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Introduction

On behalf of the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), the Social Science Research Council convened a Technical Consultation on Methods & Systems for the Assessment and Monitoring of Sexual Violence and Exploitation in Conflict Situations in New York City, December 15-16, 2005. The goal was to initiate the design of a standardized system for the assessment, monitoring, and reporting of sexual violence and exploitation (SVE) in conflict affected situations.

Within an overarching framework of promoting “gender justice,” the Consultation follows from a series of interagency discussions on the need to expand and accelerate global efforts to reduce sexual violence in conflict-affected situations. It also builds on UNFPA and WHO’s efforts to develop and promote a minimum package of prevention, treatment, care, and support services for women affected by SVE in conflict and crisis situations.

The Consultation convened a wide range of experts, including scholars, practitioners and policy makers across the fields of public health, human rights, demography, epidemiology, political science, statistics and conflict resolution (see Annex II for the participant list). The goals of the Consultation were to:

• Evaluate existing methods for monitoring SVE in conflict situations.

• Assess the relevance and applicability of other surveillance systems (including demographic and health related, HIV/AIDS, human rights, injury, crime) for developing a SVE surveillance system.
• Identify relevant decision makers/stakeholders and information needs as well as potential data sources and indicators.

• Address organizational and design challenges to establishing an SVE Monitoring, Assessment, and Reporting System in conflict situations, including implications for medium and longer term follow-up, information, measurement and data collection needs.

• Recommend next steps for designing and piloting a system.

The Technical Consultation was organized in three parts. Part I provided a summary overview of existing knowledge about the impact of SVE and its implications for reproductive health, human rights, humanitarian relief and development. Part II focused on methods and approaches to measuring and collecting data on SVE in conflict situations, and Part III addressed operational considerations relevant to the design and implementation of an SVE surveillance system. This report summarizes the major themes discussed during the Consultation and outlines a series of next steps. A more detailed discussion of issues addressed and papers presented can be found on the Consultation website and resource page: http://www.ssrc.org/programs/HIV/SGBV/.
Discussion Summary

PART ONE: SUMMARY OVERVIEW OF SVE IN CONFLICT SITUATIONS

To provide an overall context for the discussions, the first part of the consultation sought to (a) identify key gaps in understanding about the scale, scope and patterns of sexual violence across different settings; (b) assess implications for health, humanitarian, human rights, justice and recovery strategies; and (c) consider key decisions and information needs in each of these sectors.

Current research was presented describing the scale, scope and patterns of SVE in and across conflict affected situations, including peacekeeping environments, and within and outside of camp settings in the context of natural disasters and “fragile” states. The implications of SVE for women’s physical and psychosocial well being, reproductive, and sexual health and rights were addressed, as were implications for human rights and humanitarian approaches to building the rule of law, increasing access to justice and promoting development and recovery and peace and security at individual, family, community and national levels.

Consistent with international humanitarian and human rights law, the term “sexual violence and exploitation” was used throughout the discussion to refer to any act, attempt, or threat of a sexual nature that results, or is likely to result in, physical, psychological and/or emotional harm. “Sexual violence” refers to a form of gender-based violence (GBV) that targets individuals or groups on the basis of their gender; and “sexual exploitation” is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. The term “sexual
“abuse” is used to refer to the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

A deliberate decision was made to broaden the scope of the discussion beyond a more narrowly defined focus on rape—one specific form of sexual violence perpetrated against women in conflict situations. Other forms include abduction, sexual slavery, torture, forced prostitution, forced abortion or sterilization, other means to prevent birth, forced pregnancy, forced delivery, and forced child rearing, among others. The discussion recognized that many victims and survivors of SVE often experience multiple forms of SVE across various stages of conflict: before, during flight, in so-called protected areas, throughout resettlement, and upon return. The need to collect sex and age disaggregated data, including information about men and boys (as perpetrators, victims and survivors) was also emphasized.

A. Development implications of sexual violence and exploitation

Sexual violence in armed conflict is perpetrated as an act of revenge, as part of the “spoils of war,” as an initiation ritual or morale booster for soldiers, as a method of inflicting terror and humiliation on a population, and as an assault on culture or a particular group. These various typologies of sexual violence have implications for designing strategies used in monitoring, reporting and assessment. Forms of sexual violence vary considerably across different situations: violations may be committed by parties to an armed conflict, including governmental or paramilitary forces. But armed conflict may also engender an increased culture of violence in a community, increasing risk of gender-based violence (GBV). SVE is also perpetrated by common criminals, including young men provoked by a desperately slow process of economic and political stabilization.

While much is known about some aspects of SVE, there are many about which very little is known. Why are certain women targeted and others not? How do race, ethnicity, and/or citizenship status increase a woman’s vulnerability? What happens to children born of rape? Further research and data collection is needed to explain why women associated with armed forces experience particular kinds of violence; why the patterns of violence against women appear, in some conflicts, to be growing ever more depraved. Only when such questions are answered will female safety and bodily integrity in conflict situations be protected, and questions about gendered violence against boys and men be better understood.

Sexual violence in war was viewed within a wider spectrum of violence spanning three categories: 1) violence which is part of the military strategy itself; 2) violence which is at a heightened level as a result of the oppression and desperation associated
with war and its aftermath, and 3) violence which reflects pre-existing levels or “norms”
and is therefore less likely to be prevented or punished during or after conflict.

SVE happens because neighbors and communities condone it, authorities ignore it,
the international community and those responsible to protect fail to act, and in all too
many conflicts, rape is used as a weapon of war. Thus, the way that violence is challenged
is as critical a question as how many survivors receive treatment. Addressing SVE involves
challenging ideologies and reworking social structures, changing laws and monitoring
their implementation, setting standards of development and access to participation, gath-
ering as well as conveying information, and establishing platforms for public discussion.

