).

#### Kosovo

- 23% of the 213 women sampled reported physical violence from a partner or family member; 18% reported marital rape (Wareham 2000).

#### Bosnia Herzegovina

- 23% of the 540 women sampled in Zenica reported being hit by their partners; 24% of these women reported being battered over a long period of time (Peele & Andric-Ruzicic 1999).
- 44% of 106 Roma women sampled in Zenica reported being hit by their partners; 33% of these women reported being battered over a long period of time (Erickson 2001).

Notably, all of these surveys are concerned primarily with domestic violence. Also notable is the recurrence of the statistic that 23% of women are experiencing domestic violence. While it is tempting to interpret these rates as equivalent, methodological differences preclude such a comparison. These methodological differences will be discussed under the broad themes of generalizability, validity, and comparability.

### **D. External Validity (Generalizability)**

External validity refers to the generalizability of the findings beyond those who participated in the research project. It is a particularly important goal of survey research. The ability to query a certain proportion of the population and make generalizations to the whole of a particular population is an attractive feature of survey research. Such a project feature enables the estimation of population characteristics in less time and with fewer resources than a census. The



strength of the population estimate, though, is affected by the sampling technique used, the demographics of the sample, and the non-response rate. Each of these will be discussed using examples from the field visit.

## 1. Sampling

The vast majority of initiatives described in this report did not employ a probability sample, hindering generalization beyond those actually sampled. The two exceptions were in Azerbaijan. The Azerbaijan Sociological Association, in collaboration with Pathfinder International (2000), conducted a random sample within the Apsheron Peninsula, the region with the highest concentration of IDPs in the country. Results from this initiative are generalizable to the peninsula, but not beyond. Alternatively, a recent reproductive health survey conducted by ADRA and the Centers for Disease Control and Prevention (CDC) (2001) entailed a nationally representative sample, enabling the generalization of their findings to the entire country.

Although not able to employ a fully random design, Medica Infoteka employed a quasi-random design for their research conducted in 1998. This design approximates fully random selection, enabling some level of generalization to the wider population. Quasi-random methods are useful in instances where no sampling frame (listing of all persons in that area) exists, which is often the case in areas of widespread forced migration. The organization's sampling methodology is listed below to exemplify the systematic and detailed procedures that can be undertaken to approximate a random design.

The sample was stratified to be approximately evenly divided between five age groups (18-25, 26-37, 38-49, 50-61, and 62+) with targets of 100 respondents for each age group and to be divided between localities (the city, suburbs, and villages) with targets of 250, 125, and 125, respectively. Targets for localities were set to reflect differences in estimated population size. A quota was set for age groups in order to ensure adequate representation for specific concerns that vary with age, especially concerns of younger women and of older women.

All localities in the city were included. On the basis of a map, Infoteka as the co-ordinating team divided the municipality into units with approximately equal populations. Sometimes this was an apartment building, sometimes a whole street, sometimes a neighbourhood, and sometimes a part of a village. The Infoteka team then assigned a unit to each research assistant for each field visit. Research assistants selected specific households by choosing every other entrance, every other floor, and every other door where apartment buildings were concerned. Otherwise, they choose [chose] every other street and every other house. In the suburbs and villages, four to six research assistants went to the field. They began at a randomly selected point and then divided the units among themselves. They continued until they had completed approximately three to five interviews (Peele & Andric -Ružicic 1999, p. 37).

***Lesson Learned:*** Random sampling, the ideal sampling methodology for generalizability, was demonstrated by international NGOs in Azerbaijan, evidence that complex sampling is possible in refugee, IDP, and post-conflict settings when enough funding and expertise are available. For the majority of local NGOs conducting smaller scale GBV research, quasi-random techniques are useful alternatives.

## 2. Demographics of the Sample

Among the initiatives identified within this report, women are the overwhelming majority of the samples. The samples range from a minimum of 33 women interviewed in Bosnia and Herzegovina (Medica Infoteka 2000) to a high of 800 women<sup>8</sup> in a survey in Azerbaijan (Dadashova, email correspondence, 7/20/01). Only two initiatives surveyed men or boys. A poll conducted by Žene Ženama included 122 females and 38 males (Žene Ženama, group interview, 6/18/01). Men represented a lower percentage of the sample due to a higher refusal rate to participate. Additionally, the Azerbaijan Sociological Association in collaboration with Pathfinder International surveyed 500 refugees and IDPs consisting of 178 women, 117 men, 102 boys, and 103 girls (2000). This particular initiative is unique for its ability to compare results between sexes as well as between youth and adults on many reproductive health and family planning issues, but only women appear to have been asked the questions about experiencing violence.

