Prevalence of Gender-Based Violence: Preliminary Findings from a Field Assessment in Nine Villages in the Peja Region, Kosovo

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The information contained in this report represents collaboration between the Women's Wellness Center and The Reproductive Health Response in Conflict Consortium.
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1. Executive Summary

1.1 BACKGROUND

A study on the prevalence of multiple forms of gender-based violence (GBV) was undertaken by the Women's Wellness Center (WWC) in the Peja Region of Kosovo in August 2002. The design, implementation, and analysis of the research were the result of collaboration between the WWC and the Reproductive Health Response in Conflict (RHRC) Consortium, with expert contribution from GBV researchers at Centers for Disease Control and Prevention (CDC) and the University of Arizona. The primary goal of the collaborative effort was to produce data for programmatic and policy use by the WWC.

1.2 METHODS

Nine villages in the Peja region of Kosovo were selected for the site of the survey. Women of reproductive age (18-49) from a total of 473 households were visited which led to 332 completed interviews. The 174-question survey was designed to generate estimates of sexual and physical violence perpetrated by armed actors and other non-family members during three time periods defined by historical markers including: 1)conflict, defined as both the Serbian "apartheid' (1988-1998) and the war (1998-1999); 2) displacement (dates variable according to participant displacement history) and; 3) post-conflict (from September 1999 or subsequent repatriation up to the time of the research). The questionnaire was also designed to investigate recent incidence of intimate partner violence and lifetime exposure to injuries by an intimate partner. Questions were incorporated to elicit contextual information about the violence, including the types of injuries sustained, pregnancy outcomes, whether and what sources of help were consulted and their comparative value, and the current emotional health status of the respondent.

1.3 OVERVIEW OF FINDINGS

Background Characteristics of Respondents: Ninety-nine percent of the study sample was Kosovar Albanian and all reported their religion as Islam. Seventy-seven percent of women had completed at least some primary school and the majority of women (98%), stated they were unemployed.

Physical and Sexual Violence Perpetrated by Non-Family Members: Types of physical violence enumerated by the interviewer included: threats with a weapon, slapped/hit, choked, beaten/kicked, tied up/blindfolded, shot at/stabbed, physical disfigurement, and abduction. Respondents were also given the opportunity to identify other types of violence to which they may have been exposed. Rates of reported exposure to physical violence were highest during displacement (27%), somewhat lower during conflict (16%), and much lower post-conflict (1%). The most common form of physical violence for all time periods was "threatened with a weapon." Those who were displaced to Albania were at higher risk of exposure to physical violence than those displaced elsewhere or not displaced.

Types of sexual violence enumerated by the interviewer included: improper sexual comments, stripped of clothing, internal body cavity searches, unnecessary medical exam of private areas, unwanted kissing, touched on sexual parts of body, beaten on sexual parts of body, forced to give/receive oral/vaginal/anal sex. Respondents were also given the opportunity to identify other types of violence to which they may have been exposed. A sexual violence rate of 23% was reported during displacement. Sexual violence during the conflict (15%) was not significantly different from the rates in displacement but was significantly lower post-conflict (2%). The most common form of sexual violence for all time periods was being subject to "improper sexual comments." Those who were displaced internally in Kosovo or to a camp in Albania were at a higher risk of exposure to sexual violence than those who were displaced elsewhere or not displaced.

When asked to provide contextual information about what they perceived as their worst experience of violence for each time period, respondents most frequently identified Serbian soldiers as perpetrators of incidents occurring both during the conflict and during displacement. Post-conflict, neighbors or other community members were the majority of perpetrators of the most serious incident of violence identified by respondents. Women reported that the perpetrator threatened to kill them in 56% of the incidents during

the conflict, 77% during displacement, and 11% post-conflict. One hundred percent of respondents told someone about the worst incident they suffered during the conflict, and the majority of women told someone about the worst incidents they suffered during displacement and post-conflict (88% and 78%, respectively). For all three time periods, family members and friends were the most commonly reported to rather than any authority, and the most common outcome was the provision of emotional support rather than legal or other action.

Intimate Partner Violence: In an attempt to analyze the impact of conflict and conflict cessation on women's risk of intimate partner violence, participants were asked about violence by a partner during two time periods: 1) the year preceding the war and 2) the 12 months prior to the survey. Types of intimate partner violence enumerated by the interviewer were grouped into four categories for analysis: 1) intimidation and control (forbidden to see friends and family, kept away from medical care, and/or refusal of money for household goods); 2) verbal abuse (insulted or swore at you, threatened to hurt you, and/or threatened with a weapon); 3) physical assault (pulled hair, slapped/twisted an arm, hit with fist or something else, pushed down/kicked, and/or choked), and; 4) sexual coercion (using threats of physical harm or using force to obtain sex and/or forcing the respondent to have sex with other people).

In the year before the war, 36% of all women with partners reported at least one incident of violence by their partner and 34% reported at least one incident in the year before the survey. Rates of intimate partner violence during the year preceding the war and the year prior to the survey were significantly different only for physical violence (17% in the year before the war and 11% in the year prior to the survey). Rates of sexual coercion were 8% in the year preceding the war and 6% in the year prior to the survey. Overall rates for partner intimidation and control and verbal abuse were higher, with an intimidation and control rate of 25% before the war and 23% in the year before the survey, and a verbal abuse rate of 26% and 27%. Family and money issues were identified as the top two factors contributing to violence. Forty eight percent of all women who had been exposed to partner violence in the year before the war reported that their partners wanted to have sex directly after mistreating them, and 39% reported this happened in the year preceding the survey. Women who had witnessed their parents being physically violent with each other were at almost three times higher risk of experiencing partner intimidation and control for both time periods than women who did not witness parental violence.

Women who ever had a partner were asked about levels of injury over their lifetime, as well whether they had ever been beaten during pregnancy. Twelve percent reported physical injuries resulting from physical partner violence. Among those who experienced injuries, only 6.5% sought medical treatment. Eleven percent of ever-partnered women had been beaten while pregnant.

Sixty-one percent of women reporting violence for either time period sought help; of those, all but three women sought help from family or friends. Only one woman sought help from a woman's group. Notably, however, when women were asked what would be most helpful to them in coping with mistreatment by an intimate partner, the most common response (44%) was a support group.

Mental Health: Nearly one third of women reported symptoms consistent with psychological distress and impaired social functioning. Women who had been exposed to intimate partner violence in the year before the war and in the year prior to the survey showed significantly more symptoms of psychological distress, as did women who reported outsider physical violence during the conflict or during displacement. In addition, women who were older than age 25, women who reported that their husbands or partners used alcohol, and those who reported being afraid of their husbands or partners showed higher levels of stress. Women identified talking with family, employment and support groups for women as activities that would help them if they were upset.

1.4 DISCUSSION

The results of the study indicate that GBV is a significant problem for Kosovar women in the region under investigation. The conflict and subsequent displacement put these women at considerable risk of physical and sexual violence committed by non-family members. War is not the only risk factor, however; significant numbers of women are exposed to on-going violence in the home. Few who have experienced

violence are likely to seek assistance from resources other than family or friends. Reasons for this lack of help-seeking from external sources of support require further investigation, but are likely related to the dearth of available services: well over half of the survey respondents rated medical services, reproductive health services and police as being difficult to access in their communities. An analysis of the data indicates a strong correlation between exposure to GBV and mental distress. Respondents identified women's support groups as a potential resource for helping them to cope with the mistreatment that they experience in the home. Support groups would most likely be composed of community members, family and friends, who are the people women are reporting to and could be an important link to more formal resources. Any attempts to mitigate the effects of GBV and to work towards its elimination will require efforts to enhance services to survivors across the health, legal, security and psychosocial sectors, as well as community education aimed at changing cultural and social norms, attitudes, and practices that promote and even encourage violence against women.

2. Background

2.1 Definitions

Gender-based violence (GBV) is a term describing any harm perpetrated against a person that results from unequal power relationships determined by social roles ascribed to males and females. While recognizing that boys and men may be exposed to gendered violence, the inequality of power that is the foundation of GBV, coupled with women's inferior status in virtually all societies, means that women and girls are the primary targets of GBV around the globe. As such, the term GBV continues to be used principally in reference to violence against women and girls. In a definition put forth in 1993 that is still widely referenced today, the United Nations classified violence against women as "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" (United Nations, 1993).

This definition highlights that violence against women encompasses a broad range of abuses, from physical and sexual assault to emotional and institutional abuse or the threat of such abuse. As such, manifestations of GBV might variously include domestic violence, rape, sexual harassment, exploitation, trafficking of women and girls, denial of rights, exclusion from social benefits and other forms of discrimination, and cultural practices that have harmful implications for women and girls, such as female genital mutilation, early/forced marriage, etc.

Although "GBV" is the most commonly used idiom in humanitarian and development fields to describe violence against women and girls, there remains controversy about the utility of the term. Some argue that it is not only too abstract to be meaningful, but also difficult to translate in most languages. Nevertheless, in so far as it implies that issues of gender underlie virtually all forms of violence against women and girls, the term continues to be widely favored because it has important theoretical and practical implications: the language speaks to the necessity of examining the societal and relational contexts in which violence against women and girls occurs. As such, the term extends beyond the descriptive to the operational level, implicating all members of society--men, women, boys and girls--in any efforts to reduce GBV. Eliminating GBV is a "profoundly political challenge because it necessitates challenging the unequal social, political and economic power of men and women, and the ways in which this inequality is perpetuated through institutions at all levels of society" (Pickup, 2001).

2.2 Global scope

It has been estimated that at least one in every three women around the globe "has been beaten, coerced into sex, or otherwise abused in her lifetime" (Heise, Ellsberg and Gottmoeller, 1999). In many settings in the world, the percentage is even higher. From birth to death, millions of women are directly exposed to violence, and an even greater number are forced to live with the fear its pervasiveness instills. As numerous investigators and activists have highlighted, violence against women may begin even before birth: In certain parts of the world, sex-selective abortions of female fetuses, female infanticide, and fatal neglect of girl children have caused dramatic imbalances in sex ratios between males and females. Some researchers place the global number of "missing" women — those who should currently be living but are not because of discriminatory practices — at between 50 and 100 million (Sen, 1990, in Hatti et al, 2004).

During childhood, girls may be up to three times more likely to experience sexual abuse than boys, and various data indicate that they are the majority of all incest victims (Innocenti, 2001). Of the almost two million children being exploited in prostitution and pornography worldwide, 80 percent to 90 percent are girls in most countries (ILO, 2000). In the rapidly increasing global trafficking market, well over a half-million human beings are forcibly or coercively transported across international borders each year — an estimated 80 percent of these victims are women and girls, and most of them are believed to be trafficked into the commercial sex industry (Assefa et al, 2005).