B. Physical and psychosocial health implications

The mortality-related outcomes of sexual violence include murder, death related to rape
injuries, suicide, maternal death due to pregnancy and abortion complications, and
HIV. Morbidity outcomes include gynecological disorders, sexually transmitted infec-
tions (STIs) (including HIV/AIDS), pelvic inflammatory disease (PID), vesico-vaginal
and traumatic fistula\(^1\), unwanted pregnancy and complications (including unsafe abor-
tions), poor pregnancy outcomes, psychological trauma including depression, sexual
dysfunction and social stigma.

Acute clinical care for survivors of sexual violence requires time-limited action,
which makes providing services in conflict situations all the more complicated. There is
only a 72-hour window for the administration of post-exposure prophylaxis (PEP) to
prevent HIV transmission, and a 120-hour period for emergency contraception (EC) to
prevent unwanted pregnancy. Thus, not having access to reproductive health services or
not accessing services for social reasons can have lasting health consequences.

Sexual violence has the potential to affect not just the individual, but the family and
community as well. Many survivors of sexual assault also experience other, related forms
of violence, including ostracization and rejection by their communities and family
members. This often discourages help-seeking behaviors. In cultures where impunity for
sexual violence prevails, speaking out, reporting violations or initiating legal processes
against attackers may actually increase the risk of additional violence. In other cases,
survivors may have little say in how justice is meted out and may be forced to accept
offers of compensation from, or even marriage to, their perpetrators.

The range of needs of SVE survivors is broad and programming experiences from
the field have shown that no single sector or agency response is adequate. The intera-
gency multi-sectoral model is considered the “best-practice” model for prevention and
response in conflict-affected settings\(^1\), and calls for holistic inter-organizational and
inter-agency efforts across health, social services, legal and security sectors. The multi-

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C. Human rights

Sexual violence and exploitation is a violation of human rights and humanitarian law. Despite the fact that SVE violates every fundamental human right and is considered a war crime, monitoring and reporting systems are typically ad hoc and under-funded. The human rights implications of SVE extend to strengthening the rule of law, establishing remedies, supporting security sector reforms to secure protection for those at risk, and strengthening measures for accountability and prosecution of perpetrators. Appropriate rehabilitation services must also be put in place and reparations need to be determined for women and girls who have suffered SVE. Special consideration should be given to HIV/AIDS, reproductive health injuries, children born of rape and psychosocial needs.

Within the legal sector, gaps in capacity to respond can influence a woman’s risk for re-traumatization; many judges have not received gender-sensitivity or GBV-related training, and many legal systems do not have prosecutorial strategies in place for crimes of sexual violence. Though legal and judicial system transformation may require a longer-term investment, once gaps are identified a process of training judges, prosecutors and public defenders on gender equality and awareness must take place while longer-term legal reforms are instituted.

PART TWO: DATA COLLECTION AND MEASUREMENT CHALLENGES

This session sought to a) assess the limitations and potential of existing methods for measuring SVE; b) assess their relevance to conflict situations; and c) identify the potential of other surveillance tools for strengthening data collection, analysis and measurement of SVE.

Presentations focused on methods and approaches to measuring and collecting data on SVE in conflict situations. They explored demographic and population-based approaches, administrative and service based data collection, and the use of specialized surveys on SVE. The potential application of other information sources, tools and
approaches for SVE surveillance was also explored, including those used in human rights, monitoring and reporting, early warning, and humanitarian information collection.

A range of methodological challenges were deliberated over, including the application of existing tools and instruments to conflict settings; under-reporting; the ethical implications of research approaches; security risks, and program and service delivery constraints. Also discussed were indicators and measurement challenges relating to incidence and prevalence over time, including the issue of base-line data, sampling and standardization, territorial coverage, populations addressed and types of violence monitored.

A. “Non-negotiables” for assessing and monitoring SVE in conflict situations

1. Safety, protection and ethical considerations
The greatest challenge for designing or utilizing any information system relating to SVE is guaranteeing that the physical safety and protection of survivors, their trusted confidantes and service providers is not compromised and that it does not increase the risks to and vulnerability of survivors and those who are assisting and protecting them. Such challenges may be especially pronounced when the authorities, including those entrusted with ensuring women’s protection such as the police, are among the perpetrators of the violence.

Disclosing experiences of sexual violence and abuse may expose women and girls to further violence and retaliation, just as documenting violence may put researchers and service providers at risk. In peaceful times and in conflict situations especially, the very act of collecting information can itself “do harm” by exposing the identity of victims (or perpetrators), conducting interviews in ways that cause emotional and psychosocial damage or violate local and international norms, or even misinterpreting or misrepresenting the actual situation on the ground.

The ethical bottom line is that if information systems cannot be used safely and responsibly, they should not be used. Ethical and safety considerations include the need to protect the safety and confidentiality of respondents and interviewers, the careful selection of individuals involved in an Information System for SVE in Conflict Situations (including the selection of men to interview men and women to interview women), training and support to these individuals, and the safe collection and storage of data (for a more thorough discussion, see for example, WHO’s Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women).

