Abstract

The World Health Organization (WHO), in response to the lack of data on the magnitude and nature of violence against women, initiated a multicountry study on women's health and domestic violence. The WHO study, implemented in eight countries, was the first global effort to gather reliable and comparable data on domestic violence and women's health across countries. The study also demonstrates how carefully developed and applied research can act as a useful intervention at many levels of society and government and for all participants, researchers as well as respondents. The study further illustrates how partnering with researchers and women's organizations to collect evidence of the magnitude, consequences, and determinants of domestic violence can help strengthen national efforts to address violence against women and can act as a facilitating force for change.

En raison de la pénurie de données sur l'ampleur et la nature de la violence contre les femmes, l'Organisation Mondiale de la Santé (OMS) a organisé une étude sur la violence familiale et la santé de la femme dans plusieurs pays. L'étude de l'OMS, qui fut réalisée dans huit pays, a constitué le premier effort mondial de collecte de données fiables et comparables sur la violence familiale et la santé de la femme dans plusieurs pays. L'étude démontre aussi comment des recherches développées et appliquées de façon soignée peuvent se traduire par des interventions utiles à de nombreux niveaux de la société et du gouvernement, ainsi que pour tous les participants, chercheurs et répondants. L'étude illustre également la façon dont la collaboration entre des chercheurs et des organisations féminines pour recueillir des preuves de l'importance, des conséquences et des déterminants de la violence familiale peut contribuer à renforcer les efforts nationaux visant à s'attaquer au problème de la violence contre les femmes et peut servir de force facilitant le changement.

La Organización Mundial de la Salud (OMS), en respuesta a la carencia de datos sobre la magnitud y naturaleza de la violencia en contra de las mujeres, inició un estudio en varios países sobre la salud de las mujeres y la violencia en contra de ellas. El estudio de la OMS, el cual fue implementado en ocho países, fue el primer esfuerzo global para colectar datos fiables y comparables sobre la violencia doméstica y la salud de las mujeres. El estudio también demuestra cómo una investigación desarrollada y aplicada cuidadosamente puede resultar en una intervención útil en muchos niveles de la sociedad y del gobierno, así como también puede ser útil para todos los participantes(tanto investigadores como encuestados). Adicionalmente, el estudio ilustra cómo las asociaciones entre investigadores y organizaciones de mujeres para la investigación de pruebas sobre la magnitud, las consecuencias y los determinantes de la violencia doméstica puede ayudar a fortalecer los esfuerzos nacionales para frerar la violencia contra las mujeres, actuando como una fuerza que facilita el cambio.

RESPONDING TO VIOLENCE AGAINST WOMEN: WHO's Multicountry Study on Women's Health and Domestic Violence

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At the World Conference on Human Rights in 1993, women's rights were for the first time recognized as human rights.[1,2] After almost two decades of lobbying by women activists, violence against women in all its forms was finally acknowledged as a major violation of human rights. Then, in 1996, the World Health Assembly, which brings together Ministers of Health from 190 countries, recognized that preventing violence, including violence against women, was a public health priority requiring urgent action by governments, international agencies, and national organizations.[3] Despite the progress that has been made, many governments still do not acknowledge the problem of violence against women (VAW) or take measures to address it. It is important to address the issue from both a human rights and a public health perspective since both create opportunities for action.

The Beijing Platform for Action recognized that "The absence of adequate data and statistics on the incidence of

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violence [against women] make the elaboration of programmes and monitoring of changes difficult," and concluded that "research on the prevalence of different forms of VAW, especially domestic violence, and into the causes, the nature and the consequences of violence against women . . . ." would help remedy this problem.[4,5] In 1996, the World Health Organization (WHO) held an Expert Consultation on Violence against Women that echoed this conclusion and specifically recommended that WHO undertake epidemiological research to furnish solid data on VAW.[6] As a result, the Gender and Women's Health Department at WHO has made VAW a priority. One of its major initiatives has been the WHO Multicountry Study on Women's Health and Domestic Violence, which was launched in 1998. This multicountry study uses research and epidemiological techniques to better understand the risk factors and consequences of intimate-partner violence and to consider appropriate interventions.