In adulthood and even into old age, women continue to be at risk of specific forms of violence simply by virtue of being female. Most of their abusers are known to them —they are boyfriends, husbands and other

family members, people from their community and, in the case of older adults, those specifically designated as caregivers. In 1997, the United States Surgeon General concluded that violence committed against women by their intimate partners poses the single largest threat to all American women, and similar conclusions have been drawn from studies in Europe and Australia (UNDP, in Amnesty International, no date).

Effectively ignored in many societies around the world, levels of impunity--and consequent levels of violence—appear to increase during war and its aftermath. Sexual violence may be used systematically by warring factions in order to destabilize populations and destroy bonds within communities or families; advance ethnic cleansing; express hatred for the enemy; or supply combatants with sexual services. Other forms of violence that many increase as a result of armed conflict include: early or forced marriage, female infanticide, enforced sterilization, domestic violence, forced or coerced prostitution, and trafficking in women and girls. While war may be understood as a contributing factor, acts of GBV committed during and following from armed conflict are essentially based on long-standing attitudes and behaviors that sustain and reinforce GBV, whether in times of peace or of war.

2.3 Impact

According to a 1993 World Development Report, violence "is as serious a cause of death and incapacity among women of reproductive age as cancer, and a greater cause of ill-health than traffic accidents and malaria combined" (cited in WHO info pack, no date).

GBV has serious consequences on women's mental, physical, and reproductive health. Mental health effects often associated with intimate-partner violence (IPV), include depression, anxiety, post-traumatic stress disorder, and alcohol and drug abuse (Cohen, Deamant, Barkan, Richardson, Young, Holman, Anastos, Cohen, & Menick 2000; Wingood, DiClemente, & Raj 2000). Physical health effects include immediate injuries usually in the face, neck, upper torso, breast or abdomen regions which cause both acute and chronic pain, cuts, burns, bruises, broken teeth and/or bones, muscular skeletal injuries and damage to eyes and ears (Grisso, Wishner, Schwarz,, & Weene 1991; Mullerman, Lenaghan & Pakieser 1996; Varvaro & Laska 1993). Longer-term physical health effects can impact neurological (Coker 00), gastrointestinal and muscular, urinary, and reproductive systems (Martinez, Garcia-Linares, & Pico-Alfons, 2003) and lead to chronic pain (Goldberg & Tomlanovich 1984; Campbell, Snow-Jones, Dienemann, Kub, Schollenberger, O'Campo, Gielen, & Wynne, 2002; Coker, Smith, Bethea, King, McKeown, 2000). Hypertension (Rodriguez 1989; Coker et al. 2000; Letourneau, Holmes, Chasedunn-Roark 1999), and chronic irritable bowel syndrome have also been found to be associated with gender-based violence (Drossman, Leserman, Nachman, Li, Gluck, Toomey, Mitchell 1990; Leserman, JLi, Drossman, Hu 1998). Reproductive health effects of forced sexual relations include a wide range of gynecological problems including chronic pelvic pain, vaginal bleeding or discharge, vaginal infection, painful menstruation, sexual dysfunction, fibroids, pelvic inflammatory disease, painful intercourse, urinary tract infection, infertility (Campbell et al. 2002), unintended pregnancy (Campbell 2002; Watts &Zimmerman, 2002) and STIs including HIV/AIDS (Campbell et al. 2002 ; Watts & Zimmerman 2002).

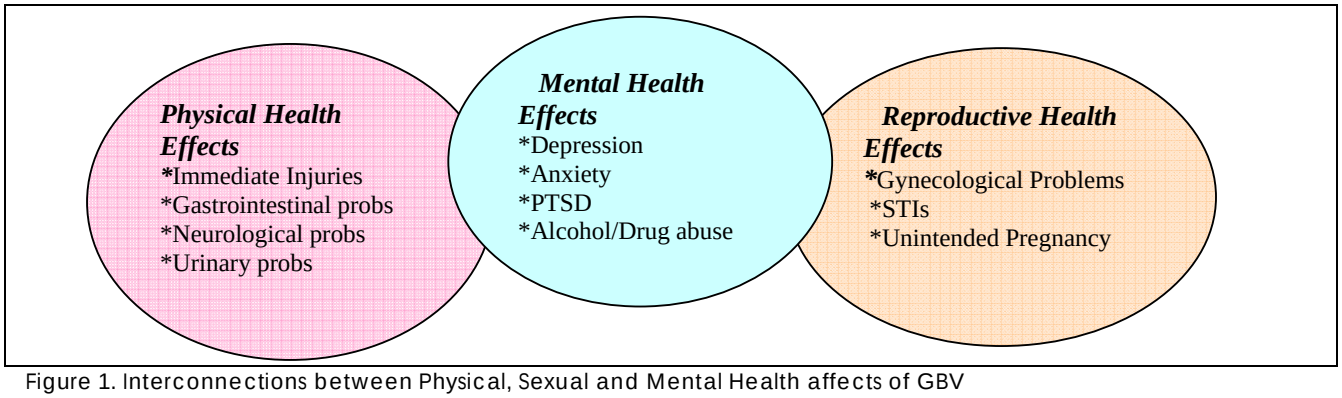


Figure 1. Interconnections between Physical, Sexual and Mental Health affects of GBV

Acts of GBV are also an affront to universally accepted human rights guarantees, with long-term development implications. According to an overview of GBV published in 1999 by Johns Hopkins University, "violence against women is the most pervasive yet least recognized human rights abuse in the world" (Heise, Ellsberg and Gottemoeller, 1999). In the words of the United Nations Secretary-General, any society which fails to take measures to protect the safety and wellbeing of half of its members "cannot claim to be making real progress." Violence against women drains a country's existing resources and handicaps women's ability to contribute to social and economic progress. According to the United Nations Special Rapporteur on Violence Against Women, women are nine times more likely than men to leave their job as a result of sexual harassment (UN Spec Rap on VAW, 1997). In some industrialized settings, the annual costs of intimate-partner violence alone have been estimated in the billions of dollars. State expenses for one act of rape in the United States, when accounting for both tangible and intangible costs, may amount to close to US $100,000 (Post et al, 2002).

3. Research Partners

This study was undertaken in Kosovo in August 2002. The design, implementation, and analysis of the research represent collaboration between the Centers for Disease Control and Prevention (CDC) and the RHRC Consortium, with expert contribution from GBV researchers at the University of Arizona, USA. All field-based research activities were carried out by staff of the Women's Wellness Center (WWC) in Peja, Kosovo. The WWC was established in 1999 by the International Rescue Committee (IRC) as a multi-service center designed to provide services to victims of GBV in the Peja region. The WWC was registered as a local NGO in 2001. The WWC is a multi-service women's center that offers direct counseling, support and shelter services to survivors of sexual assault and intimate partner violence. It offers extensive rural outreach, organizes a wide range of activities for women and provides training to professionals (healthcare providers, social workers, police, and judges) to enable them to recognize and respond to intimate partner violence and sexual assault. The WWC is also a member of the Kosovo Women's Network and supports advocacy and awareness raising/education activities undertaken by the Network. The WWC is the only institution in Kosovo whose exclusive mandate is to address GBV. WWC activities and outreach cover four municipalities of the Peja region (Peja, Decan, Istog, and Klina), consisting of both urban and rural areas and a combined population of 300,000.

4. Research Objectives

In Kosovo, thousands of Kosovar women were killed as victims of "ethnic cleansing" (UNIFEM, 2000). An estimated 23,200 to 45,600 Kosovar Albanian women are believed to have been raped between August 1998 and August 1999, the height of the conflict with Serbia (Hynes and Lopes Cardozo, 2000). However, obtaining a true picture of the scope of sexual violence committed during Kosovo's extended period of apartheid and brief war has been as challenging as in other conflict-affected regions. Research mounted by international organizations such as Human Rights Watch, for example, has been unsuccessful in reliably identifying the numbers of victims (Human Rights Watch, 2000). Information about domestic violence is somewhat more accessible. A United Nations Development Fund for Women post-war qualitative assessment of domestic violence found that 23 percent of the Kosovar Albanian women interviewed had experienced domestic violence in 1999-2000 (UNIFEM, 2000). Although ethnically Albanian women were targeted in the greatest numbers, ethnically Serbian, Roma, Egyptian and Ashkaelia women were also victims of violence and forced displacement (UNIFEM, 2000).

The principal aim of this study was to assess the prevalence of GBV, specifically intimate partner and sexual violence, among ethnic Albanian women of reproductive age (18-49 years of age) living in the Peja region. Additional aims of the research project included: field testing a survey tool in a post-conflict setting; identifying the barriers to and preferences for GBV prevention and treatment services by producing useful data on the nature and scope of GBV and its mental health sequelae and reproductive health outcomes; improving field-based programs' ability to conduct and disseminate GBV research through training local NGO staff in population-base research techniques; and providing data necessary to conduct advocacy to health care providers and donor agencies regarding the need for comprehensive GBV programming and goals for policy development.

5. Research Methodology

5.1 Research Design

A cross-sectional survey design was used to measure the variables of interest. Inclusion criteria for the study were women of reproductive age (18-49 years of age) who resided in the 9 villages selected at the time of the survey. The Peja region was chosen as the region of interest for reasons of convenience, including the availability of the WWC to provide follow-up services to the study participants after the conclusion of the study.

5.2 Sampling Frame

Population lists including head of household and population size were obtained from leaders of the selected villages a week prior to the interviews. The number of women of reproductive age was estimated and a two-stage process was followed in order to create a sampling frame. In the first stage an unclustered, equal probability sample of households was selected. In the second stage, one reproductive age woman from each household was randomly selected. Sample size was determined by estimating the number of women of reproductive age for each village.

Consent was obtained in two stages in order to protect the confidentiality of the participants. Women from the study communities were recruited and trained as locators. Locators were chosen based on their familiarity with the neighborhoods and inhabitants of the communities being surveyed in an attempt to encourage trust among participants in joining and continuing with the study. The locators traveled to the randomly selected households, obtained from the population lists, and randomly selected a participant using a number table on the locator form. Participants were scheduled for appointments at a central location, where more details were provided about the study and a second consent obtained; the survey was then conducted.

5.3 Study Instruments

The 174-question survey was designed to generate estimates of sexual and physical violence prevalence during three time periods defined by historical markers including: 1) conflict, defined as during the Serbian apartheid (1988-1998) and during the war (1998-1999); 2) displacement (dates variable according to individual displacement history); and 3) post-conflict (from September 1999 or subsequent repatriation up to time of interview). In addition, 12-month point prevalence estimates of intimate partner violence were obtained, as well as contextual information about the violence, the injuries sustained, sources of help consulted, and emotional health status. To facilitate accumulation of a cross-national database and to benefit from the efforts of previous investigators, questions were taken from pre-existing international surveys whenever possible, adjusting response options to tailor them to the setting. However, it was generally not possible to use validated non-family sexual violence questions as this subject remains under-investigated globally.