2. Assessing local capacity for response
An Information System for SVE in Conflict Situations should include a systematic review of local response capacity. The Situational Analysis Guidelines of the
Reproductive Health Response in Conflict (RHRC) Consortium Gender-based Violence Tools Manual for Assessment & Program Design, Monitoring & Evaluation in Conflict-affected Settings is a good field tool for analyzing the capacity for GBV response within the legal/justice, health, safety and security, and psychosocial sectors. The guidelines cover issues pertaining to the policies, attitudes, and practices of key institutions and institutional actors within the security, judicial, legal, and psychosocial sectors of the target community. Investigating Women's Rights Violations in Armed Conflicts: Amnesty International and the International Centre for Human Rights and Democratic Development is a useful guide that identifies essential legal and human rights related data, information and capacity to be assessed, such as the legal framework for prosecuting sexual violence and the judicial system.

Another dimension of response to be assessed is the capacity of women affected by the conflict to be involved in the development and implementation of an Information System for SVE in Conflict Situations. Local experts and individuals from the target community can identify contextually relevant indicators, interpret findings and help identify strategies for response. Rapid assessments (or situational analyses) of the capacity for GBV response will also help identify training needs and strategies to empower local women.

3. Using the data
Participants clarified the distinctions across the terminology referring to “systems,” “monitoring and reporting,” “surveillance,” “survey” and “rapid assessment” approaches as well their respective goals and indicators. The challenges of designing a single system to meet goals ranging from protection to service delivery were addressed, including the need for different indicators, methods and time periods for data collection. Some participants challenged the ethics of collecting data without providing services while others emphasized the human rights obligations of states and humanitarian personnel to monitor and report violations—regardless of the ability to provide services. The challenges inherent across all approaches for understanding causes, patterns and consequences of violence across different settings over time were emphasized throughout the discussions.

B. Case definitions

How SVE is defined will have a considerable impact on the results generated by any measurement or surveillance activities. For comparative purposes, consistent and uniform definitions for monitoring incidence, determining scope and measuring risk and protective factors were called for. The debate over a case definition for sexual violence hinged on how broad or precise participants thought the definition should be. More
precision and specificity allows for easier manipulation of data, analysis, use and interpretation, and it also allows for the development of a generic “data/analytic model.” However, experiences from the field do not always illustrate the feasibility of having tightly-defined data elements.

Establishing case definitions at the field level are especially challenging since sexual violence in conflict situations often takes place in settings where local languages do not have a word for rape, or in cultures of violence with high incidences of intimate partner violence, police violence, and other forms of violence. The definition of rape is not a question of cultural relativism, but one of identifying the specific definitions that are relevant to the community. Involving local experts and target communities in this process is critically important. SVE is especially difficult to define in the Democratic Republic of Congo (DRC), for example, where the rights of women are not widely recognized and GBV is widespread. Offences like non-penile vaginal penetration or rape of men and boys are not specified in national laws.

At the local level, rape and other forms of GBV were said to take on their own typology, which can make identifying sexual violence that much more challenging. In some contexts, “when the person is an adult, it’s never rape,” and also it is not considered rape if family members choose not to acknowledge the violation. In other situations, to be considered a victim, a woman must prove that she resisted, and victims are viewed with suspicion. In DRC, if a witness does not see a victim resist, it is not considered rape. Based on quantitative post-conflict research on sexual violence in Liberia, rape is defined broadly to capture a range of abuses including: rape, multiple rapes, and different forms of sexual harassment, which could include forced insertion of genitalia into the mouths of victims, specific forms of inhuman and degrading treatments, and insertion of foreign objects. Given that the phenomenon of SVE is understood, defined and dealt with in different ways in different communities, the broader the definition, the more likely it will capture the necessary range of offences. From a legal perspective, it was seen as important to use a broad definition because an overly narrow definition may be hard to change later.

C. Basic measurement parameters

A debate on units of analysis was one of the main undercurrents of the definitional discussions. Some individuals felt that the unit of analysis should be the victims, while others felt that events should be the units of analysis. Since women and girls in conflict situations are often exposed to multiple forms of sexual violence—sometimes simultaneously—it may be difficult to classify according to incidence. Rape prevalence rates reflect the proportion of the population that has been victimized at least once in a spec-
ified time period, while the rape incidence rate refers to the number of cases occurring in a given period of time. Incidence and prevalence rates are calculated based on the size of the at-risk population (often referred to as denominator data), which is often impossible to determine. To some, reliance on numerator data erases the opportunity to calculate meaningful data that illustrate the magnitude of the problem. While others feel that there are many examples where numerator-only data are the best that can be had and actually can be quite usefully and creatively employed.

Notwithstanding the frequency of sexual violence or exploitation, some participants argued that any incident constitutes a violation of international humanitarian and human rights law and must be reported. The most important data need in this situation was to understand the overall context within which violations occur. Are the perpetrators military or civilian? What is the command structure of the military? What weapons are they using? Are there cases when women or others have been able to stop these attacks?

As part of the definitional discussions around populations at risk, some mention was made of age frames, marital status, and geographic areas (internally displaced persons and refugees). Experiences from Sierra Leone, for example, found that most people receiving services for sexual violence fall between the ages of 6-15 years. Such findings have implications for informed consent and protection of children as research subjects.

D. Indicators

The need to use both quantitative and qualitative measures to assess the range of issues related to SVE in conflict situations was discussed. Noted as important were assessments of the overall level of violence and conflict within which violations take place and whether they form part of the military strategy itself, are the result of the general oppression and desperation associated with war, or reflect pre-existing cultures of violence. Comparative approaches may be limited by the different ways in which sexual violence is understood, defined and dealt with across settings, a reality that poses real challenges for developing generic indicators applicable across different contexts.