While most of these initiatives focused on women, those that broadened the scope to include adolescents and men add important dimensions to the discussion of GBV. Despite the fact that the number of men interviewed in the research initiatives discussed above remains small, partly by their own selection out of the process, there is some evidence to conclude that men can and should be included in GBV research.

Including men in GBV research is important for two main reasons: 1) while women and children are the overwhelming majority of GBV victims, little is known of men's victimization or their perspectives on the perpetration of GBV in refugee, IDP, and post-conflict settings, and 2) findings from women's experience of violence are not generalizable to men since men are primarily the perpetrators, and their experience of GBV during conflict is likely to be different from women's because of prevailing gender roles and the circumstances of conflict.

***Lesson Learned:*** Interviewing women directly about their experience of GBV is essential and remains the primary source of GBV information; but research that includes the perspectives and experiences of men and boys adds useful dimensions to understanding GBV.

### **3. Non-Response**

In every study, some of the people sampled refuse to participate or refuse to answer certain questions on the questionnaire. This condition is inescapable; but the number of persons who refuse to participate or answer particular questions affects generalizability. Those who participate in the survey may be significantly different from those who do not, resulting in a set of responses that are not representative of the population from which the respondents were chosen.

Among the studies identified during the site visits, only one, Medica Infoteka, presented an overall non-response rate (8%) (Peele & Andric-Ružicic 1999). Reasons given by Medica Infoteka personnel for such a high participation rate were: respect afforded the organization, the

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<sup>8</sup> One research initiative by the Azerbaijan Women and Development Centre (1999) included 2063 families. The information available about the research was too limited to be included in the discussion above. Additionally, the sample size for the ADRA/CDC survey is not known, but is likely to be in the thousands, representing the largest sample size.

provision of service information, lengthy discussions about the purpose of the study, anonymity, and the ability to stop the interview at any time (Medica Infoteka, group interview, 6/25/01).

Otherwise, response rates were provided for one or two questions or not at all. For example, Symmetry presented the non-response rate for a question about the frequency of violence experienced by women. Thirty-six percent refused to answer the question, and an additional 18.7% were reported to have had difficulty responding (Symmetry 2000). Similarly, research conducted by the Azerbaijan Sociological Association and Pathfinder International (2000) found that 23% of the women reported being beaten by their husbands, 51.1% of the women reported not being beaten, and 25.8% of the women did not answer the question. Although it is inevitable that some respondents will refuse to answer a particular question, a high percentage of non-response indicates a problem with generalizability; but an exploration into the potential reasons why respondents refused to answer a particular question may be as informative as the results of the respondents who did reply.

***Lesson Learned:*** High non-response rates are a threat to external validity. They are especially likely with research topics such as GBV, which require the exploration of painful personal experiences. But high non-response rates are not inevitable, as one organization, Medica Infoteka has demonstrated; its non-response rate is extremely low by all standards.

## **E. Construct Validity**

Construct validity is determined by whether or not the survey questions elicit responses that measure “violence.” Without more specificity, the term “violence” is ambiguous and likely to be differentially interpreted. How people understand the term “violence” may differ not only across cultures, but also within a culture between men and women. For example, GBV research in Kosovo found that men “do not think of violence against women in broad terms, but restrict its definition to physical harm inflicted upon a woman with visible consequences. Whereas many women would perceive light injury or hitting as violence, men tend to define violence in terms of severe bodily harm” (Wareham 2000, p. 39). For survey research, the term violence must be operationalized using specific behaviors in order to reduce differential interpretation.

Among the various studies, violence was defined along a continuum of specificity. At one extreme, the respondent was asked, “What kind of domestic violence do you know?” to which participants could respond: 1) psychological, 2) physical, 3) mental, 4) sexual, 5) I don’t know, or 6) other (AWDC, 1999, Section 8.3). Medica Infoteka asked a slightly more specific series of questions: “Have you ever been threatened with violence from your partner?”; “Has your partner ever beaten you?”; “Have you been battered by your partner over a long period of time?” (Peele & Andric-Ružicic 1999). Finally, the most specific questions were asked in the ADRA/CDC survey. Women were asked to indicate if their partners or ex-partners ever:

- a. Insulted you, or swore at you?
- b. Threatened to hurt you or someone you care about?
- c. Pushed you, shook you, shove[d] you, or threw something at you?
- d. Slapped you or twisted your arm?
- e. Hit you with his fist or with something else?