The survey consisted of items taken from the WHO Multi-Country Study (WHO) (Garcia-Moreno, 1998), Demographic and Health Surveys (DHS) (Direction National de la Statistique and de l'Information, 1999), CDC Reproductive Health Surveys (Serbanescu et al., 1998), IRC Surveys (2001), Physicians for Human Rights Surveys (Amowitz el al., 2002), the Impact of Events Scale (Weiss and Marmar, 1997), and the Hopkins Symptom Checklist (Mollica et al., 1987). The survey was prepared in English, translated into Albanian, and back-translated into English to check for accuracy. Consultations with local research collaborators were conducted to determine the most appropriate local terminology and to customize questionnaire response options. Further adjustments were made during the training of interviewers and following the pilot test of the questionnaire.

A 12-item version of the General Health Questionnaire (GHQ-12) (Goldberg and Hillier, 1979), a self-report questionnaire which assesses the presence of psychological symptoms associated with distress over the previous few weeks, was used to assess mental health. The symptoms assessed are related to somatic symptoms, anxiety and insomnia, social dysfunction, and severe depression. The GHQ-12 is a widely used instrument for assessing psychological distress that is often used in community settings. It is a screening instrument that does not provide a specific diagnosis of anxiety or depression, but rather identifies women who are highly distressed and may benefit from a more thorough follow-up assessment or intervention.

5.4 Survey Team

Interviewers received two weeks of intense training in interviewing techniques, confidentiality, and safety issues. Many of the interviewers had previous experience working in the area of GBV. Training began with an overview of GBV-related concepts, as well as interviewers' perceptions of and attitudes related to GBV. The questionnaire was reviewed in detail and interviewers practiced administering the questionnaire, first in front of the rest of the interview team, and then in pairs. A supervisor checked questionnaires and reviewed mistakes with the interviewers at each practice interview. Interviewers then conducted a pilot test in which they completed two interviews each. During the training process, the interviewers provided feedback on the questionnaire. Revisions were made to the questionnaire based on their comments and the results of the pilot test. Locators received training in using a locator form to select women at the household level and invite them to participate in the research.

Efforts were made to select interviewers from outside the neighborhoods in an attempt to protect the confidentiality of the study participants.

5.5 Pilot Study

A pilot study was conducted at a school in a local village not selected for the study. Women were recruited to participate by a local women's psychosocial organization. The pilot test offered the opportunity to test questionnaire content, as well as to give interviewers a chance to practice in a real life setting. Each interviewer conducted two interviews at an average of one hour per interview. Based on the pilot test, some translations and skip patterns were adjusted.

5.6 Data Collection

Due to the sensitive nature of the questions and the difficulty in obtaining privacy at the respondents' home, respondents who were willing to participate were scheduled for an appointment time at a central location in their village. At the time of the interview, a verbal consent form was read to the participant. The consent form informed the participants that information they provided would be anonymous, that their decision regarding participation was voluntary, and that participation would have no bearing on their access to food, water, health care, or social services in the community or to their families' access to these services. The women were also told that if they chose to participate, information about family life and exposure to various forms of GBV would be recorded, and that the interview would last approximately 60 minutes. The respondents were then read the questions and asked to supply verbal responses. Women reported on incidents that they had personally experienced, with the exception of several questions about sisters' exposure to violence. In an effort to minimize errors or missing data, supervisors checked completed surveys before participants left the interview location. At the recommendation of the interview teams, respondents were given small gifts for participation (shampoo), but participants were not informed of the gift prior to completing the interview to avoid influencing participation. Responses were anonymous. Data collection was completed in two weeks.

5.7 Data Analysis

Several types of data analysis were carried out for this study. Preliminary data analysis was conducted using SAS version 8.2 and SPSS version 10.1 to provide un-weighted frequencies and percents on the main variables. Associations and relative risk ratios were computed using SAS version 8.2.

5.8 Protection of Human Subjects

This research study was submitted to the CDC Internal Review Board (IRB) and deemed exempt from review since the survey research was anonymous and presented no more than minimal risk to the participants. Although exempt from IRB review, the study team did adhere to human subjects' protection and rights. For example, there was a potential for psychological distress due to the content of some of the questions. This

was addressed through sensitivity training for the interviewers. The subjects were also informed that should they become uncomfortable answering any questions, they could refuse to answer or they could stop the interview at any time.

Data collection forms were kept with the investigators and stored and locked. There were no identifiers that could link the participant with the questionnaire. All persons working on the project were asked to protect confidentiality and keep the study information private.

Investigators returned to villages where the research was conducted within one month of administering the survey to conduct informal discussion groups with women in the community about attitudes and impact of the research. The discussion leaders perceived that women felt very positively about the research, which is also reflected in the response of participants to the survey, with 94% reporting that talking about the subjects in the questionnaire made them feel good or better. No reported incidents of violence occurred as a result of participation in the research.

5.9 Response Rates

A total of 473 households were visited to obtain 332 completed interviews. Of the 141 households visited which did not result in a completed interview:

- 48 households had no eligible woman
- 42 households were either unoccupied or the selected family had moved
- 11 selected women were not at home
- 40 selected women refused to participate

A total of 372 women were asked to participate (332 completed and 40 refused) resulting in an 89% response rate.

6. Findings

6.1 Background Characteristics of Respondents

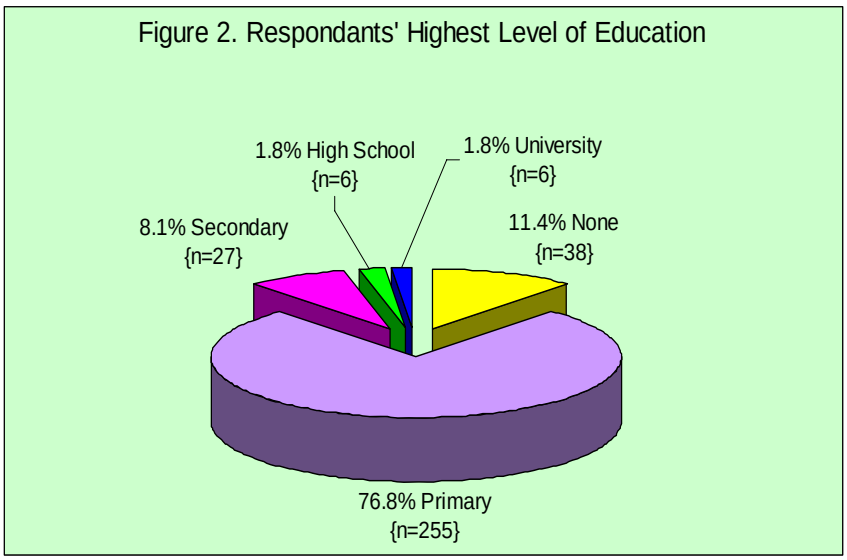
6.1.1 Respondent demographics

The ages of participants were fairly evenly distributed from 18 to 49 years (Table1). The sample was fairly homogeneous with 99% identifying their ethnicity as Kosovar Albanian and all reporting their religion as Islam.

Table 1. Age distribution of respondents (n=332)

Age	Frequency	Percent
18-20	32	9.6
21-24	46	13.9
25-29	57	17.2
30-34	56	16.8
35-39	52	15.6
40-44	47	14.3
45-49	42	12.6

Slightly over 80% of the respondents stated that they could read and write easily. The majority of women (98%) stated they were unemployed (in the formal sector). Forty-four percent reported that their partner or other family member provided the main financial support for the household, while 8% reported that their work provided the main source of income. Forty-one percent reported they had no income. Eleven percent of women had never attended school and 77% completed at least some primary school as their highest level of education (see Figure 2).



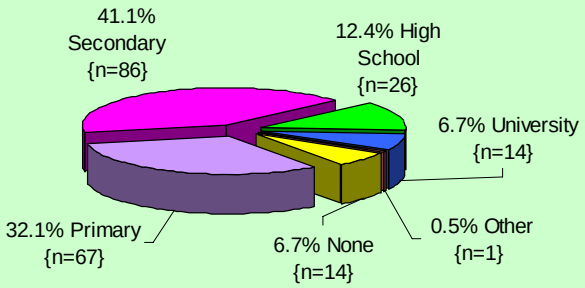
6.1.2 Marriage and Relationship History

Seventy-four percent of women in the sample had ever been married and of these, 68% had married between 16-21 years of age. The majority (98%) of respondents had been married only once. Sixty-two percent of women in the sample were currently married and 3 women (1%) were living with a partner. Of the 122 single women, 2% reported having at least one boyfriend within the past year. Thirty-four of the 122 single women (10%) had been married previously but were not currently in a partnership. Of these women, 77% were widowed, 3% were separated, 9% were divorced, 3% had been abandoned by their partner, and 12% had a missing partner.

6.1.3 Partner Characteristics

Respondents were asked to report on select characteristics of partners', including education, literacy, and current employment. According to the respondents, 93% of their partners had ever attended school. Of those that attended school, 41.1% attended at least some secondary school and 12.4% some high school (see Figure 3).

Figure 3. Partners' Highest Level of Education

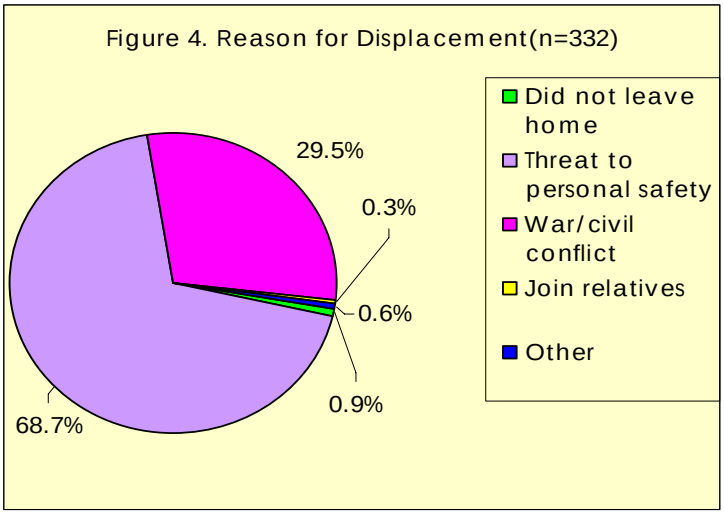


Of the 209 women in the sample currently married or living with a partner, eighty-nine percent of respondents reported that their partner could read and write easily. Twenty nine percent of women reported that their partners were working for money, 69% of partners were unemployed, and 1% of partners were working for trade.

6.2 Displacement History

In the study questionnaire, women were asked about whether they left their homes as a result of the conflict with Serbia, and if so, where they found shelter. Of the 332 women surveyed, only 3 women (1%) did not leave their homes during the conflict. The majority (98%) left because of the conflict in general or as a result of a direct threat to their security (see Figure 4).