Some participants argued that it is necessary to use indicators that reflect the percentage of rape survivors who are suicidal, other measures of injury, health effects, and potential risk factors. Also discussed was the need to collect information by including multiple, behaviorally-specific questions in survey instruments; tailoring additional questions to specific context (type of crisis); addressing attitudes and cultural practices that encourage violence; and disaggregating data according to type of violence (physical, emotional, sexual, economic), frequency/severity, and perpetrator/context (camp, village, police, soldiers, etc.). The need to quantify the extended
and indirect impacts of sexual violence on individuals, families and communities, as well as the need for data on help-seeking behaviors were underscored.

In describing the need to develop indicators to describe the human rights, legal and judicial context of SVE, legal experts emphasized that existing legal and judicial practices concerning rape and other sexual crimes are essential for ending impunity and empowering survivors to seek justice. While it is not possible to assess all indictors in all contexts, key indicators on laws, courts and women’s legal status were highlighted as critical. A proposal was made to consider the range of gender equality indicators that have been suggested for use by United Nations (UN) member states to monitor the Millennium Development Goals, including indicators on violence against women.

Proxy indicators like Swiss and Jennings’s use of abortion rates or rates of cooking for combatants were highlighted as potentially useful, but it was suggested that information on more contextual factors may be better addressed through formative research that involves local experts. Proxies may be useful in quantifying levels of violence, but they cannot be used to create one system to fit all situations. For example, Swiss and Jennings’s use of abortion rates in Sarajevo was debated. In estimating the increase in sexual violence over time, they were able to make a valid link between the phenomenon and the proxy measure of abortion rates mainly because comparable pre-war population-based data existed. This particular approach is clearly specific to community, context, and culture; its application to other settings would require access to comparable data. Depending on information needs, it was suggested that Quality of Life measurements could help overcome problems with bias and indicator consistency problems.

The degree to which any of the topics or data items listed in this section can prove their utility in assisting policy makers, rights and protection organizations, and humanitarian responders deal with different stages in the unfolding of a SVE crisis is unclear. In addition, it is important to distinguish between the needs of monitoring and evaluation systems and researchers and those of practitioners and policy makers.

E. Time frames and timeliness

In discussion of time referents and timeliness for designing and utilizing an Information System for SVE in Conflict Situations, participants considered population-based studies of lifetime prevalence, the percentage of persons within a demographic group that are victimized during a specific timeframe (the past year, over a lifetime, or before, during and/or after conflict). Some controversy emerged as to whether the primary interest should be in gathering information about recent cases, cases occurring within particular parts of the lifespan, or cases occurring throughout the lifespan. However, even if data collection is longitudinal, having information about recent cases is important because it
allows for tracking trends with respect to changes in sexual violence prevalence over time. In addition, it also provides critical data on the number of new victims who may be in need of services.

It was noted that systematic surveillance allows for comparison across space and time in relation to periodicity and denominator and allows for standardization of reporting. When creating an Information System for SVE in Conflict Situations, it is important to create a system to track trends in prevalence over time, as well as to inform organizations of needed services. The need for emergency data collection efforts to contribute to national data collection systems—especially during post conflict reconstruction—was emphasized. In addition to ongoing or continuous data collection, the utility of using repeat measures such as baseline and follow-up studies and cross-sectional studies was also discussed. WHO’s eight-year study on violence against women demonstrated the value of longitudinal approaches as compared to cross-sectional studies. The former can provide a baseline against which incidence and prevalence can be measured over time and also, when carried out with well trained researchers, help create a more conducive climate for disclosure. Cross-studies—i.e., snapshot data collection—are limited in their ability to explain how violence may have changed over time with respect to incidence, prevalence, and other contextual factors.

One of the major unresolved strategic timeliness questions was “how soon after an event of sexual violence should data be collected and follow-up occur?” From a reproductive health perspective, especially with regard to the administration of PEP or EC, the follow-up needs to be immediate.

F. Data collection methods

Participants had the opportunity to hear from a wide range of experts on information systems development from related fields. Their approaches included scaleable decision-oriented information system designs; analytic frameworks; multi-stage, multi-topic, multi-method, multi-source approaches; rapid reviews; anonymous and “euphemistic” reporting; early warning systems; broad-based surveys; embedding specific questions into reproductive health surveys or into censuses; and established monitoring and reporting systems such as the Children and Armed Conflict Monitoring, Reporting and Compliance Mechanism.

With the goal of developing as comprehensive a portrait of local conditions as possible in conflict and post-conflict contexts, five major types of primary sources were discussed: 1) national and municipal surveillance through line ministries or centralized departments (e.g., Demographic and Health Surveys); 2) retrospective data from specialized hospitals, emergency wards, clinics and local customary services and facilities; 3) prospective epi-
demiological surveillance through structured household (victimization) surveys; 4) purposive and participatory assessments (e.g., Participatory Rural Appraisal or Participatory Action Research) to generate qualitative data; and 5) testimonial and structured key informant interviews within a representative sample. Several participants questioned the utility of some of these primary sources in crisis situations and called attention to how they may be more useful and appropriate if used for longer term monitoring efforts.

Substantial discussion took place on marrying data sources to methods of data collection. Researchers and other professionals involved in information systems, surveillance, reporting and monitoring and evaluation are presented with a range of data sources and methodologies to choose from, each of which comes with its own set of considerations, such as time, cost, reliability and validity. Specifically discussed were the utility of large-scale simple random population-based surveys, victim surveys, perpetrator surveys, small cluster surveys, small representative focus group discussions, victimization data collection from human rights gender monitoring mechanisms, international and national human rights reports, police registration, court reports, and mortality/morbidity sentinel surveillance from referral hospitals, health centers, schools, morgues, and NGOs and other service providers.

