Overview: The devastating sexual violence committed against girls and women during the conflicts in Bosnia and Rwanda brought global attention to the use of rape as a weapon of war. After horrific accounts from these conflicts emerged—stories of rape camps and the systematic use of rape as a tool for ethnic cleansing—rape was officially declared a war crime and leading human rights and humanitarian aid organizations began working to monitor its prevalence in communities affected by conflict.

Assessing the magnitude of rape and other forms of gender-based violence (GBV) is never easy, and the difficulty is compounded in communities that have been impacted by war and displacement. Challenges to gathering data on GBV in such settings include the collapse of legal and policing systems and a normalization of violence that prevents women from recognizing or reporting abuse. Unfortunately, these complexities have led many organizations to rely on formal and impersonal reporting mechanisms such as police and hospital records for data, despite of the fact that rape and other forms of GBV are not even discussed between close friends.

Even worse, the lack of representative data on GBV has prevented humanitarian aid and human rights communities from being able to identify what community characteristics and interventions are effective at preventing GBV. The shortcomings of present GBV data sources has been explored through a series of compelling new studies conducted by the Care and Protection of Children in Crisis-Affected Countries (CPC) Learning Network, a constellation of academic, humanitarian, and local organizations that is working to strengthen and systematize child protection efforts. The Secretariat for the CPC Learning Network, housed at Program on Forced Migration and Health at Columbia University’s Mailman School of Public Health, has co-led an effort to use an innovative research methodology known as the neighborhood method to gather population-based data on rape and other forms of GBV in five countries that are recovering from conflict.
Designed to access local knowledge by tapping into informal sources of information, the neighborhood method operates on the assumption that people know when their neighbors have been raped or beaten and that ordinary individuals can serve as sources of information about other people in their neighborhoods. Specifically, the method surveys women about their own experience, their sisters’ experiences, and their neighbors’ experiences.

Over the past three years, CPC Learning Network researchers and key non-governmental organization (NGO) partners have used the neighborhood method to measure rates of rape and other forms of GBV in refugee/IDP camps in Uganda, Liberia, Sri Lanka, and Ethiopia, and on a national scale in the Central African Republic. Such research has produced an unexpected and startling finding: in all five countries and settings, researchers found that a woman was much more likely to be raped in her own home by someone she knew than she was to be raped by a stranger. While some women were attacked outside their homes, the majority of women victims were abused by their husbands or boyfriends. This was also true for other forms of GBV including physical abuse. This research has far-reaching implications for efforts to curb GBV in post-conflict communities, which currently have a heavy emphasis on stranger rape. Nothing short of a full reassessment of current programs, priorities, and funding for GBV prevention in areas impacted by conflict is needed.

A Successful Tool for Measuring GBV in Crisis-Affected Settings

Assessing the extent to which women are suffering from sexual or physical abuse is always complex, but researchers seeking to gather this information in communities impacted by conflict face even greater obstacles. Available tools for gathering population-based data on the extent of such abuse have been inadequate.

Case reporting mechanisms are seldom, if ever, effective means of estimating the incidence of gender-based violence. By definition, these systems register the number of individuals who have made contact with reporting institutions, which means that official estimates only reflect the number of individuals who have reported their experience to formal authorities. It is well known, however, that individuals who report such violence to formal authorities represent only a small minority of those who have experienced abuse. Population-based measures of incidence are needed to properly assess such violence.

With this goal in mind, CPC Learning Network researchers set out to create an unbiased way of collecting information from a suitable proportion of the population that could provide a reliable estimate of the rate at which such violence was occurring. The result was the neighborhood method. Based upon the finding that key informants have been shown, in certain studies of sensitive public health behaviors, to provide information that is at least as valid and reliable as that obtained through self-report, the neighborhood method was designed to complete a camp- or district-wide assessment in about three weeks at a reasonable
cost. (The average cost of the five studies conducted by CPC Learning Network partners was $20,000.)

Due to the sensitive nature of the data being collected, the neighborhood method was designed to ensure confidentiality for all participants. Interviewees were explicitly told that no names would be recorded. While first names were used during the interview process to distinguish neighboring women, these first names were written on a sticker that was placed on the data form and ripped up at the end of the interview in front of the respondent. In addition, at the end of each interview, interviewers shared information on places where women could access services for gender-based violence. Finally, project staff revisited all of the participating communities to check on any issues that had arisen as a result of their involvement in the survey.

The Danger for Women is Greatest at Home

To date, CPC Learning Network partners have used the neighborhood method in communities in five conflict-affected countries: Uganda, Liberia, Sri Lanka, Ethiopia, and the Central African Republic. A number of common findings emerged from these efforts:

- In all five countries, women were far more likely to report violence and abuse within informal social networks and rarely shared information using formal reporting structures (i.e., local police).