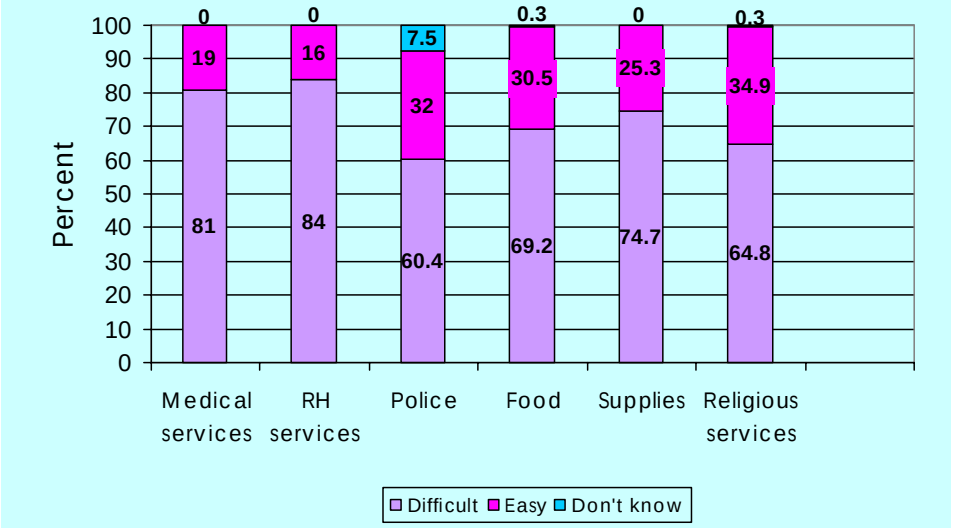
Figure 4. Reason for Displacement(n=332)



Many women were displaced more than once, with women displaced an average of 2 times. The majority of women who reported experiencing displacement went to stay with family living elsewhere in Kosovo. The next highest reported location of displacement was refugee camps in Albania. Some women reported 4 (n=21) and even 5 (n=5) different locations to which they were displaced.

6.3 Accessibility of Services

Figure 5. Accessibility of goods and services (n=332)



Respondents were asked about their current access to services in their community in order to better understand the availability of services to meet basic needs. This information provides background information from which to consider priorities for service development and allocation, and may also

impact overall well-being (Figure 5).

Eighty-one percent of respondents thought medical services were difficult to access, and 84% felt reproductive health services were difficult to access. Sixty percent of women felt police were difficult to access. The majority of women felt food and non-food supplies were difficult to access, 69% and 75% respectively, and 65% felt religious services were difficult to access.

6.4 *Gender-Based Violence* Perpetrated by Non-Family Members

6.4.1 Types of Physical and Sexual Violence Investigated

Women were asked about violence during three time periods; during conflict, during displacement, and post-conflict. The conflict time period was defined as the Serbian apartheid from 1988-1998 as well as the war from 1998-1999. Displacement was defined as the moment the woman left her home as a result of the apartheid or conflict until she returned back to her home permanently. Post-conflict was defined as the moment of return until the time of the survey, or for the 3 participants who did not leave during the conflict, was defined as September 1999 to the time of the survey.

The types of physical and sexual violence investigated are indicated in displays 1 and 2.

Physical Violence

- threatened with a weapon
- slapped/hit
- choked
- beaten/kicked
- tied up/blindfolded
- shot at/stabbed
- physical disfigurement
- abduction

Display 1. Physical Violence Investigated by study team

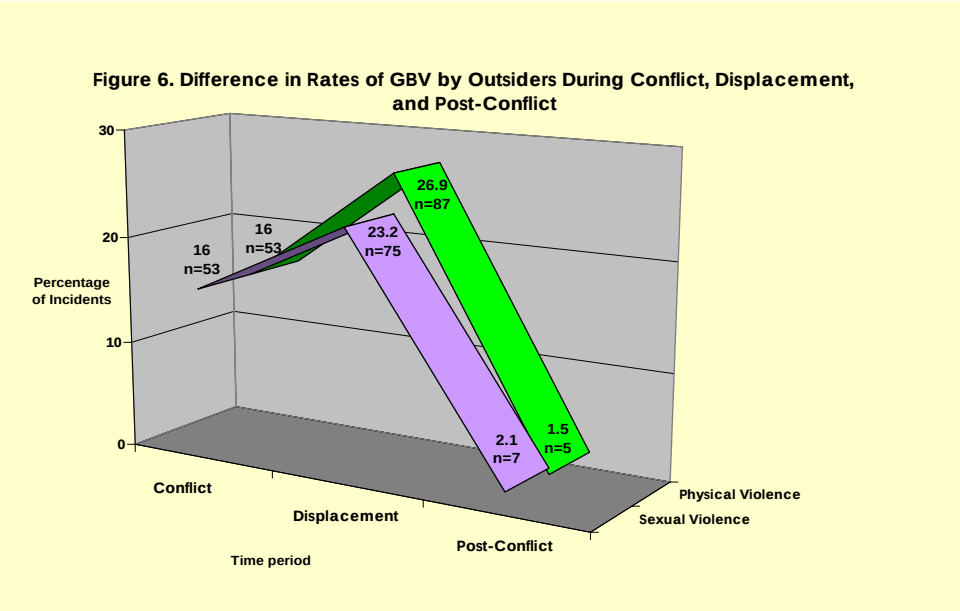
Sexual Violence

- received improper sexual comments
- was stripped of clothing
- had to endure internal body cavity searches or unnecessary medical exam of private areas
- had to endure unwanted kissing, touching on sexual parts of body, beating on sexual parts of body
- was forced to give/receive oral/vaginal/anal sex,
- was raped (which was differentiated from "forced to give or receive oral/vaginal/anal sex" by the interview team, who felt the terminology of rape, while less specific, might be more accessible to the participants)

Display 2. Sexual Violence Investigated by study team

6.4.2 Overall Rates of Physical and Sexual Violence

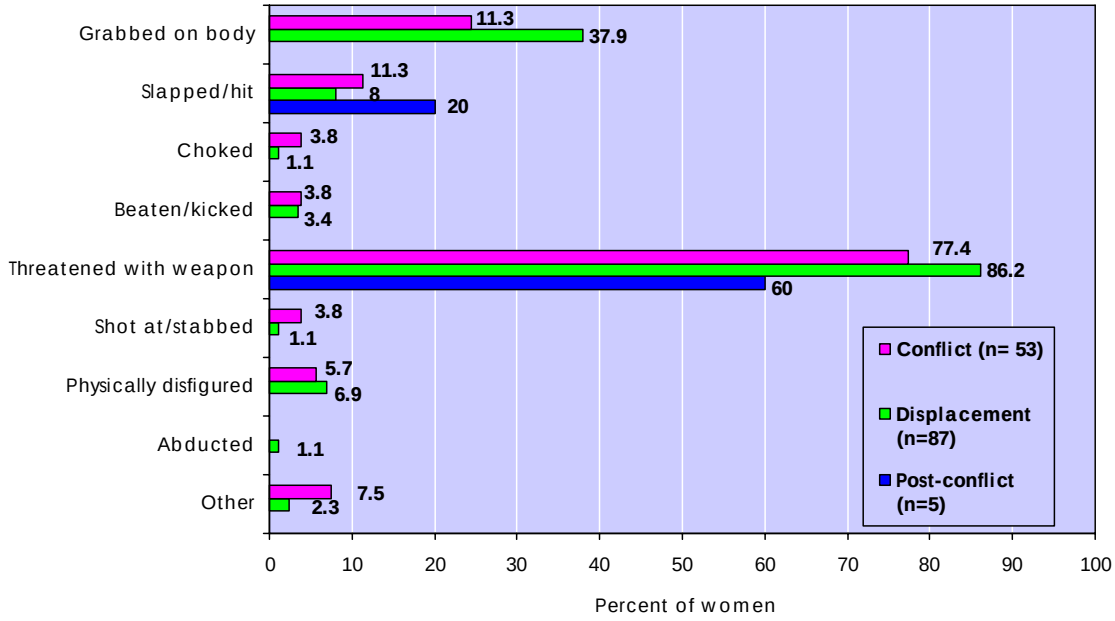
Rates of violence by perpetrators outside the family were highest during displacement with 27% of women experiencing physical violence and 23% experiencing sexual violence. Rates of physical violence were slightly lower during conflict (16%) and much lower post-conflict (1%). Sexual violence during the conflict (16%) was not significantly different from the rates during displacement but the rates were significantly lower (2%) post-conflict than either other period (Figure 6).



6.4.3 Reported Types of Physical Violence by Non-Family Perpetrators

Women who reported experiencing physical violence were then asked to define to the type of physical violence they had experienced. Figure 7 describes the percentage breakdown of different acts of physical violence reported during conflict, displacement, and post-conflict by non-family perpetrators. Of women reporting an incident, the most common type of violence reported was being threatened with a weapon during each of the 3 time periods.

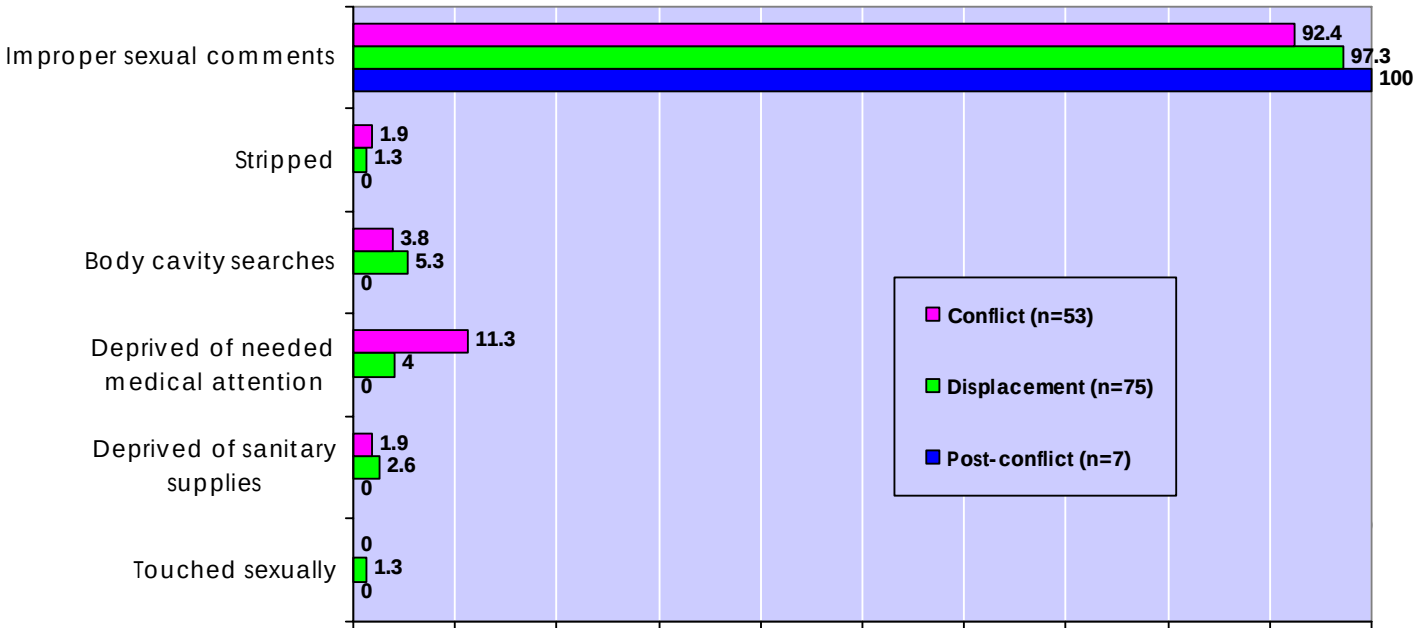
Figure 7. Percent of Women reporting Physical Violence by type of violence



6.4.4. Reported Types of Sexual Violence by Non-Family Perpetrators

Of women reporting sexual violence, improper sexual comments were the most frequently reported for all 3 time periods. Other forms of violence reported included body cavity searches, being stripped, being deprived on medical attention and sanitary supplies, and being touched sexually (see Figure 8).