The use of “found” and routine service based data was also discussed. It was noted that this kind of data offer an inadequate view of the population because underreporting is far larger than with conventional public health data, such as data on infectious disease or injuries, and may not always be reliable or comparable. Participants concluded that this kind of data is of critical importance, but that it should be relied on as but one strategy of many in a comprehensive approach to data collection.

In gathering information from agencies that provide direct services to survivors, it was mentioned that data collectors should be aware that these agencies may have strict confidentiality regulations, and that access to their records may also be limited for security reasons. It was also recognized that service agencies are often overburdened and may not have the available staff to either remove unique identifiers or gather information from the records themselves. Finally, it was noted that little information about sexual violence may be available from service agencies due to underreporting.

With regard to primary data collection through surveys, it was noted that surveys cannot be used to measure the actual numbers of women that have experienced sexual violence. Instead, they measure the number of women surveyed who are willing or able to disclose in that moment that they have experienced sexual violence.

It was also pointed out that, depending on the developmental infrastructure of a particular country, national and regional surveillance may often be impossible. During discussions about data sources, it was underscored that access to multiple data sources is a major issue in conflict situations because ministries and institutions—including NGOs—may be targets of the violence.
Reproductive Health Response in Conflict (RHRC) Consortium GBV Initiative

The pioneering work of the RHRC Consortium suggests that it is possible to conduct population-based GBV research in conflict-affected settings using methodologies that meet international standards for reliable data collection while supporting local partnerships and ownership of data. Underway since 2000, the RHRC Consortium, in collaboration with the Centers for Disease Control and Prevention (CDC), the Women’s Commission for Refugee Women and Children, the International Rescue Committee and other partners, has developed a Gender-based Violence Tools Manual for Assessment and Program Design, Monitoring, and Evaluation in Conflict-affected Settings. The Tools Manual includes a series of qualitative assessment tools and techniques and a working draft of a standardized population-based survey designed to measure multiple forms of GBV in conflict-affected settings.

The study design is characterized by an unclustered, equal probability household sample of reproductive age (18-49) women; a two-stage selection process; standardized two-week interviewer trainings; and interviews that were held in a central location. The survey instrument is a 136-160 item questionnaire focusing on both sexual and physical violence from intimate partners and perpetrators outside the family, before, during and after conflict.

While a qualitative assessment conducted through the RHRC Consortium’s GBV Initiative from 2000 to 2004 found little data available about GBV prevalence, the survey instrument has been used to generate data in post-conflict Rwanda and Colombia, before and after the crisis in Kosovo, and during and after the crisis in East Timor.

WHO Multi-Country Study on Women’s Health and Domestic Violence against Women

Starting in 1998, the WHO has implemented an eight-year study on domestic violence among 24,000 women in ten countries. The study has resulted in the first comparable data on domestic violence in the world—even five years ago, data of this kind was completely unavailable. The main objectives were to estimate the prevalence of physical and sexual violence; document the associations between intimate partner violence and various indicators of women’s current health status; identify risk and protective factors for domestic violence against women for comparison within and between settings; and explore and compare the strategies used by women who experience domestic violence.
The study design is characterized by formative qualitative research: a quantitative household survey of approximately 1,500 women aged 15-49 years in one or two sites within each country; standardized three-week trainings; standardized quality control; a multi-stage sampling scheme; and an interview of one randomly selected eligible woman per household in the local language and by a trained interviewer.

The study measured violence by current or former intimate partners that included physical violence; sexual violence; and emotional abuse and controlling behaviors and violence by others (parents, neighbors, strangers, etc.) including physical violence, sexual violence and childhood sexual violence.

**STATE OF THE ART APPROACHES TO INTEGRATING GENDER INTO EARLY WARNING**

**FAST International**

FAST defines early warning as the systematic collection and analysis of information coming from areas of crisis for the purpose of anticipating the escalation of violent conflict; development of strategic responses to these crises; and the presentation of options to critical actors for the purpose of decision making. The program aims at enhancing decision ability to identify critical developments in a timely manner so that coherent political strategies can be formulated to either prevent or limit destructive effects of violent conflicts, or identify windows of opportunity for peacebuilding. FAST uses a comprehensive methodology that combines the advantage of both qualitative and quantitative elements. The core of FAST’s methodology is based on event data analysis, a method informed by the logic that all events considered relevant to conflict development are assigned a certain numeric value according to a distinct conflict scale. These values can then be added up and graphically displayed in a curve, for specific time intervals. Use of events data has significant advantages for early warning due to its consistency, transparency, speed, and interactivity.

The FAST early warning program covers 25 countries/regions in Africa, Europe and Asia. Its early warning database stores 150,000 events for these countries/regions; 208 different cooperative and conflictive event types (e.g. agree, grant, protest, sanction); and 20 event issues (e.g. crime, environmental damage, human and civil unrest).

The concept of gender was introduced into the FAST early warning program in 2004. Today they can record information on gender and sexual assault separately, and then combine the terms to review “gender sexual assault” events.
The need to identify the specific contexts that determine the application of different information collection activities was addressed. For example, what are the exigencies for information collection, and what are the related risks? What are the political constraints, especially in relation to enforcement of judicial and legal mechanisms? The populations in the most acute phase of conflict are unreachable for the purposes of collecting information.

The identification of underlying cultural concepts and linguistic categories were flagged as being of utmost importance in fulfilling actionable and relevant information needs at local levels. Failing to do so may make data collection meaningless.

In discussing the advantages and disadvantages of various data collection methods, participants recognized each as being potentially complementary. Triangulation was mentioned several times as a way to include the qualitative, quantitative, and community-based participatory research that must take place to ensure that findings are reliable, persuasive to others, and useful on local, national and international levels.