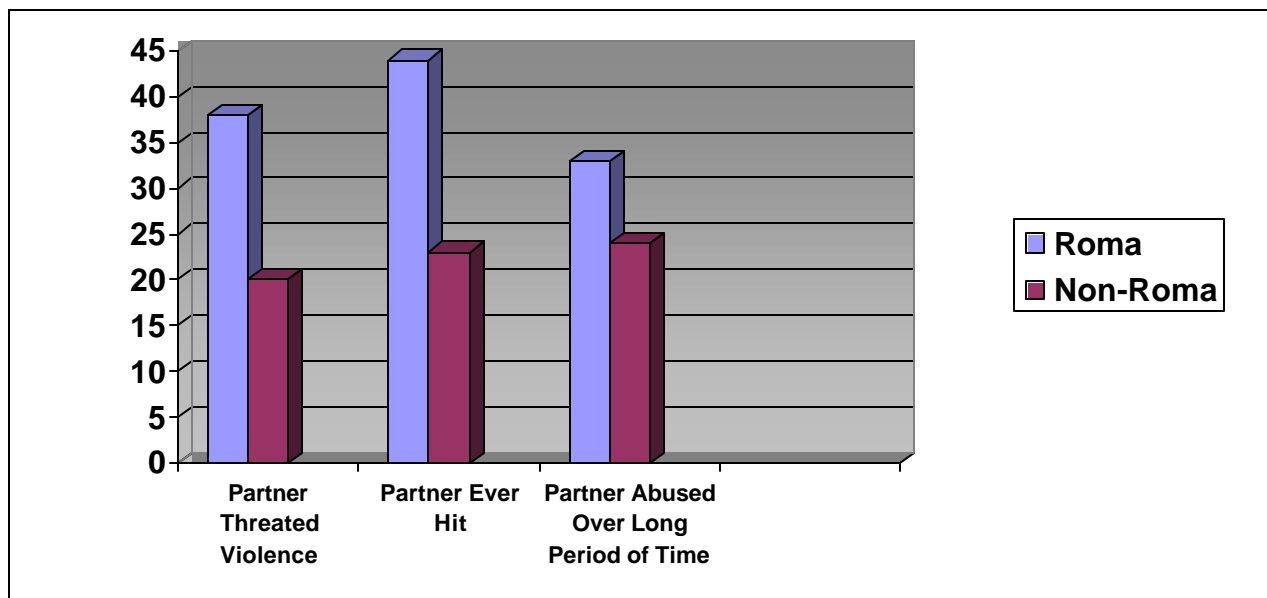
- f. Threatened you with a knife or other weapon?
- g. Kicked you, choke[d] you or beat you up?
- h. Physically forced you to have sexual relations even though you did not want to? (ADRA/CDC 2001).

The specificity of the ADRA/CDC question reduces the chances that each respondent will interpret the question differently. For example, responses varied to the more general question, “What kind of domestic violence do you know,” posed by the AWDC, depending on how each individual respondent understood the term “domestic violence.” Symmetry demonstrates the effect of a lack of specificity. The first question on its survey was “Have you ever experienced violence?” and to this most women answered “no.” Subsequently, many of the same women answered “yes” to more specific questions, suggesting they had in fact experienced violence (Rzayeva, interview, 6/8/01). This result is supported by research in Nicaragua. On two different surveys, general questions about the experience of violence elicited lower frequencies of affirmative answers than behavior-specific questions about violence (Ellsberg et al. 2001). Evidently, inquiries about specific behaviors reduce ambiguity and the possibility that respondents will interpret the questions differently.

***Lesson Learned:*** Survey research requires a measurable definition of violence. Ambiguous terms, such as “violence,” are a threat to construct validity since each respondent may interpret the term differently, making it difficult to know what is being measured. Behavior-specific measures reduce this ambiguity, and therefore, enhance construct validity.

## **F. Comparability**

The utilization of similar questions and methodologies across studies enables a comparison of results. Most of the initiatives encountered in the field appear to have developed their own list of questions for their particular purposes; therefore, the prevalence rates of violence are not comparable. This is unfortunate since many of the initiatives asked closed-ended questions, which are well suited to comparisons. Medica Infoteka is an exception to this lack of standardization. It used a very similar questionnaire in two different research initiatives. The questionnaire was first fielded in 1998, among women of the Zenica Canton. It was fielded again with slight modification in 2000 among Roma women of the same region. Although the sampling procedure for both initiatives was not fully random and varied slightly between the two surveys, the similarity of the approach and the questionnaire enables some comparison. It found that Roma women disclosed higher levels of all the major types of violence than the non-Roma women. Higher levels of disclosure may indicate higher levels of violence, but may also simply reflect differential rates of disclosure. Both populations are likely to have a certain amount of under-reporting, but the level in each group is unknown and for the most part unknowable. Despite such reservations, the difference appears significant.