- In all five countries, and in multiple settings, rates of rape by a spouse or friend were far higher than rates of rape by a stranger. Such evidence contradicts common understanding of the kinds of GBV that are experienced by women in communities affected by crisis.

- In Uganda, children commonly witnessed violence being committed against their mothers, thus exposing them to potentially devastating short- and long-term consequences.

- Many girls and women perceived GBV to be a normative experience.

More detailed information about the results of recent research using the neighborhood method follow:
Liberia. In 2007, CPC and the International Rescue Committee (IRC) used the neighborhood method to measure the magnitude of violence against women and girls in areas where IRC was providing humanitarian assistance. Over two months, researchers collected data through 600 one-on-one household interviews in Montserrado and Nimba counties.

The research revealed that 54.1% of the sample in Montserrado and 55.8% of the sample in Nimba had experienced non-sexual domestic abuse in the previous 18 months. Further, 72.3% of married or separated women in Montserrado County and 73.8% in Nimba County had experienced marital rape over the same time. By contrast, in Montserrado and Nimba counties, 19.4% and 26.0% of women respectively had been raped outside of marriage in the previous 18 months.

In addition, 93% of rape survivors (including marital and non-marital rape) in Montserrado and 94% in Nimba reported that their husband or boyfriend had been the perpetrator of the act or acts. Strangers accounted for less than 2% of the perpetrators of rape in either county.

These incidents were most commonly disclosed to other family members or to friends and neighbors. Domestic violence incidents were most commonly reported to family members, while rape was most commonly reported to friends. Rape was formally reported (to police/ court or community leaders) less than 10% of the time.
In addition, reporting rates varied not only by incident, but also by identity of the perpetrator. The event was least likely to be reported if the perpetrator was the husband and was most likely to be reported if the perpetrator was a neighbor or another family member. This finding is illustrated in the table below, which focuses on Montserrado County.

<table>
<thead>
<tr>
<th>Perpetrator</th>
<th>Family</th>
<th>Friend</th>
<th>Local Leader</th>
<th>Police or Court</th>
<th>Religious Leader</th>
<th>Hospital or Clinic</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Husband</td>
<td>36.60%</td>
<td>61.20%</td>
<td>0.10%</td>
<td>0.60%</td>
<td>1.10%</td>
<td>0.50%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Boyfriend</td>
<td>23.60%</td>
<td>75.30%</td>
<td>0.10%</td>
<td>0.98%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Friend</td>
<td>23.10%</td>
<td>34.60%</td>
<td>0.00%</td>
<td>38.50%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>3.90%</td>
</tr>
<tr>
<td>Neighbor/Community Member</td>
<td>30.90%</td>
<td>9.60%</td>
<td>6.40%</td>
<td>53.20%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other Family Member</td>
<td>59%</td>
<td>2.60%</td>
<td>2.60%</td>
<td>33.30%</td>
<td>2.60%</td>
<td>0.00%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Stranger</td>
<td>25.00%</td>
<td>11.40%</td>
<td>2.30%</td>
<td>52.30%</td>
<td>0.00%</td>
<td>9.10%</td>
<td>0.00%</td>
</tr>
<tr>
<td>Other</td>
<td>16.70%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>66.70%</td>
<td>0.00%</td>
<td>0.00%</td>
<td>16.70%</td>
</tr>
</tbody>
</table>
Uganda. More than two decades of conflict have turned northern Uganda into a humanitarian tragedy, with hundreds of thousands of individuals languishing in more than 150 camps for the internally displaced. Sadly, the conflict has reinforced social and cultural factors that are thought to perpetuate violence against women and a culture of impunity remains regarding certain forms of gender-based violence that are not understood to constitute a violation of the rights of women and girls.

Although the extent of GBV in such settings is not fully known, GBV has presented an ongoing hindrance to peace and redevelopment, and addressing such violence is considered critical to rebuilding successful communities. It was in this context that CPC and ChildFund International used the neighborhood method to measure the incidence of violence against women in four camps for internally displaced persons (IDP) in northern Uganda’s Lira District.

In all, interviews were conducted with 204 randomly selected respondents, who reported on themselves as well as on 268 sisters and 1,206 neighbors. This research found that women living IDP camps in the Lira District were facing alarming levels of violence. One in every two women was indicated to have experienced some form of violence in the previous year. And, during this period, more than four out of ten women were reported to have experienced beatings from a partner or other family member; and three out of ten were reported to have experienced forced sex with husbands (or other intimate partner). By contrast, just over 3% had been raped by someone outside of their household. Comparison with camp records suggested that fewer than 10% of cases had been reported through formal mechanisms such as hospitals and police.