While other data issues like bias, response quality, validity and reliability were also discussed, the issue of sampling was brought up as a major concern several times. One participant recommended that sampling schemes be developed against the probability that, even in a society with high rates of sexual violence, it may have low conflict-specific rates. Convenience samples, in which informants are selected only according to availability, were seen as inappropriate because they may “wrongly” show inverse correlation. However, if convenience samples are necessary due to field constraints, the limitations of doing so should be recognized. Lot Quality Assurance Sampling was also discussed as a way to see if different thresholds have been reached.5

G. Costing gender-based violence

Researchers are only beginning to quantify the economic costs of interpersonal violence. Studies have found that the direct costs of interpersonal and collective violence accounted for between 0.3 of gross domestic product (GDP) in Venezuela to 5 percent of GDP in Colombia. The indirect costs of armed violence, including productivity losses and losses in quality of life such as pain and suffering, represent a much greater burden for societies than direct medical costs to treat the initial fatal and non-fatal injuries sustained as a result of violence.

The long-term indirect impacts of armed violence can be estimated by quantifying the productive years lost to case fatalities and in the time loss, expressed in days, associated with non-fatal injuries. Estimations of income rates are often based on
average national earnings (e.g., per capita income) or the friction costs of replacing employees. Other costing mechanisms include contingency valuation (“willingness to pay”) and “aversion costs” (how behavior changes to substitute costs). Ultimately, both the real and perceived severity of injuries and associated trauma are necessary to determine the overall economic costs of violence. The frequent under- and misreporting of sexual violence and exploitation likely register lower costs even if they are in fact much higher.

H. Budgetary implications

Costs related to developing any kind of information or surveillance system are not inconceivable, but there are moral imperatives to document, record, monitor and evaluate so that action against SVE can be based on evidence and lessons learned. Integrated surveillance systems are often based on the collection of data that already exist. Systems based on survey data can be a more expensive option because they involve systematic collection of primary data. In examples from surveys conducted using the RHRC Tools Manual questionnaire, implementation costs were kept relatively low. But it took 2-3 months to survey 300 women, which required paying costs over a significant period of time. It was noted that the costs related to maintaining confidentiality can also be high.

Participants also discussed the cost of implementing small arms surveys. One UN firearm survey in Brazil cost $400,000, while a locally-administered survey in Haiti cost 35,000 francs. The two surveys used similar tools with a composite set of indicators, but the cost and the time frame (Brazil 2.5 years, Haiti 4-5 months) were influenced by who conducted the survey.

Also discussed was the high cost of maintaining a proactive agenda (as recommended by the Inter-agency Standing Committee (IASC) Guidelines for Gender-based Violence Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies) versus maintaining what may be a cheaper, but purely reactive system. It was concluded that no matter how one measures the costs of collecting SVE information, all costing is based on prevalence data, which cannot be collected without first conducting epidemiological studies to determine the size of the population at risk. Costs must be measured, but cost cannot be the first priority in the absence of the information needed to calculate it.
A. Data alone cannot solve the problem

A major undercurrent in the consultation was the reality that simply having data on sexual violence in conflict situations is not enough. There is no evidence of a causal relationship between surveillance and reduction. More important is the “real-time” ability to get accurate data to the media, in order to drive international and local responses. Political constraints can determine whether or not responses can make use of the data, especially in the realm of the courts.

Though the GBV community has been calling for years for the development of standardized incidence report forms, this strategy is widely seen to have failed. For the most part, forms are either not used or not collated. If one NGO collects information on 500 cases of sexual violence in a given context, one participant asked, what tool can be designed so that these forms can be compiled and analyzed? Participants discussed how this sort of system must be easily accessible and user-friendly for field staff on the front lines.

That many of the tools needed for monitoring and assessing SVE in conflict situations already exist in the RHRC Tools Manual was recognized. However, the challenge comes in “operationalizing” those tools, and ensuring that the information that they are used to collect is employed in the provision of accessible and needed services. For example, it may be a four-day walk in DRC to access services at a health center: “how can services be made available in difficult situations?” It was recognized that many of the constraints have more to do with existing infrastructure than with the problem of sexual violence itself.

Field workers were said to be using the tools only in isolation. Noting that field workers are overwhelmed with work, participants deliberated how best to convince them to enter the data, and how to ensure that institutional space and resources are dedicated to this endeavor.

Coordination was also identified as a major impediment to data collection. Just as GBV services must be coordinated between agencies, so must the collection of data. One of the first coordination elements mentioned was the need to ensure that the needs of different stakeholders are met simultaneously. As one participant pointed out, the human rights sector is mainly concerned with identifying the perpetrator and applying the law, as well as protecting the victims from ongoing or future attacks while the humanitarian sector is concerned with health needs and psychosocial consequences. But the two sectors face similar security and protection challenges.

Developing a comprehensive, integrated and complementary system for assessing and monitoring SVE in conflict situations requires that the approach be multi-sectoral
and collaborative. All stakeholders, agencies and institutions must subscribe to the system and help shape it. Since the structural position of a specific agency can affect the entire data collection and service delivery system, the right roles must be identified for the appropriate actors and agencies at every level.

Critical to any effort to collect data on SVE is the involvement of governments and all stakeholders, including civil society. However, given the sensitive nature of data collection on sexual violence (e.g., regarding the potential identification of perpetrators—who themselves may be members of government—and the safety of victims and survivors), issues regarding ownership and data utilization must be addressed at the onset of collection activities to guard against the misuse, distortion, or suppression of information. At the same time, any effort to support data collection should also contribute to longer term national capacity-strengthening in this area, and inform the work of all relevant decision makers in the humanitarian, political and development arenas. Disarmament, demobilization and reintegration programs, for example, would be both an excellent source and “consumer” of information (e.g., to assist with security assessments in selecting cantonment sites or during repatriation, or to interview former soldiers—male and female—regarding their experiences of sexual violence).