The United Nations (UN) Declaration on the Elimination of Violence Against Women, adopted by the UN General Assembly in 1993, defined violence against women as "Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."[7] This broad definition must be translated into specific operational terms. The WHO study includes in its definition of intimate-partner, or domestic, violence acts of physical aggression (such as slapping, hitting, kicking, and beating), psychological abuse (such as intimidation, constant humiliation), forced intercourse and other forms of sexual coercion, and various attempts to control a partner's behavior (such as isolating her from family and friends, restricting her movements, and limiting her access to information or income).[8]

Objectives of the Multicountry Study

The study's primary goal was to obtain from culturally diverse countries reliable and comparable data on the following:

- Prevalence and frequency of different forms of VAW, par-

ticularly those that are inflicted by intimate partners.[9]
- Health association of intimate-partner violence with health outcomes.
- Factors that may protect women from or make them vulnerable to intimate-partner violence.
- Strategies and services that women use to deal with violence from their partners.

Participating Countries

Bangladesh, Brazil, Japan, Namibia, Peru, Samoa, Tanzania, and Thailand are participating in the first phase of the study.[10,11] These countries were selected not only because they represent a wide range of geographical regions and cultures, but also because each had no population-based data and had no recent war-related conflict. All, however, did have local antiviolence groups and women's organizations positioned to use the data for advocacy and policy reform, strong potential partners known to WHO, a government willing to address the problem, and an environment receptive to policy reform.

Strengthening Capacity and Building Alliances

From the outset, it was recognized that the importance of the study was twofold: to obtain better evidence about the extent, determinants, and implications of VAW and to provide an opportunity to strengthen national capacity on the subject. For this reason, the study was also designed to achieve the following objectives:

- To raise awareness of VAW among researchers, health providers, policymakers, and others.
- To foster collaboration among women's organizations that work on violence prevention and research institutions and policymakers.
- To strengthen national capacity to conduct action-oriented research on VAW.
- To promote an increased response to domestic VAW.

It was also recognized that the study's scope and magnitude could contribute more widely by providing a stan-

dardized methodology for measuring violence cross-culturally and could offer information and raise international awareness of VAW in ways that smaller studies could not.

The study's impact rests in part on the partnerships established between WHO and international research organizations, local researchers and research institutions, and women's health and human rights organizations. In particular, the study needed to draw on the experience of national groups that have been addressing VAW, whose early involvement would help ensure that the study's findings would be used to advocate for change.[12] For this reason, each country's research team included researchers with the technical skills required to conduct a large household survey on a sensitive issue, as well as representatives from women's organizations involved in VAW work. To ensure that both the researchers and nongovernmental organizations (NGOs) involved had the skills to offer and to create a common understanding of the research, language, and terminology, the process of choosing each research team was, of necessity, time consuming.[13] This process has helped establish long-term working relationships between these groups that can continued beyond the study. WHO is committed to follow-up action and is providing funds to help disseminate the study's findings and support advocacy activities in each country.

In addition, each country has either used an established consultative committee or created a new one to guide the study's implementation. These committees comprise individuals from key government departments and from NGOs. The committees have been overseeing the study's implementation at the country level and are being briefed about the study's progress and findings. This ongoing process of consultation has not only built ownership and provided support to the study, but it has also ensured that key players are updated on the study's findings and can make use of its results.[14]

WHO felt that the same research model should be followed at the coordinating level, seeking input and advice from both researchers experienced in studying VAW within resource-poor settings, and organizations that are working to address domestic violence. Representatives of WHO, the

London School of Hygiene and Tropical Medicine, and the Program for Appropriate Technologies for Health, in Washington, D.C., formed a co-ordinating research team that has been working continually to develop the study protocol and questionnaire, to support the country teams, and to facilitate the analysis. Similarly, WHO established an expert Steering Committee of internationally renown researchers and advocates, which provides the study with technical and scientific oversight.