When interviewers asked women to speak about the major issues facing women and girls in the camp, 57.8% of respondents spontaneously mentioned intimate partner violence and 22.5% spontaneously mentioned rape. Half (51.7%) of the respondents subsequently reported that they had experienced intimate partner violence in the previous year. Of these respondents, 89.4% were married, 2.9% were divorced, 3.8% were widowed and 3.8% provided no response on marital status. Women who were married, divorced, or separated were significantly more likely to report intimate partner violence than single women.

Reported rates of intimate partner violence were broadly comparable for sisters and neighbors. Across all four camps, respondents stated that 36.5% of sisters and 44.0% of neighbors had suffered intimate partner violence during the past year. Incidence of intimate partner violence in the past year was 51.7% for respondents, 44.0% for respondents’ sisters, and 36.5% for respondents’ neighbors, respectively. In the same period, estimates of incidence of forced sex by husbands were 41.0%, 22.1%, and 25.1% respectively, with incidence of rape by a perpetrator other than an intimate partner was estimated at 5.0%, 4.2%, and 4.3% respectively.
Ethiopia. In 2008, CPC researchers and the IRC used the neighborhood methodology in two Somali refugee camps and one surrounding community. A total of 453 one-on-one household interviews were conducted. Approximately 40% of women and girls had experienced at least one act of physical violence within the last 18 months, and approximately 20% of women and girls had been raped within the last 18 months. Much of this violence was perpetrated by family members. More than one-third of all physical violence and more than 70% of rapes were perpetrated by husbands and other intimate partners. By contrast, strangers were responsible for less than 10% of physical violence and less than 15% of rapes. A tiny percentage of the reported rapes—between 2% and 4%—occurred in the forest or while women were collecting firewood.

In addition, for both physical violence and rape, reporting to informal mechanisms, such as family and friends, occurred at much higher rates than reporting to formal mechanisms, such as the police, courts, or hospitals. Indeed, of those who experienced physical violence and told someone about the incident, more than 50% told a family member and/or friends/neighbors, while less than 10% reported incidents of physical violence to the police, courts, or a hospital.

Sri Lanka. In 2008, researchers from the CPC Learning Network and Save the Children UK used the neighborhood methodology in eastern Sri Lanka. Researchers interviewed two samples of respondents: women and children in villages and women and children residing in IDP camps or in villages that were displaced and very recently resettled.

The study found that 11% of women living in villages and 14% of women living in IDP camps and recently resettled areas had experienced violence in the past eighteen months. Slightly more than 3% of women in both settings experienced rape. Only two girls had experienced rape during the recall period. To validate the girl rape findings and further explore the nature of lifetime violence experienced by girls, particularly sexual abuse, a second phase of the research was conducted. Researchers interviewed a sample of 16-18 year-old girls about their own lifetime experience of rape and abuse. The incidence of girl rape during the first phase of research was confirmed. However, it was also discovered that 7% of girls living in villages and 10% of girls living in IDP/resettled communities had experienced severe forms of sexual abuse during the past eighteen months. This type of abuse seems to have been better uncovered by one-on-one interviews between 16 years old girls and experienced local professionals.

In the vast majority of cases, perpetrators were known by victims and were overwhelmingly husbands. In both samples, acts of physical violence against children were most often perpetrated by fathers. The study further found that village women who lived in households with adult men were at 1.95 times greater risk of violence than their counterparts who did not live in households with men. In IDP/resettled areas women who lived with men were at 2.53 times greater risk.
Addressing the problem of gender based violence (GBV) has been of particular interest to the humanitarian community in recent years. However, the lack of representative data on the true magnitude and nature of GBV in emergency contexts has hindered the development of effective prevention and response programs. To date, most GBV programming and policy in these contexts have been driven by data from formal reporting mechanisms such as police and hospital reports. These formal systems only register the number of individuals who have made contact with reporting institutions and therefore typically represent only a small minority of those who have experienced violence. The results of the CPC Learning Network studies in Liberia, Uganda, Ethiopia and Sri Lanka confirm that gender based violence is a considerable problem for women and girls across emergency contexts. However, these results also challenge many of the assumptions regarding the perpetrators and contexts of gender based violence in these settings. Based on the results of these studies a number of implications for practice have been identified:

1. **Shifting to a Household Approach for Prevention and Response**

   A consistent finding across all four studies undertaken by the CPC Network is that the majority of violence is occurring within the home. These findings bring into question current priorities for GBV programs in humanitarian settings which focus on sexual violence perpetrated by strangers. From a practitioner perspective, a shift in priorities for GBV programming is needed. In order to effectively address domestic violence and rape, GBV programs need to develop innovative strategies for reaching out to victims who experience gender based violence in their own homes. Prevention strategies might shift to focus on changing norms within the family structure instead of diverting a majority of resources to protect women outside the home. Men and boys need to be brought in as partners to facilitate change within the social structure and should be considered an important part of the solution, not simply part of the problem. Instead of spending large amounts of GBV budgets on training fighting groups and peacekeeping forces about what constitutes sexual harassment and violence, funds might be better spent working together with husbands, boyfriends and community members to begin to change attitudes about violence against women and children both inside and outside the home.
The messaging for perpetrators and victims, the location of services, and the types of response provided need to be adapted to encourage women to reach out for help and support. For example, in addition to programming to help protect women and children outside of the home, programming could also foster anger-management and problem-solving skills within families. In addition to placing GBV response units in police stations or hospitals, practitioners might consider setting up units in locations such as pediatric doctors’ offices, so that women who might be afraid to formally report domestic violence to authorities may still be able to access support and assistance in a location that feels safe, non-stigmatizing, and where suspicions about a woman’s presence might not be raised. Finally, programs could attempt to determine and target risk factors for household violence such as use of drugs and alcohol.

From a policy perspective, GBV advocates need to strengthen country-level processes and accountability mechanisms that relate to issues of household violence and intimate partner rape at the policy and legal levels. This may entail lobbying for the inclusion of intimate partners in legal definitions of rape, or bolstering policy-oriented advocacy coalitions including media outlets, civil society groups and research institutions, to raise awareness of the domestic nature of gender based violence. Efforts may also include an alignment of family, criminal and other relevant legal codes and policies.

2. Addressing Long term Consequences of Violence

The CPC Network studies have also shown that children are growing up in environments characterized by violence. Children under the age of 18 may be survivors of GBV themselves or conversely may have witnessed violence perpetrated against mothers or other women in their household. For children, exposure to such violence can lead to psychosocial, emotional, and cognitive deficits, some of which can last a lifetime. Child survivors or witnesses of household violence may face developmental barriers and constraints on a multitude of levels. Research has shown that children who witness domestic violence are four to five times more likely to have poor outcomes in adulthood compared to children not exposed to such violence. In addition, these children are also more likely to repeat such patterns in their own lives, by either becoming abusers or victims.
3. Targeting Responses for Those Accessing Formal Reporting Mechanisms

The CPC Network studies also found that young girls’ experiences of GBV were more often reported to formal authorities when compared to adult women. This finding highlights a critical gap in current GBV programming for girls. Most GBV programs in humanitarian settings are designed to respond to the needs of adult women. Less is known about how best to support young girls who survive incidents of sexual and gender-based violence. This lack of specialized programming is a critical gap as girls are coming forward in large numbers to seek help and support. Critical barriers that have been documented for girl survivors of gender-based violence include access to education, livelihoods opportunities and social inclusion.ii

4. Further Research Needed on the Vulnerability of Displaced Populations

Two of the four CPC Network studies, Sri Lanka and Ethiopia, specifically compared rates of violence between displaced and settled populations. Findings from Sri Lanka supported the widely held programming assumption that displaced populations are more vulnerable than stable ones. However, this was not found to be the case in Ethiopia where stable populations experienced more violence than the displaced. Women in-flight from Somalia during active conflict were significantly less vulnerable to rape and sexual violence when compared with their time in the refugee camps. This finding is particularly interesting given that active conflict is often thought to be one of the times of greatest danger for violence against women. These same women, who experienced increased levels of violence once settled, still had lower odds of experiencing violence than women in the surrounding host community. Further research is needed to determine whether the experience of Somali refugees in Ethiopia is unusual, or whether some of the fundamental assumptions underpinning gender-based violence programming in emergencies need reassessment.

Conclusion

The evidence is clear that GBV is an extensive problem throughout emergency and developing world contexts. The focus and commitment of the humanitarian community is needed to design and deliver effective programming that improves protective mechanisms and appropriately responds to incidents of GBV. Given the results of the CPC Network studies, there is a clear and urgent need for human rights and humanitarian aid organizations working in post-conflict communities to take domestic forms of GBV as seriously as they do the violence committed by strangers. This will require moving beyond, and re-envisioning current perceptions of GBV in communities impacted by war and developing new and expanded interventions that will address the dramatic levels of abuse that are being perpetuated against
Failing to re-envision current efforts in order to address domestic forms of physical and sexual abuse will not only allow untold suffering to be perpetrated against girls and women in some of world’s most vulnerable communities, but will also increase the odds that such communities fail to transition into healthy post-conflict environments. The choice is ours, and it is at hand.