Lastly, it was acknowledged that actors and agencies must find a common goal for the use of the data; goals cannot be agency-specific. This was recognized as a difficult issue in light of the need to balance a common goal versus agency interests. This discussion also highlighted the challenge of ensuring that accountability is maintained when a shared system is used.

The need for further investigation into constraints facing any new Information System for SVE in Conflict Situations was recognized. Such research would also benefit the users of the RHRC Tools Manual and the new IASC Guidelines for Gender-based Violence Interventions in Humanitarian Settings.

B. Next steps: The way forward

It was concluded that there may be value in pursuing the goal of creating and piloting an Information System for SVE in Conflict Situations. The following is a list of steps that might be undertaken to initiate such a process:

Information needs and opportunities

- Using a “decision-oriented” approach, identify: key decision makers and stakeholders from the health, psycho-social, legal and security sectors in responding
to SVE across different settings; the types of decisions that need to be made; the
types of information needed to make these decisions and with what degree of
precision. Ensure that the full range of data needs are identified to be addressed
in later implementation/pilot phases, to encourage ownership, involvement, and
direct benefit to on-the-ground agencies.

• Identify relevant quantitative and qualitative “found data” from health, human
rights and humanitarian sources, small arms surveys and other data collection
systems. Assess inconsistencies, data gaps and ambiguity in the terminology used
in SVE monitoring and reporting. This might include an inventory of the vari-
ous incident reporting forms utilized by humanitarian agencies. Propose ways
that the forms used by various service providers can be compiled and analyzed.

• Explore the various forms that field monitoring systems could take. What actors
would need to be involved? How can field operators be identified, trained and
monitored? How would the information be collected, used and disseminated?

• Create a working group (epidemiologists, statisticians and demographers) to
explore various sampling techniques to address SVE in conflict-affected situa-
tions (to overcome challenges with collecting denominator data). The group
could also explore ways of developing an adequate array of categories and scales
for SVE “modeling.” Investigate ways to exploit experiences from small arms
surveys or land-mine detection/surveillance.

Creating the components of a surveillance system

• Create a standardized rapid review or situational analysis protocol that can be
employed in the early phases of a conflict to assess the status of national, mili-
tary, international judicial capacities, and the functionality of statutes.

• Identify a shortlist of indicators needed to measure the magnitude of sexual
violence, the key contextual factors needed to understand the violence, and the
service gaps in the constituent health, psycho-social, legal and security sectors.
Create a working group that includes experts on qualitative and quantitative
research on sexual violence and service delivery that are charged with coming
up with a minimum data elements list or the least amount of information that
should be collected (these elements might include: case, data source, birth date
of victim, sex of victim). Create an expanded list of data elements, to include
the minimum set, with any additional elements that prove practical in a given situation (these elements might include: number of incidents in lifetime and multiple perpetrators involved in most recent incident of sexual violence). The minimum data set should embrace both long-term human rights issues and service program issues.

- Establish protocols for training and involvement of local personnel—especially women—at all levels of the surveillance system.

- Establish a mechanism for dissemination of surveillance information to discourage the wasting of funds on inappropriate measures.

- Create a hierarchy of potential methods for use in an Information System for SVE in Conflict Situations, feasible under various field conditions or conflict phases (pre-emergency, impact and flight, acute emergency, post-emergency, repatriation, and rehabilitation or reconstruction).

- Create a composite “sexual violence index” or scale, using systemic sources (gender empowerment measures, honor-shame culture categorizations, gender ratio at birth) and proximate sources (exclusionary or discriminatory laws, incidences of rape, abrupt changes in women’s societal roles) that can be integrated into an early warning system.

- Create a sexual violence risk assessment profile based on a UN country matrix or rating scale.

- Create statistical models that can identify correlations between patterns of political events and patterns of sexual violence.

- Develop an intelligence depository to strengthen coordination and promote a collaborative model to prevent and respond to SVE.

- Create a tracking system and a program to assess the capacity for implementation in different contexts.

- Identify potential pilot testing sites.

- Investigate triangulation methods to integrate different qualitative, quantitative, and community-based participatory research methods.
Endnotes

1 Vesico-vaginal fistula (VVF) is a wound between the bladder and the vagina caused by necrosis of the vaginal tissue, usually as a result of obstructed labour. An obstetric fistula—caused by prolonged and obstructed labour—is a hole that forms between a woman's vagina and bladder or rectum, leaving her with chronic incontinence. This morbidity has severe physical, psychological and social consequences for women and girls.

2 Traumatic fistula or traumatic gynecologic fistula is similar to VVF but this type of injury can also result from direct traumatic tearing resulting from violent sexual assault and rape, including by the forcible insertion of objects such as guns, bottles or sticks into a woman's vagina. This kind of fistula carries many of the same consequences as obstetric fistula.

3 The lessons learned through early programming efforts were reviewed at an international conference on GBV sponsored in 2001 by UNHCR and attended by international and field-based UNHCR personnel, as well field staff working in or on behalf of GBV programs. Conference activities culminated in the publication of *Prevention and Response to Sexual and Gender-Based Violence in Refugee Situations, Inter-Agency Lessons Learned Conference Proceedings*, in which the multi-sectoral approach was determined to be fundamental to addressing GBV.

4 These may include national staff of community based and non-governmental service organizations as well as international and government authorities.