Figure 8. Percent of Women Reporting Sexual Violence by type of Violence



6.4.5 Characteristics of Non-Family Perpetrated Violence

In order to provide a context for the violence experienced by respondents, women were asked to provide details for the incident of violence that they identified as the most serious of all incidents reported for each time period. Table 2 describes the perpetrators of violence and the location of the most serious occurrence of violence for each time period. Both during the conflict and during displacement, Serbian soldiers were most frequently reported as perpetrators of violence (76% and 86%, respectively), followed by Serbian paramilitary (21% and 72%, respectively). Post-conflict, the most frequent perpetrators of violence were neighbors or other community members (56%). The perpetrator was unknown to the woman in 89% of the incidents during conflict, 96% during displacement, and 56% post-conflict.

Table 2. Perpetrators of most serious incidents of violence, according to time periods

	CONFLICT (n=66)		DISPLACEMENT (n=95)		POST-CONFLICT (n=9)	
Characteristic	Frequency	Percent	Frequency	Percent	Frequency	Percent
Perpetrator*						
Serbian soldiers	50	75.8	82	86.3	1	11.1
Serbian paramilitary	14	21.2	68	71.6	0	0.0
Civil Defense Forces	0	0.0	2	2.1	0	0.0
Police Officer or interrogator	10	15.2	9	9.5	0	0.0
Neighbor/community member	1	1.5	0	0.0	5	55.6
Could not identify	1	1.5	1	1.1	2	22.2
Humanitarian Worker	0	0.0	0	0.0	1	11.1
Other	2	3.0	1	1.1	0	0.0
Missing	*0*		*2*		*0*	

Women reported that the perpetrator threatened to kill them in 56% of the incidents during the conflict and 77% during displacement. Post-conflict, this occurred in 11% of the incidents During the conflict, incidents of violence most often occurred at home (59%) and in the countryside/on the road in Kosovo (36%). During displacement, 80% of the incidences occurred in the countryside/on the road in Kosovo and 19% in another country. Post-conflict, 67% of the violence occurred outside the home in the village and 22% were at the home.

6.4.6 Associations of Non-Family Violence during War, Displacement, and Post-War with Study Variables

Significant associations of non-family perpetrated violence with selected study variables surfaced during data analysis. Women who left their home because of a threat to their personal security were at 2.3 times higher risk for physical violence during the apartheid and war than those who identified other reasons for displacement or did not leave their home. During displacement and post-conflict, women who were displaced to family elsewhere in Kosovo were at 3.3 times higher risk of physical violence and at 4.5 times higher risk of sexual violence than all other women. Women who were displaced to a camp in Albania were at 3.1 times higher risk of physical violence and at 3.0 times higher risk for sexual violence than all other women.

6.4.7 Help-Seeking Behaviors Following Violent Incidents by Non-Family Perpetrators

Women were asked to report on their help-seeking behavior following the most serious incident of violence for each time period (Table 3). All women reported the incident to someone during the conflict; 88% reported to someone during displacement and 78% post-conflict. Family members or friends were the most commonly reported to rather than any authority, although some women reported to women's groups and NGO workers. The main outcome of this reporting was provision of emotional support rather than legal or other action. The second most common reaction of people the respondent told was "Took information only/no response." Of the 11 women during displacement who did not tell anyone, the belief that nothing could be done was the main reason for not reporting (82%).

Table 3. Help seeking behavior of most serious incident of violence.						
	CONFLICT		DISPLACEMENT		POST-CONFLICT	
Characteristic	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Person reported to*	**(n=66)**		**(n=84)**		**(n=7)**	
Female family member	39	59.1	58	69.0	5	71.4
Male family member	37	56.1	35	41.7	3	42.8
Husband/partner	24	36.4	29	34.5	1	14.3
Friend	21	31.8	23	27.4	4	57.1
Women's group	16	24.2	21	25.0	3	42.8
NGO worker	9	13.6	12	14.3	1	14.3
Medical person	1	1.5	2	2.4	0	0.0
Religious Authority	1	1.5	0	0.0	0	0.0
Police or local authorities	0	0.0	0	0.0	2	22.2
UN Staff Member	0	0.0	0	0.0	0	0.0
Other	1	1.5	1	1.2	0	0.0
Missing	*0*		*2*		*0*	

6.5 Physical and Sexual Violence against Sisters by Non-Family Perpetrators

"Sisterhood" questions were asked in order to provide an alternative method for assessing rates of violence against women aside from asking direct question to the respondents about their own histories of violence. This technique is utilized so that some women who may not feel comfortable or safe in responding to a question about themselves may feel more comfortable responding to questions about other people. The reason the questions are asked about sisters is because it is very likely only one woman from a given natal family will participate in the survey. If only one sister is asked these questions about her other sisters, then it is possible to get a realistic rate of violence because each "sisterhood" response by the participants will very likely only count for one person. The rates of sisters' physical and sexual assault by non-family perpetrators as reported by the participants are displayed in Table 4.

Table 4. Rates of physical & sexual violence against sisters by non-family perpetrators as reported by participants.						
	CONFLICT		DISPLACEMENT		POST -CONFLICT	
Characteristic	**Frequency**	**Percent**	**Frequency**	**Percent**	**Frequency**	**Percent**
Sister(s) physically assaulted (n=302)						
Yes	21	6.9	28	9.3	1	0.3
No	279	92.4	273	90.4	293	97.0
Don't know	2	0.7	1	0.3	8	2.6
Physical Assault Perpetrator	**n=21**		**n=28**		**n=1**	
Serbian Soldiers	11	52.4	23	82.1	0	0.0
Serbian paramilitary	11	52.4	21	75.0	0	0.0
Police Officer or interrogator	6	28.6	3	10.7	0	0.0
Sister(s) sexually assaulted (n=302)						
Yes	7	2.3	18	6.0	0	0.0
No	293	97.0	282	93.4	301	99.7
Don't know	2	0.7	2	0.7	1	0.3
Sexual Assault Perpetrator	**n=7**		**n=18**		**n=0**	
Serbian Soldiers	7	100.0	16	88.9	0	0.0
Serbian paramilitary	7	100.0	17	94.4	0	0.0

Sisters were more often physically assaulted during the conflict and displacement (7% and 9%, respectively) than post conflict (.3%). Six percent of sisters were sexually assaulted during displacement, as reported by the participants. Two percent were sexually assaulted during the conflict and none were assaulted post-conflict. The perpetrators of physical assault against sisters, when known by the respondent, were Serbian military and paramilitary and police during apartheid and displacement and a humanitarian aide worker listed as the perpetrator for the 1 incident reported post-conflict. The perpetrators of sexual assault against sisters, when known to the respondent, were Serbian soldiers and paramilitary during the apartheid and displacement.

6.6 Gender-Based Violence Perpetrated by Family Members: Intimate Partner Violence

6.6.1 Background on General Conflict between Partners

Respondents, who were ever partnered, were asked questions about frequency and sources of conflict with their partner. Thirty-three percent of women reported that they were ever afraid of their partner. Fifteen percent of women reported that their partner drank alcohol with 91% of those women reporting that their partner had come home drunk in the past month. Thirty-two percent of women whose partners drank alcohol stated that it caused problems between them. Eighty-six percent answered that they argued an average of two or less times per month with their partners.

6.6.2 *Frequencies of Intimate Partner Violence*

Women were asked about violence by a partner during 2 time periods; the year preceding the war (1997-1998) and the year prior to the survey (2001-02). Women may have had different partners for each time period, although the average length of marriage at the time of the survey was 5+ years for 90% of currently married women. Types of intimate partner violence were grouped into the following categories for analysis:

Intimidation and Control was defined as forbidden to see friends or family, kept away from medical care, and refusal to give money for household goods.

Verbal Abuse was defined as insulted or swore at you, threatened to hurt you, threatened with weapon.

Physical assault was defined as at least one of the following: pulled hair, slapped/twisted arm, hit with fist or something else, pushed down/kicked, choked.

Sexual coercion was defined as partner using threats of physical harm or using force to obtain sex, or forcing the woman to have sex with other people.