Study Methodology

Many countries have a growing body of qualitative research on VAW, whereas representative quantitative data are more scarce. Most qualitative research has focused on both the ways women experience and cope with violence, as well as the ways institutions respond to VAW.[15,16] For this reason, the WHO study ensured that rigorously sound quantitative data on partner violence were collected from each participating site. The study, however, also included qualitative research at the outset. Researchers held in-depth interviews with women who had experienced intimate-partner violence and conducted focus-group discussions on domestic violence. These groups were made up of local women and men of different ages from rural and urban settings. These qualitative findings were then used to inform the development of the study's core questionnaire and, subsequently, to guide the translation and local adaptation of the questionnaire in each country. The insights gained should also help inform interpretation of the quantitative results.

Survey Design

In most countries, the quantitative component of the study consists of a cross-sectional, population-based household survey conducted in two sites: the capital (or other large city) and a province with rural and urban populations.[17] This approach provides insights into the determinants and variations of intimate-partner violence in two different settings, representing major population groups within the country—particularly where a representative nationwide survey on domestic violence is not feasible. In each of

these sites, a representative random sample of approximately 1,500 women between the ages of 15 and 49 were selected to be interviewed.[18] This assured that the study included a representative sampling of single, dating, married, cohabitating, separated, and divorced women in each country. Women were interviewed whether or not they had experienced domestic violence. A core, uniform questionnaire was used in all countries, with minor modifications to either add issues specific to each country or ensure appropriate response categories.

Questions on Partner and Nonpartner Violence

Estimates of the prevalence of different forms of VAW were obtained by asking female respondents direct questions about their experience of specific acts of physical and sexual violence from any partner. Experts generally think that this detailed, behavior-specific approach is more accurate than simply asking women if they had been "abused" or had "experienced domestic violence."[19,20] Follow-on questions would ask about whether the act took place in the past 12 months or before that and how often it had happened. Women were also asked about their experiences of emotionally abusive acts and controlling behaviors from their partners.

Existing evidence from published research suggests that VAW during pregnancy is a significant problem associated with a variety of complications, including vaginal bleeding, premature labor, and low birth weight.[21,22] Therefore, all study respondents who had ever been pregnant were asked whether they had been physically assaulted during pregnancy—and, if so, whether blows and kicks had been directed to the abdomen. Findings will be used to question whether pregnancy protects against or increases the risk of violence and to examine the potential role that antenatal services can play in identifying women at risk.

The study also included questions about women's experience of physical violence by nonpartners from age 15 on, and of sexual abuse by nonpartners before and after age 15. These questions will be used to examine nonpartner VAW and to question the commonly held perception that women are most likely to experience violence from men they do not know.

Questions on Women's Health Status and Children's Well-Being

Violence against women has been associated with a range of physical and mental-health problems, including depression, physical injuries, gynecological problems, and adverse pregnancy outcomes.[23,24] To date, industrialized countries have gathered much of the data about the impact intimate-partner violence has on women's health and well-being and about the role this violence plays as a risk factor for many physical and psychological problems, even long afterward. All women interviewed were asked a range of questions about their current health status and their reproductive history. These included questions about how women perceived their own physical and mental health and whether they have considered suicide; whether they have had miscarriages, still births, and abortions and how many; and whether they used contraceptives and condoms. Women who reported a history of intimate-partner violence were also asked about the injuries they had received. Comparisons between women with different histories of abuse will be used to investigate the effect that such abuse has on women's health and well-being.

The impact of intimate-partner violence on children often goes unrecognized. Therefore the study also looks at some of the most common ways in which intimate-partner violence is known to affect children, namely, in behavioral disturbances, running away from home, and dropping out of school.

Questions on Risk and Protective Factors

The study used the ecological model and previous international studies on VAW to identify a range of factors acting at different levels that may increase or decrease the risk of violence.[25-28] The study explored how factors at the level of the individual, such as age, education, socioeconomic status, and exposure to violence in the home in childhood. It also examined family and community factors, such as the existence of strong informal support networks and community norms with regard to violence: for example, whether violence against women was justified under certain circumstances and whether family or community members' inter-

vention influenced the prevalence of violence in different contexts. The findings will be used to identify similarities and differences among study sites and countries in the factors associated with intimate-partner violence, and thus will be able to identify individual and family and community characteristics of relevance for developing preventive interventions.