Based on Table 4.1 in *Medica Infoteka* 2001, p. 27.

Aspiring to conduct comparative research is a laudable goal; realizing this goal is a challenge. Research commissioned by UNIFEM in Kosovo exemplifies this challenge. The research consultant initially chose a questionnaire that had been developed and used previously in Albania, in the hope of being able to compare the results (Wareham 2000). Unfortunately, the questionnaire required considerable revision to fit the local situation in Kosovo, making the final questionnaire significantly different from the Albanian original, precluding comparison (Wareham 2001). Nevertheless, this attempt to utilize a similar questionnaire for comparison purposes attests not only to the potential analytical benefits of such a comparison, but also to the difficulties in maintaining comparability using an instrument designed for another population, even one that is culturally similar.

The administration of the ADRA/CDC reproductive health survey in Azerbaijan represents the ultimate in standardization. Its domestic violence questions are very similar to the standardized questions used in the demographic and health surveys that have been conducted in Kenya, Zambia, South Africa, Egypt, Cambodia, India, Columbia, the Dominican Republic, Haiti, Nicaragua, and Peru. Although the results of this survey are not known at this time, the implications of this attempt are far-reaching. Since the sampling technique of this survey is random and the questions are behavior-specific, the results are probably valid and generalizable if the response rate is high. If the survey is successful, it will provide strong evidence for a standardized approach.

**Lesson Learned:** Although the number of cases in this analysis is small, the utilization of a standardized questionnaire appears to be possible, but requires further exploration.

## G. Context

Since the majority of the research studies encountered in the field were quantitative in nature, this report has focused on their analysis. However, the reality of men's and women's lives is

inadequately represented by only abstract and quantifiable categories of a survey. Since GBV is not experienced in a vacuum, researchers must go beyond estimating the extent of GBV to look more closely at the context in which men and women live. In order to accomplish this, qualitative or mixed-method approaches are required.

Among all of the studies identified in this project, there was only one purely qualitative initiative, discussed previously. While purely qualitative approaches offer the benefits of a more detailed analysis of the experience of GBV, a modified approach using both quantitative and qualitative techniques enables a contextualized estimation of the extent of GBV. Three such approaches were identified during the site visits.

UNIFEM's research (Wareham 2000) on violence against women in Kosovo involved a combination of interviews, personal experience, and the use of secondary research, to place the numeric results of the survey within a social context. Similarly, Medica Infoteka conducted a survey of 542 women (540 ultimately analyzed) and a review of 314 divorce cases involving children from the Centers for Social Work (Peele & Andric-Ružicic 1999). To broaden the perspective of violence and divorce, the researchers also conducted interviews with seven personnel from the Centers for Social Work (Peele & Andric-Ružicic 1999), reviewed police files, and held two group interviews with relevant NGOs (Peele & Andric-Ružicic 1999). The combination of all of these methods provides an estimation of the prevalence of GBV situated within the service environment that women encounter when seeking help. Later survey research by this same organization incorporated in-depth interviews with Roma women (Erickson 2001, p. 42). Six of these interviews and a series of articles on the Roma are presented in the report, situating the survey results in the reality of Roma women's lives.

The focus groups conducted as part of this project further reveal the necessity of understanding the context in which GBV is perpetrated and experienced. Throughout each of the focus groups, the multitude of life-threatening issues that refugees, IDPs, and persons living in post-conflict situations face on a daily basis was evident. When people were asked what problems are faced by members of the camp community, unemployment and economic insecurity topped the list, followed by other equally serious problems such as housing, food security, health care, and education. The inter-relatedness of economic pressures and domestic violence was made clear, particularly in Azerbaijan where up to 90% of the camp community is unemployed. The experience of being displaced disrupts established family dynamics, making the fulfillment of established gender roles difficult or impossible. In such situations, poverty exacerbates traditional gender inequities, an environment conducive to GBV. Without access to traditional means of ameliorating GBV, displaced communities are forced to rely on newly established community structures or programs provided by local and international humanitarian aid organizations. Where these programs do not exist, as is the case in Azerbaijan, recourse for those experiencing domestic violence or other forms of GBV is nonexistent, as one focus group participant made clear when her advice to women experiencing domestic violence was "bear it, bear it, it will end" (Azerbaijan, focus group with women, 6/5/01).