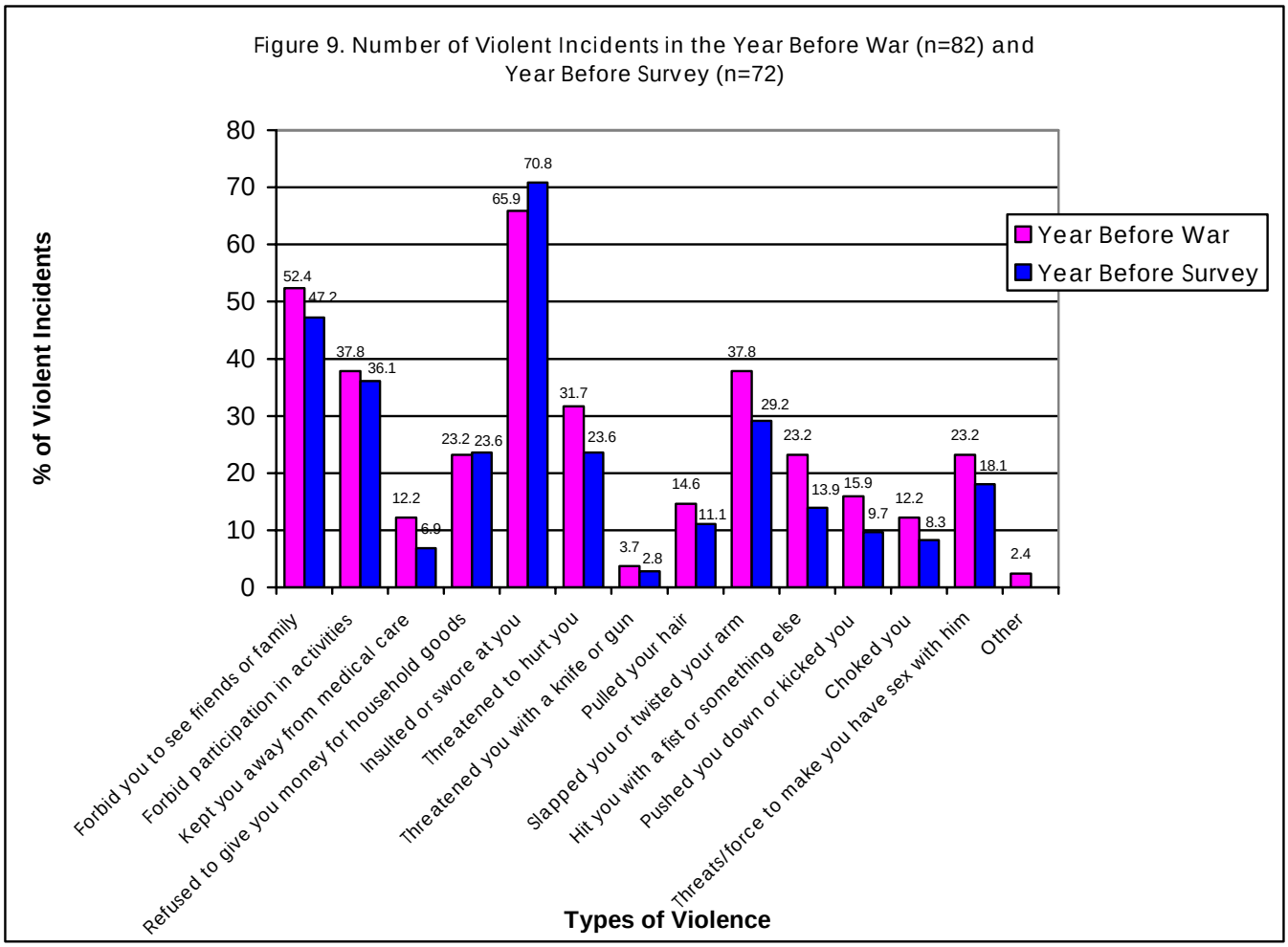
Rates reported of intimate partner violence during the year preceding the war and the year prior to the survey (Table 5) were significantly different for physical violence, with a rate of 17% in the year before the war and 11% in the year prior to the survey and for sexual coercion by intimate partners with a rate of 8% in the year preceding the war and 6% in the year prior to the survey. Rates for partner intimidation and verbal abuse were higher, although not significantly different between time periods, with an intimidation rate of 25% before the war and 23% in the year before the survey, and a verbal abuse rate of 26% and 27%.

Table 5. Difference in Rates of Violence by Intimate Partners Pre-War and Post-Conflict

Characteristic	Year Before War (95% CI) n=226	Year before survey (95% CI) n=212	p-value
Partner Intimidation	24.8 (19.2-30.4)	22.6 (17.0-28.3)	0.34
Partner Verbal Abuse	26.1 (21.4-30.8)	27.2 (21.2-33.2)	0.51
Partner Physical Violence	17.3 (13.2-21.3)	11.3 (7.1-15.6)	0.004
Partner Sexual Coercion	8.4 (5.4-11.4)	6.1 (2.9-9.4)	0.04

In the year before the war, 36% of all women with partners reported at least one incident of violence by their partner and 34% reported at least one incident of violence in the year before the survey (Figure 9). Of the women reporting violence by an intimate partner, "insulted or swore at you" was the most common at 66% before the war and 71% in the year preceding the survey. "Forbid you to see friends or family" was the second most frequently reported pre-war and post-conflict (52% and 47% respectively), and "slapped you or twisted your arm" had a rate of 38% pre-war and 29% post-conflict.

Figure 9. Number of Violent Incidents in the Year Before War (n=82) and Year Before Survey (n=72)



6.6.3. *Factors Contributing to Violence*

Of those who reported at least one or more incidents of IPV for either time period, problems with family and money issues were identified as the top 2 factors that contributed to the violence (46% and 43%, respectively). Nineteen percent of women reporting violence felt that the frequency of violence had decreased since the end of the war, while 40% felt the frequency was about the same and 40% felt it had increased (Table 6).

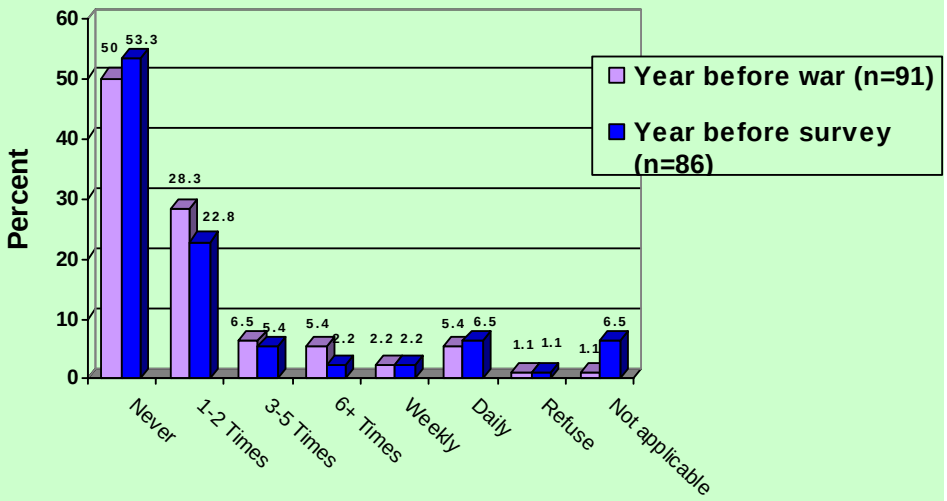
Table 6. Perceived effect of war on frequency of abuse

Perceived effect of war on frequency of intimate partner violence (n=85)	Frequency	Percent
Decreased	16	18.8
Stayed the same	34	40.0
Increased	34	40.0
Don't know	1	1.2

6.6.4 IPV and Pregnancy

Figure 10 displays the number of times in a year for both time periods that the woman's partner wanted to have sex after mistreating her. Forty-eight percent of all women who had been exposed to partner violence during either time period reported this had happened in the year before the war and 39% reported it happened in the year preceding the survey.

Figure 10. Number of times partner wanted to have sex after mistreating respondent



6.6.5 Help-seeking Behavior

Sixty-one percent of the women reporting violence sought help from someone for either time period, and of those seeking help, 60% sought help from their mother, sister, or other female relative. One woman (2%) reported abuse to a women's group (Table 7). Women were asked which people and/or what services or activities they felt would be most helpful to them in coping with mistreatment by a partner. Support groups for women (44.1%) and talking it over with family or friends (39.8%) were the most frequently reported responses. Counseling (3.2%), assistance from NGOs (3.2%) and legal assistance (1.1%) were the least commonly reported responses.

Table 7. Help-seeking behaviors

Sought help for violence (n=92)	Frequency	Percent
Yes	56	60.9
No	35	38.0
Don't know	1	1.1
Missing	*1*	
Person sought help from (n=56)		
Sister/other female relative	17	30.4
Mother	17	30.4
Friend	8	14.3
Brother/other male relative	4	7.1
Father	3	5.4
Women's group	1	1.8
Other	2	3.6

6.6.6 Lifetime Physical Injuries from Intimate Partner Violence

Women who reported ever having a partner were asked about levels of injury over their lifetime. In addition those with current partners were asked about injuries in the twelve months preceding the survey. Of the total women interviewed who ever had a partner, 31 women (12%) reported physical injuries resulting from intimate partner violence. Table 8 describes negative physical outcomes of intimate partner violence. Among the 12.5% of women reporting physical injuries, 6.5% went to a health center for treatment of those injuries. Twenty-six women (11%) reported being beaten while they were pregnant. Forty-eight percent in the year before the conflict and 41.9% in the year before the survey, who reported an experience of intimate partner violence in their lifetime also reported a partner demanding sex after they had been beaten (Figure 10).

6.6.7 Violence During Childhood

Respondents were asked about experiences of childhood violence in order to examine associations with intimate partner violence as adults. Thirty-four percent of the respondents reported that as a child (under the age of 18) they had seen their parents hit, slap, or punch each other. Seventy percent reported that their parents had hit, slapped or punched the respondent as a child. One percent reported that they had sex with someone who was 5 years or older than them when they were under the age of 15.

6.6.8 Risk Factors for Intimate Partner Violence

Intimidation and Control: Women who witnessed their parents being physically violent with each other were at 2.7 times higher risk for intimidation and control in the year before the war and at 2.8 times higher risk in the year preceding the survey than women who did not witness parental violence. Women who were afraid of their partner were at 3.9 times higher risk in the year before the war and at 3.5 times higher risk in the year before the survey than women who were not afraid of their partner.

Verbal abuse: Women who were abused by family members other than an intimate partner were at 3.2 times higher risk for verbal abuse in the year before the war and at 3.0 times higher risk in the year preceding the survey than women not abused by family members. Women who were afraid of their partner were at 3.8 times higher risk in the year before the war and at 4.3 times higher risk in the year before the survey than women who were not afraid of their partner.

Table 8. Physical injuries from violence by partner ever and violence during pregnancy

Characteristic	Frequency	Percent
Ever had injuries as result of violence from partner n=(247)	31	12.5
Bruises or aches (n=31)	31	100.0
In past 12 months (n=25)	*22*	*88.0*
Cuts, broken tooth, broken bone (n=31)	2	6.5
In past 12 months (n=25)	*2*	*8.0*
Went to health center as result of violence (n=31)	2	6.5
In past 12 months (n=25)	*2*	*8.0*
Ever beaten while pregnant (n=247)	26	10.5
Reason felt was beaten by partner (n=26)		
No particular reason	19	
Found out child was a girl through ultrasound or other technology	2	
Other	4	
Don't know	1	

Physical Violence: Women who were afraid of their partner were at 4.8 times higher risk for physical violence in the year before the war and at 11.8 times higher risk in the year preceding the survey than women who were not afraid of their partner. Women who argued "often" with their partner were at 5.1 times higher risk in the year before the survey than women who argued "sometimes" or "never". Women who were displaced to family elsewhere in Kosovo were at 9.3 times higher risk for physical violence in the past year before the survey than women displaced elsewhere or not displaced.