5 Lot Quality Assurance Sampling makes it possible to use small sample sizes when conducting surveys in small geographical or population-based areas.
Annex I

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Annex II

ANNOTATED AGENDA
DECEMBER 15-16, 2005

Consultation Goals:

• Evaluate existing methods for monitoring sexual violence and exploitation (SVE) in conflict situations.
• Assess the relevance and applicability of other surveillance systems (including demographic and health related, HIV/AIDS, human rights, injury, crime) for developing a SVE surveillance system.
• Identify relevant decision makers/stakeholders and information needs as well as potential data sources and indicators.
• Address organizational and design challenges to establishing an SVE Monitoring, Assessment, and Reporting System in conflict situations, including implications for medium and longer term follow-up, information, measurement and data collection needs.
• Recommend next steps for designing and piloting a system.

We have structured the agenda to emphasize discussion. In addressing the themes set out below, we hope you will draw from your current work. Those chairing sessions are asked to present an introductory intellectual framework for the session and to guide the discussion around key priorities and areas needing further development. Presenters are invited to speak for 20 minutes. In the final session, discussants will briefly introduce the four issues outlined and an open discussion will follow.
PART I: SUMMARY OVERVIEW OF SEXUAL VIOLENCE AND EXPLOITATION IN CONFLICT

Since the purpose of this meeting is to convene a wide range of disciplinary expertise around a single topic, the first session will provide a summary overview of existing knowledge about the impact of sexual violence and exploitation and its implications for reproductive health, human rights, humanitarian concerns and development. In order to establish a common frame for subsequent discussions, presentations will summarize the scale, scope and patterns of sexual violence and exploitation in and across conflict affected situations, including peacekeeping environments, and within and outside of camp settings in the context of natural disasters and “fragile” states. The implications of sexual violence and exploitation for women’s physical and psycho-social well being, reproductive, and sexual health and rights will be addressed, as will implications for human rights and humanitarian approaches to building the rule of law, increasing access to justice and promoting development and recovery and peace and security at individual, family, community and national levels.

The goals of this session are to identify (a) key gaps in understanding about the scale, scope and patterns of sexual violence across different settings; (b) implications for health, humanitarian, human rights, justice and recovery strategies; (c) key decisions and information needs in each of these sectors.
Part 2: Data Collection and Measurement Challenges

Part 2 will address methods and approaches to measuring and collecting data on sexual violence and exploitation in conflict situations. It will explore demographic and population based approaches; administrative and service based data collection (including criminal data collection); and the use of specialized surveys on SVE. The potential application of other information sources, tools and approaches for SVE surveillance will also be explored, including those used in human rights monitoring and reporting, early warning and humanitarian information collection.

A range of methodological challenges will be addressed, including the application of existing tools and instruments to conflict settings, the significance of HIV/AIDS, under-reporting, ethical implications of research approaches, security risks, and program and service delivery constraints. Focus will be given to indicators and measurement challenges relating to incidence and prevalence over time, including the issue of base-line data, sampling and standardization, territorial coverage, populations addressed and types of violence monitored.

The goals of this session are to (a) assess the limitations and potential of existing methods for measuring sexual violence and exploitation; (b) assess their relevance to conflict situations; (c) identify the potential of other surveillance tools for strengthening data collection, analysis and measurement of SVE.

2:30-4:00  
Session 1: Demographic, epidemiological and population-based approaches to sexual violence and exploitation surveillance  
Chair: Ron Waldman  
Michelle Hynes and Kavita Singh

4:00-5:30  
Session 1: Continued (presentations and discussion)  
Chair: Friedl Van den Bossche  
Michelle Hynes (on behalf of Basia Tomczyk) and Mary Ellsberg

Friday, December 16, 2005

9:00-11:00  
Session 2: Human rights and criminal justice approaches to monitoring and reporting sexual violence and exploitation  
Chair: Jennifer Leaning  
Anne Saris, Joanne Csete, Jorge Alberto Restrepo, Veronica Omofonma
Session 3: The relevance of sexual violence and exploitation to early warning and humanitarian information collection  
Chair: Judy El Bushra  
Heinz Krummenacher, Ivan Lupis, Nathan Taback

Session 4: The costs and impacts of SVE: implications for recovery and reconstruction  
Chair: Jennifer Klot  
Robert Muggah, Mallika Samaranayake, Debarati Guha-Sapir

Session 5: Summary of Discussion and Key Points  
Chair: Philip Setel

PART 3: OPERATIONAL IMPLICATIONS—PULLING IT ALL TOGETHER

This concluding session will address operational considerations relevant to the design and implementation of an SVE surveillance system. It will envisage possible models for SVE surveillance and their human resource, training and capacity building requirements. It will address how an emergency response surveillance effort could contribute to the development of national systems for data collection. Challenges for cooperation and coordination within the humanitarian community (UN and NGO), as well as with human rights, development, political and military actors will also be addressed.

Although the meeting has focused mainly on measurement issues, the primary purpose of measurement is to inform programs, policies and emergency responses; discussion will therefore address the information needs relevant to program design and evaluation.

Roundtable Discussion: What a surveillance system might look like  
Chair: Mukesh Kapila

Issue 1: Capacity-building, training needs and human resource requirements  
Discussant: Kate Burns

Issue 2: Integrating sexual violence and exploitation surveillance approaches into national data collection  
Discussant: Philip Setel
Issue 3: Coordination and cooperation
Discussant: Mary Otieno

Issue 4: How better surveillance can inform program design and evaluation
Discussant: Jeremy Stickings

5:30-6:00
Wrap up and Closing
Mukesh Kapila
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