Even if services for victims of violence were available, cultural norms and values set the boundaries of acceptable behavior and set the tone for how the individual, the family, and the community should respond to instances of GBV. Therefore, it is important to understand the

cultural constructs that influence the individual's and community's response to GBV. One such construct is shame, spontaneously mentioned in focus groups in both Azerbaijan and Bosnia and Herzegovina. Shame affects the experience, disclosure, and response to GBV, a finding corroborated by various sources throughout the site visit. Shame was given as a reason for the lack of family response to victims of domestic violence (Medica Infoteka 2000). Being ashamed also inhibited women from discussing their experience of violence (focus group with women, 6/18/01, Bosnia and Herzegovina; Edin, interview, 6/21/01). Similarly, public acknowledgment of domestic violence would be shameful for the whole family (Zene Sa Une, group interview 6/20/01; ALFA, group interview, 6/21/01; Milenkovic and Maletin 2000). Even women who recognized that their treatment was violent stayed with their partner for a variety of reasons, one of which was shame (Medica Infoteka 2000). These responses all suggest the pervasive effect that shame has on the perpetration and experience of violence. The role of shame urgently requires investigation, since it affects a woman's or a man's ability to disclose an event, the very act necessary for estimating the magnitude of GBV.

***Lesson Learned:*** Understanding local gender norms, customs, values, and competing priorities of camp life is a necessary component of GBV research and programming. Such an assessment can be conducted using qualitative or mixed-method approaches.

## **V. Conclusion**

Lessons learned from this exploratory research project in refugee, IDP, and post-conflict settings of Azerbaijan, Kosovo, and Bosnia and Herzegovina, provide a basis from which to examine GBV research design and implementation. A primary question is whether standardized survey research, informed by currently utilized tools and methodologies, can be conducted.

Based upon the research initiatives encountered during the site visits, some form of standardization appears to benefit the research process considerably. This conclusion is based upon the predominance of quantitative initiatives already undertaken in the countries visited, which primarily involved asking direct, close-ended questions, particularly suited to standardization. Additionally, the preliminary efforts to quantify the extent of GBV in Azerbaijan, Kosovo, and Bosnia and Herzegovina suggest that a well informed, behavior-specific set of questions would facilitate valid and comparative estimates of the prevalence of GBV.

Additionally, sampling procedures necessary to attain a representative sample are possible, especially in the stabilized phase of refugee, IDP, and post-conflict settings. This finding is exemplified by the fully random techniques used primarily by international NGOs and the quasi-random sampling used by a local NGO in Bosnia and Herzegovina. Successful implementation of such designs requires funding and technical expertise, which, among these examples, was provided by international NGOs, bilateral funders, or UN agencies. Potentially relevant research partners noticeably absent during these site visits were academic institutions. Although universities have the ability to secure funding specifically for research projects, the expertise to conduct high-quality research, and the demand for innovative research topics, their presence has yet to be felt in the realm of GBV research in these refugee, IDP, and post-conflict settings. Partnerships between academic institutions and local NGOs offer opportunities for high-quality research, information sharing, and the dissemination of findings.

Information-sharing begins with documentation of the research endeavor. This project acquired detail about the various research initiatives from interviews, but the presence of project documentation greatly facilitated analysis. Although many organizations were able to provide some documentation of their research initiative, a lack of detail, particularly methodological detail, hindered a fuller analysis and comparison of the studies. Report writing or other forms of publicizing and disseminating findings must be an objective of any research initiative and included in the research-funding package. Translation into relevant languages must also be considered as part of research dissemination, if lessons learned are to be shared. Finally, these reports must be made widely available—both by the donors and the researching organization—in order to promote comparative research and advocacy at the local, national, and international levels. This need is especially great in refugee, IDP, and post-conflict settings, where GBV research initiatives are limited.

Online resources are an efficient medium for the dissemination of standardized questionnaires, research protocols, findings and lessons learned. Current efforts by the Reproductive Health for Refugees Consortium (RHRC) exemplify this approach. A questionnaire is now being tested by the RHRC in a variety of refugee, IDP, and post-conflict settings. The resulting questionnaire will have been informed by theory and practice in conflict-affected settings and can provide a standardized basis for future research initiatives. Posting this information on the Internet facilitates its usage by researchers worldwide.

Finally, addressing whether GBV research in refugee, IDP, and post-conflict settings requires context-specific approaches, this paper argues that context is a vital component of any research endeavor. The most comprehensive and convincing pieces of research identified during the site visits involved a combination of quantitative and qualitative methodologies, placing the numeric description of the size of the problem in the service, legal, and cultural context within which the rates should be understood.



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