Sexual Coercion: Women who were afraid of their partner were at 15 times higher risk for sexual coercion in the year before the war and at 25.3 times higher risk in the year before the survey than women who were not afraid of their partner. Women who argued "often" with their partner were at 13 times higher risk in the year before the war and at 17.8 times higher risk than women who argued "sometimes" or "never". Women who gave the reason for their displacement as a threat to personal security were at 37 times higher risk for sexual coercion in the past year than women displaced for other reasons or not displaced.

6.7 Mental Health

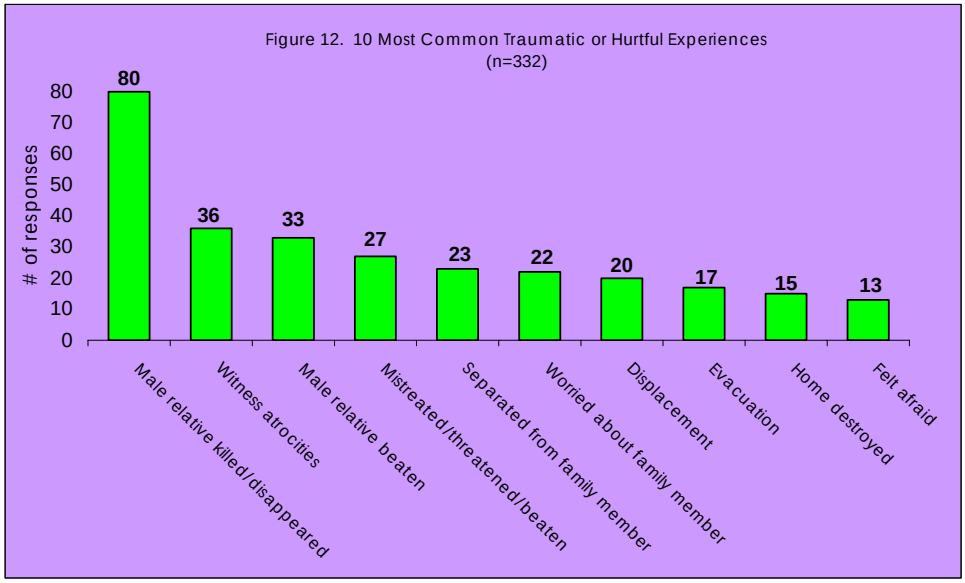
6.7.I Psychological Distress & Impaired Social Functioning

Based on the 12-item General Health Questionnaire, one third (37.7%) of the women in the sample reported symptoms associated with acute psychological distress and impaired social functioning. The GHQ instrument asks for changes in symptoms in the past few weeks. Many women reported no changes in their symptoms, which does not rule out the possibility that some of the women may be in significant distress which had not changed in previous weeks. Therefore the actual levels of distress in the population may be higher.

Women older than age 25 showed higher levels of stress than women younger than age 25. Women who reported that their husbands or partners used alcohol reported higher levels of stress than women whose husbands or partners did not. Women who reported being afraid of their partners showed higher levels of stress than women who did not report being afraid. Women who were exposed to violence showed significantly more symptoms of psychological distress. Higher levels of stress were associated with women reporting intimate partner violence in the year before the war, and with women reporting intimate partner violence in the year preceding the survey. Outsider physical violence was associated with higher levels of stress whether the violence had occurred during the apartheid/war, during displacement, or post-conflict.

6.7.2 Experiences of Trauma

Women were asked in an open-ended question format, about their most traumatic or hurtful experience since the war began. They were allowed to mention more than one experience. Figure 12 shows the ten most common traumatic or hurtful experiences mentioned by the respondents (n=332). The most common response (n=80) was that a male relative (husband, son, father, brother, uncle, cousin) was killed or disappeared during the war. The second most common (n=36) experience involved the respondent having witnessed an atrocity such as the killing or beating of a relative or stranger.



Others included having witnessed homes being destroyed and dead bodies along the road during evacuation. Still other responses ranged from being mistreated, threatened, or beaten to being worried about a family member or feeling afraid during the war.

There were several other responses that were mentioned by the respondents, but are not shown in the chart. These responses had an n<10 and include things such as economic difficulties, lack of food and clothing, family member was sent to prison, or being robbed. Some responses were put in an "other" category. Some of these responses were related to the war such as being worried about a pregnancy during displacement, being depressed after the war, or returning to Kosovo without family. Other

responses were not related to the war and include such things as a relative dying of heart disease or other illness, divorce, a parent with psychological problems, or concern that a daughter was not married yet. Eighteen respondents noted that they did not experience a traumatic or hurtful experience since the war.

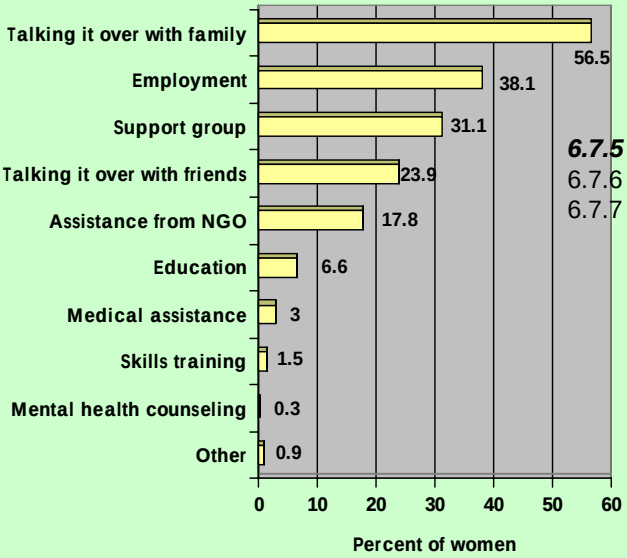
6.7.3 Associations between Violence & Stress Levels

Associations between violence variables and levels of stress were explored. Outsider physical violence during the crisis and sexual abuse during and post-crisis were all significantly associated with higher levels of stress. Higher levels of stress were associated with women reporting intimate partner violence in the year before the crisis and in the past year. Women who reported being afraid of their partner were also more likely to report high levels of stress than women who were not afraid of their partner. Women who reported telling someone about outsider violence during the crisis reported lower levels of distress, while women who reported telling someone about intimate partner violence reported higher levels of distress, although the difference did not reach conventional levels of significance.

6.7.4 Coping Behaviors

Respondents were asked to describe the types of activities would help their state of mind if they were upset (figure 13). Talking it over with family (57%), employment/income generating projects (38%), and support groups for women (31%) were the top 3 responses. Only 3% of women responded that they would seek more formal resources such as medical assistance and mental health counseling. This data was consistent with the information gathered in non-open ended questions related to resources a woman would find helpful in dealing with partner abuse, as shown in Figure 10.

Figure 13. Activities that would help if respondant is upset (n=331)



6.7.5 6.7.6 6.7.7

6.7.5 The Impact of the Questionnaire

Women were asked about their response to the questionnaire with the question, "How has talking about the subjects in this questionnaire made you feel?" Ninety-four percent said that talking about the subjects in the questionnaire made them feel good or better. Six percent felt that the questionnaire made them feel bad or worse.

7. Discussion: Findings

Demographics

Eleven percent of the sample of almost completely Muslim, Kosovar-Albanian respondents and 7% of their male partners had never attended school. Eight percent of respondents reported secondary school as the highest level of school they attended while 41% of male partners were identified by respondents as having completed secondary school. This represents a striking education differential between female and male partners. Over 67% of respondents reported their age at first marriage as between 16 and 21 years. According to respondents reports, they and their partners suffer high levels of unemployment (91% and 69% respectively). Notably, of those women who reported intimate partner violence, dispute over money was identified as a leading factor contributing to the violence.

Gender-Based Violence by Non-Family Perpetrators

Of the 98% of respondents who were displaced during the conflict, 27% experienced physical violence and 23% sexual violence by a non-family perpetrator during their displacement. Rates of physical violence were slightly lower during conflict (16%) and much lower post-conflict (1%). Rates of sexual violence were also lower during conflict (16%), although not statistically different, and significantly lower post-conflict (2%). This data suggest that women were at greatest risk of violence when fleeing from their homes.

A respondent displaced because of a threat to her personal safety was found to be at more than 2 times higher risk for physical violence during the apartheid and conflict that those who identified other reasons for displacement or did not leave their homes. One explanation for this finding is the well-documented intimidation and harassment women experienced by the Serbian soldiers who forced them to flee, as well as the fact that many of them were likely fleeing without the protection of male family members. In addition, for women who were ever displaced, both internal displacement and displacement to a camp in Albania were clearly associated with higher rates of sexual and physical violence than being displaced to other settings or not being displaced.

The most common type of physical violence reported was being threatened with a weapon during each of the three time periods. Overwhelmingly, the most common type of sexual violence that was reported across all three time periods was improper sexual comments, although a notable 4% of women experienced body cavity searches during conflict and 5% experienced them during displacement. None reported a personal experience of rape. However, it is important to keep in mind that sexual violence remains under-reported worldwide (Koss, Goodman, Fitzergarld, Russo, Keita, & Browne 1994).

By the respondents' reports, 7% of sisters were physically assaulted during the conflict, 9% during displacement, and .3% post conflict. Six percent of sisters were sexually assaulted during displacement, two percent during the conflict, and none were assaulted post-conflict. Because the question posed regarding sisters' exposure to sexual violence was termed as "sexual assault", it is likely that the rates reported by respondents of sisters' exposure to sexual violence are reflective of more physical forms of sexual violence than the improper sexual comments that the majority of respondents who personally reported sexual violence had experienced.

A striking difference in the nature of reported violence between conflict and displacement versus post conflict was the identity of the perpetrators. Serbian soldiers and Serbian paramilitary were most frequently identified as perpetrators of violence (86% during conflict and 76% during displacement), followed by Serbian paramilitary (72% during conflict and 21% during displacement). Post-conflict, the most frequent perpetrators of violence were neighbors or other community members. Women did not personally know the perpetrator in 89% of the incidents during conflict, 96% during displacement, and 56% post-conflict. The fact that nearly half of women who experienced violence post-conflict knew their perpetrator is consistent with prior research in non-conflict settings that has demonstrated that women are more often violated by men who are known to them than by strangers (Heise, Ellsberg, & Gottemoeller 1999; Watts & Zimmerman 2002).

Intimate Partner Violence

Thirty-six percent of all women with partners reported at least one incident of violence by their partner in the year before the war and 34% reported at least one incident of violence in the year before the survey. On average, one in every four women experienced partner verbal abuse in the year before the war and the year before the survey, and one in every five experienced intimidation. Rates of intimate partner violence during the year preceding the war and the year prior to the survey were significantly different only for physical violence, with a rate of 17% in the year before the war and 11% in the year prior to the survey.