Questions on Coping

The study also considered women's strategies to minimize or end violence, including who they talked to and whether they retaliated, left the home, or sought help. The kinds of services used and the extent to which women who experience violence access different government services are vital pieces of information that can improve the service responses to women living with violence.

Selecting and Training Interviewers

The selection and training of the interviewers were key to ensuring the quality of the data. Strict selection criteria were established, and in most instances, final selections were made during the training itself. Interviewers in all countries, except Japan, underwent a standardized three-week training course. The training included sensitizing interviewers to gender issues and to the dynamics of VAW and familiarizing them with proper interview techniques, the questionnaire, and the field procedures they would be using (see "Interviewer Training" on the following page). Interviewers were trained to respond sensitively to women who disclosed violence, but not to assume the role of a counsellor or to raise respondents' expectations unrealistically about the study.[29]

Ethical and Safety Issues

Research on VAW raises important ethical challenges: Issues of safety, confidentiality, and interviewers' skills and training take on even greater importance in this area of research. The physical safety and psychological well-being of both respondents and researchers can be jeopardized if precautions are inadequate.

For these reasons, particular attention was paid to

Interviewer Training

Training Goals

1. To increase sensitivity to gender issues at a personal as well as a community level.
2. To develop a basic understanding of gender-based violence, its characteristics, causes, and impact on the health of women and children.
3. To understand the goals of the Multicountry Study on Women's Health and Domestic Violence.
4. To learn interviewing skills that incorporate safety and ethical guidelines.
5. To become familiar with the questionnaire and protocol of the WHO Multicountry Study.

Outline of the Three-Week Training

Week 1

- Presentations from groups working on violence against women.
- Sensitization to concepts of gender and gender-based violence, exercises to increase awareness of gender stereotypes—the myths as well as the facts (using games, testimonies, role-playing, and videos).
- Anonymous disclosure of personal and other experiences with intimate-partner violence.
- Support options for women living with violence (including field visits).
- Overview of the WHO study and questionnaire.
- Interviewing techniques and safety measures (using role-playing).

Week 2

- Detailed question-by-question explanation of the questionnaire, including practice interviews using different parts of the questionnaire and a detailed review of the translation.
- Role-playing and practice for approaching households and using the entire questionnaire—including interviewing survivors of intimate partner violence, responding to interruptions during interviews and to respondents' distress, and other difficult situations.
- Separate sessions for supervisors on their procedures.

Week 3

- Pilot testing—in at least two locations—of the questionnaire and of all field procedures, including logistics, safety measures, and supervisory procedures, alternated with debriefing and feedback sessions.
- Final adjustments to the questionnaire and field procedures.
- Using questionnaires from the pilot study to train data-entry staff on all aspects of data management.

addressing issues of ethics and safety throughout. The survey process strived to ensure that women's participation was voluntary and their choices were respected. For example, interviewers not only obtained informed consent at the beginning of the study, they also repeated the request for consent and offered the possibility of withdrawal from the study when beginning the violence section.

In each country, different actions were taken to minimize any possible distress caused to the respondents by the research. To ensure that support services were available to those who needed them, respondents received a pocket-size leaflet (developed by each research team) with contact information on local services (including counselling, legal, and places of refuge). These leaflets have proved invaluable and are being used widely beyond the study. Teams also identified services to which they could refer women identified as needing assistance during the study. Here, women's organizations involved in the study played a key role. In areas where no services were available—in rural Bangladesh, for instance—alternative strategies were developed, such as obtaining additional donor funds to provide health workers with basic training in counselling and support. These programs will also continue beyond the study itself.

The emotional needs of the research and field staff were also addressed in regular debriefings with research coordinators and by providing emotional and other forms of support during these sessions and on a personal basis, as needed.

As a result of the study, WHO has developed *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*, which is now being used widely.[30] These guidelines lay out some of the key principles that should guide research on domestic violence, such as ensuring absolute privacy when doing interviews and maintaining absolute confidentiality of information provided by respondents. It also identifies specific actions needed to promote each of the principles identified. The guidelines are being adapted for use in other sensitive areas of research, such as research on women who have been trafficked and in situations of armed conflict.

Cross-Country Comparability and Quality Control

The WHO study is a large-scale research initiative whose goal has been to document, expose and better understand a sensitive issue that has previously received little research attention in resource-poor settings. Study organizers realized from the outset that critics might seek to discredit their findings. It was therefore particularly important to design and implement the study rigorously.

The core questionnaire for use in each country was developed by the core research team in consultation with the country research teams, and was built on the findings from the qualitative research and questionnaire pre-testing conducted in each country. Mechanisms to ensure that all countries used consistent information-gathering methods included developing a standard training program for interviewers (see box), involving members of the core research team in all interviewer and data-processing training and piloting activities, requiring detailed documentation of the local adaptations to the core questionnaire (which were kept to a minimum), and developing standardized procedures for data entry and analysis. Once the fieldwork began, quality-control efforts included supervisors' spot reviewing questionnaires, and reviewing questionnaires immediately after their completion, as well as data entry with direct validation parallel to fieldwork and double entry of all data.

Current Status

The fieldwork for the study has been successfully implemented in all sites, and data analysis is underway. Across the participating countries, approximately 350 interviewers were trained, and 18,000 women were asked to share their experiences of violence. All country teams have conducted preliminary analyses, and activities to disseminate those findings have begun.

The Study as an Intervention

Over the course of the study, we have seen the extent to which carefully conducted research can itself act as an intervention. To begin with, the interviews provided important

opportunities for respondents to disclose the abuses and violations they had suffered. Many women stated that this was the first time they had talked about their experience to anyone and in response to an open-ended question about the research process at the end of the interview, a majority of women also reported that they found the interview itself was a positive experience.

All women who participated in the study—whether or not they reported abuse—received information about available services and organizations that could address VAW. A number of abused women were also given referrals to some of these services. Interviewers, as well, reported finding that their experience in the study was transforming. Over the course of the study, interviewers have listened to hundreds of women talk about their experiences with violence, and many have gone on to challenge VAW in other ways.

As has been documented in Cambodia, Nicaragua, and Zimbabwe, research on violence can be used to change policy.[31-34] Researchers in these countries became actively involved at the national level in the antiviolence movement, discussing the importance and unacceptability of VAW with policymakers and developing proposals for follow-up interventions and research.

Finally, results from the study are spurring efforts to discourage VAW. In Namibia, results are being used to advocate for a domestic-violence bill that would make intimate-partner violence a criminal offence. In Thailand, study results have been widely disseminated at, for example, a national meeting attended by more than 600 people from all sectors and used in a campaign called "Love and Peace in the Home." Findings have been used in developing the Thai National Plan of Action for the Elimination of Violence Against Women and Children. In Brazil, the team is now doing a parallel study to explore the prevalence of violence to women who attend health centers in São Paulo. Additionally, medical and public health training in Peru and Brazil now include educating health providers and public health practitioners about VAW.

Conclusion

Violence against women is an immense public health problem and a violation of women's human rights. The past decade has witnessed stronger demands for states, the UN, and NGOs to recognize VAW and to work toward its elimination. An effective response to VAW needs to be informed by evidence of its magnitude, consequences, and causes.

The WHO study has illustrated how collecting such evidence, in partnership with researchers and women's organizations, can close a gap in our knowledge of the problem and help the antiviolence movement work toward change. It highlights how the process of conducting research can be used to forge partnerships and sensitize key players to the problem of violence against women. It also shows the importance of investing in and involving researchers in disseminating research results and using those findings to change policy and to design effective interventions. Ultimately, rigorous research in combination with effective dissemination and advocacy to local, national, and international audiences, including policymakers, health providers, women's organizations, and the general public will is key to ensuring that research results be fed into national and international debates and lead to action.

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34. See also note 23.