Twelve percent of women reported ever experiencing physical injuries as a result of partner violence and of those, 11% reported being beaten while pregnant. A pattern of partners wanting to have sex with respondents after perpetrating violence emerged from the data. Forty-eight percent of all women who had been exposed to partner violence during either time period reported this had happened in the year before the war and 39% reported it happened in the year preceding the survey.

Only 19% of women felt that the frequency of abuse in their relationship had decreased since the end of the war, while 40% felt the frequency was about the same and 40% felt it had increased. Although comparative rates of violence over the two time periods suggest that overall rates of partner violence have remained fairly constant, the discrepancy between those who perceive that the violence has increased and the research findings could be the result of recall problems: women may be less likely to remember the true number or magnitude of incidents in the distant past than in the more recent past. Regardless of perception, data indicate that for many women, the end of the war has not meant an end to violence.

Help-seeking Behaviors

All women experiencing non-family perpetrated violence reported the incident to someone during the conflict; 88% reported to someone during displacement and 78% post-conflict. Notably, however, few women reported the incident to the police, legal sector or medical personnel, even post-conflict when security and infrastructure had been at least partially re-established. The majority of women who did tell someone of their exposure to non-family violence told a family member or friend, and the main outcome was provision of emotional support. Among those women who did not tell anyone of their exposure to violence during displacement (n=11), eighty-two percent gave their reason for staying silent as being that they believed nothing could be done. Those who did not tell anyone of their exposure to violence post-conflict (n=2) gave their reasons for staying silent as "fear of stigma" and "would make it worse."

In contrast to the higher rates of women seeking some sort of help for non-family related abuse, only 61% of the women reporting intimate partner violence sought help. For those who did tell someone of their experience, the vast majority only told a female family member or a friend. These findings, coupled with the findings on help-seeking behavior related to conflict and post-conflict non-family violence, suggest that women do not typically seek assistance from institutional sources. Intimate partner violence survivors are even less likely to seek outside assistance than survivors of violence perpetrated by someone in the community. Lack of access to services may be one explanation for lack of help-seeking from institutional sources of support. Well over half the respondents rated medical services, reproductive health services, police, food and non-food supplies as being difficult to access. Low levels of help seeking behavior may also be associated with fear of blame or reprisal by those from whom a survivor might seek help, or by the belief that domestic problems should be solved within the family.

Importantly, 44% of women who had experienced intimate partner violence felt that a women's support group could help them to better cope with the violence, suggesting the many women who experience violence would like to access formal support networks. Furthermore, support groups, most likely composed of friends, family, and community members of violence survivors, could play a crucial role in bridging the gap to more formal resources available to them in the community.

Mental Health

Many previous assessments of gender-based violence in post-conflict societies have not included psychosocial or mental health components. However, studies of complex emergencies have shown that levels of impaired social functioning and mental illness are greatly increased among conflict-affected populations and women may be among the hardest hit by the uncertainties associated with war and displacement (Lopes-Cardozo, Vergara, Agani, and Gotway, 2000; Mollica, Sarajlic, Chernoff, Lavelle, Sarajlic, and Massagli, 2001). The scientific literature also shows an association between women who have encountered violence and subsequent psychosocial and mental health problems (UNFPA, 1998; Koss and Hesle, 1992). However, stigma associated with both mental health problems and gender-based violence often discourages exploration of these issues. Therefore, the inclusion of a mental health component in this assessment was an important part of understanding the nature and effects of gender-based violence on women in post-crisis Kosovo.

The data demonstrate that nearly one third (31%) of the women reported symptoms associated with acute psychological distress and impaired social functioning, indicating a need to prioritize mental health services. However, none of the respondents who reported violence had ever accessed mental health services in relation to their victimization. At the time of the survey, mental health services were available at the psychiatric department at Peja regional hospital and the Women's Wellness Center and through a psychosocial program offered by Medecins Sans Frontieres.

8. Discussion: Methodology

The Peja region was selected for the study based upon the geographic accessibility for the researchers and the ability of the WWC to provide follow-up services to survivors identified through the interview process. The region was not meant to be representative of all of Kosovo, but allowed for the opportunity to field test the methodology and survey instrument while ensuring referral services to participants.

The project team was committed to conducting interviews outside the home to provide maximum confidentiality to respondents. In so doing, the visibility of the research project within the community, particularly when interviewing in one area for more than one day, was increased. Perhaps because of this increased visibility, participation declined when interviewers were in an area for more than a day. We do not know if it was partners, other women, and the participant herself, and/or community leaders who exerted pressure not to participate in the survey. The research team still believes that it was important to avoid conducting interviews in homes due to the potential damage that could result from a breach of confidentiality on these matters. We concluded that it would be important in future endeavors to use enough interviewers to sample each area in one day.

We also experienced problems using a two-stage consent process, again to protect the confidentiality of the participants. At their home, prospective participants were asked if they were willing to respond to a women's health survey at a central location. When participants arrived at the interview site, they were formally consented for a health survey that focused on experiences with violence. The consent form informed the participants that information they provided would be anonymous, that their decision regarding participation was voluntary, and that participation would have no bearing on their access to food, water, health care, or relief services in the community or to their families' access to these services. The women were also told that if they choose to participate, information about family life and levels of exposure to GBV would be recorded. Informed verbal consent was obtained from each woman after the consent form was read to her. Refusals occurring during the first stage of consent were more likely to be due to reasons outside the scope of the survey, such as having to work, health issues, etc. Most of the refusals at the second stage were in the form of no-shows for appointment times for women who had consented at their home. This type of refusal increased greatly as community knowledge of the survey increased. For women who arrived at the central location for their appointment and were read the full consent form, a negligible number of participants (two) expressed dismay about the specific content of the survey during the second stage of the consent process, but only one refused to participate. However, the two-stage consent process may have raised questions among the community at large about the

nature of the research because this process increased the visibility of the research project, or may have increased distrust about the research process, and therefore may have directly or indirectly contributed to the number of interview no-shows. Women may also have felt more visible to the community by participating once details of the survey were more widely known. The local interview staff recommended that future research be conducted in communities where education on GBV had already been undertaken, in the hopes that communities which have been sensitized to GBV issues might exert less pressure on women not to speak about their experiences.

There were also issues related to social status of the women used as locators in the first stage of the consent process to approach prospective participants. Young locators or those who came from outside the community reported difficulty with the community because they were perceived as lacking authority. The best locaters for fostering participation were women with high status in the community and who were well known, not strangers.

Sexual violence during the Kosovo conflict has been documented widely. The relatively low rates of reporting on sexual violence, particularly physical forms of sexual violence, appear to be at odds with experience. However, the rates of reporting on domestic violence are consistent with anecdotal reports, indicating that participants did not universally conceal their experiences of violence. One possible reason for the higher reports of domestic violence as opposed to violence perpetrated by non-family members could have been a reflection of the structure of the survey. Questions on domestic violence were placed at the end of the survey. There is a possibility that by the time the majority of the interviews had occurred, women started feeling more comfortable in disclosing more information. More research needs to be done on improving respondents' comfort with and capacity to report experiences of sexual violence.

During and in the aftermath of the research, no study coordinator ever received any report of a case involving threats to a woman as result of taking part in the survey. In follow-up focus groups with randomly selected women in the communities where the research had been conducted, participants did report that they spoke with other women about the surveys but not men. Women seemed to approve of the research study due because it was based on issues that women had been confronted with for years but never asked to recount. The coordinators reported no instances in which they had been threatened by community members.

Only women of reproductive age (18-49) were surveyed because the survey was concerned with analyzing reproductive health issues, but the sample was not large enough to generate sufficient numbers of women to analyze reproductive health outcomes. In addition, the interviewers informed the study team that since older women are more respected in the community they are often more willing to talk about their histories. Including women over 49 years in the study would probably have produced more in-depth information about women's experiences with GBV.

The percentages of injuries associated with physical violence in the last 12 months were as high or higher at times, then the lifetime percentages. This could represent the fact that either the respondents' recall was better for the last 12 months or that there was a problem in the way the question was worded.

Up to this point, only a bivariate analysis has been carried out, which limits the ability to determine the independent effects of correlated variables. A much more in-depth and thorough analysis of the data is yet to be done.

9. Next Steps

9.1 Focused Service Provision

The majority of women cited "family living elsewhere in Kosovo" as their location of displacement, and they also identified female family members and friends as those to whom they report experiences of violence. This illustrates the fact that kinship and community structures are very strong in Kosovo, and any efforts at addressing GBV should recognize the strength of these structures. However, many respondents also expressed a desire for more formal support groups to assist them in dealing with partner violence. When women were asked what they would do to help them if they felt upset, a mere 3% of women responded that they would seek more formal resources such as medical assistance and mental health counseling. The reality that women are not looking to the medical system or social service systems for help signifies an institutional failure to provide comprehensive support to women who have been violated. It also implies the need to develop a cohesive, concerted GBV strategy that links medical, legal, law enforcement, and social service sectors together in order to reach more women in need. In particular, many women's only contact with support services is via the medical system, such that strengthening the health sector's capacity to screen for/address/and refer survivors of intimate partner violence can be a very important route to help survivors access the services and support they need.

9.2 Multi-Sectoral Response & Programming

In the last twenty years, GBV has been increasingly recognized as a serious global health, human rights, and development issue. More recently, there has been an acknowledgement of the extent and impact of GBV during conflict, and an appreciation that any efforts at post-conflict reconstruction must include programming and policy development aimed at redressing and reducing violence against women and girls. The data presented above suggest that GBV is a significant problem in Kosovo, most evidently in terms of intimate partner violence.

Addressing GBV requires coordinated, inter-agency, and multi-sectoral strategies that 1) aim for prevention of GBV through policy reform and widespread implementation of protective mechanisms; 2) build the capacity of health, social welfare, legal and security systems to recognize, monitor, and respond to GBV; and 3) ensure rapid and respectful services to survivors. Combating GBV additionally involves encouraging fundamental social change that supports women's human rights as well their equal participation in economic and social development. While interventions should be designed with sensitivity and respect for culture and tradition, promoting and protecting women's rights will invariably involve challenging the normative social values that promote GBV.

A next immediate step should be to focus on putting a GBV support system in place and simultaneously, generating awareness about the GBV services that make up that system. The current infrastructure and capacity of the different organizations and systems should be evaluated.

9.3 Future Research

Conducting community research on sexual and physical violence, particularly in post conflict settings, raises many important ethical and safety considerations. In exploring such a sensitive and important topic, it is crucial that the research be strongly linked with local organizations so that these organizations, which will be responsible for developing responses based on the data, have a sense of ownership of the research. Action plans should be developed with local collaborators so that data are used in an effective and timely matter and strategies devised for using the data most effectively for fund-raising for programmatic response. This pilot study affirmed the feasibility of the study design, demonstrated the safety of the methodology, and taught many lessons on the basis of which future work will be based.

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