



PUTTING WOMEN FIRST:

Ethical and Safety Recommendations
for Research on
Domestic Violence Against Women



Department of Gender and Women's Health
Family and Community Health
World Health Organization
Geneva, Switzerland



The Dharma-Chakra, or Wheel of Law

The Dharma-Charkra or 'Wheel of Law' is the most important symbol Buddhism. In an individual's life, 'Dharma' becomes manifest as 'good' or noble conduct. Chakra means the wheel and symbolizes a constantly changing universe. The 8 spokes of the wheel correspond to the 8 paths to enlightenment, namely:

- 1.□ Right view
- 2.□ Right resolution
- 3.□ Right speech
- 4.□ Right conduct
- 5.□ Right means of livelihood
- 6.□ Right effort
- 7.□ Right mindfulness
- 8.□ Right concentration

Cover design: Máire Ní Mhearáin

Design inspired by the stone wheels of the Konarak Sun Temple in Orissa (province of Orissa, India)

(source: *Ikat Textiles of India*, by Chelna Desai).

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These recommendations were developed for WHO from those prepared for the World Health Organization Multi-Country Study on Women's Health and Domestic Violence by Charlotte Watts, Lori Heise, Mary Ellsberg and Claudia Garcia Moreno¹. They build on the collective experiences of the International Research Network on Violence Against Women. We would like to acknowledge the guidance of the WHO Steering Committee of the Study and the valuable input of the Scientific and Ethical Review Group (SERG) of the WHO Special Programme of Research, Development and Research Training in Human Reproduction, in particular Ruth Macklin. We also thank Henriette Jansen, Shana Swiss and Cathy Zimmerman for their comments and suggestions on the earlier version of this document (WHO/EIP/GPE/99.2).

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Introduction

Violence against women, in its various forms, is endemic in communities and countries around the world, cutting across class, race, age, religious and national boundaries. According to the United Nations Declaration, violence against women includes “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 deprivations of liberty, whether occurring in public or private life (United Nations, 1993)”. The most common type of violence against women worldwide is “domestic violence” or the physical, emotional and/or sexual abuse of women by their intimate partners or ex-partners (Heise et al., 1999). There are other forms of violence, such as dowry harassment and wife inheritance, which are linked to traditional or customary practices and are limited to specific regions and communities.

It is only now, through the sustained activism by women’s organizations that violence against women, including domestic violence, is starting to receive substantial attention internationally. As domestic violence against women becomes increasingly

recognized and discussed, important questions are being raised concerning its magnitude in different settings, and its causes, consequences and related risk factors. Likewise, there is increasing recognition of the need for better data on the effectiveness of different interventions.

Due to the limitations of service-based data, accurate figures on the prevalence of domestic violence must be obtained through population-based surveys in which a representative sample of randomly selected women are asked directly about their experiences of violence. Population-based surveys can also be used to obtain important insights into some of the consequences of violence and risk factors associated with violence and in the long term, to monitor trends and to explore the impact of different interventions. On the other hand, more in-depth qualitative research provides a means for obtaining greater insights into the settings and contexts in which violence occurs, the dynamics of abuse, and to better understand how women, children and communities are affected by this violence. Likewise, research on men can provide important insights into the causes of violence, and the impact of different forms of intervention.

Research on violence against women raises important ethical and methodological challenges in addition to those posed by any research. The nature of the topic means that issues of safety, confidentiality

and interviewer skill and training are even more important than for other areas of research. It is not an exaggeration to say that the physical safety and psychological well-being of both the respondents and the research team can be put in jeopardy if adequate precautions are not taken.

In order to guide future research in this area, the World Health Organization has developed the following recommendations regarding the ethical conduct of domestic violence research. These build on the collective experience of the International Research Network on Violence Against Women (IRNVAW). They have been reviewed and approved by the WHO Steering Committee for the Multi-Country Study on Women's Health and Domestic Violence Against Women, and also reviewed by key members of the Scientific and Ethical Review Group (SERG) of the Special Programme on Research and Research Training on Human Reproduction (HRP). The recommendations are in addition to those outlined in the CIOMS International Guidelines for Ethical Review of Epidemiological Studies (1991).

These recommendations are designed for use both by anyone intending to do research on domestic violence against women (such as investigators, project co-ordinators and others implementing such research), and also by those initiating or reviewing such research (such as donors, research ethical committees etc.). The guidelines focus on the specific

ethical and safety issues associated with planning and conducting research on this topic. They do not intend to give general guidance or recommendations on the planning, methodology, and logistics of research on domestic violence against women, or issues associated with the ethical conduct of research in general. (The latter is addressed by the CIOMS Guidelines referred to above).

These recommendations emerged from discussion of those prepared for the WHO Multi-country Study on Women's Health and Domestic Violence Against Women. They focus in particular on the ethical and safety considerations associated with conducting population-based surveys on domestic violence against women. However, many of the principles identified are also applicable to other forms of quantitative and qualitative research on this issue.

The recommendations were not written for research on other forms of violence against women, such as violence in conflict situations, or trafficking of women. Whilst it is likely that some aspects of the guidelines will be applicable in those situations, there may also be some important differences.

Researching Domestic Violence Against Women

It is often felt that domestic violence against women is too sensitive a topic to be explored in a population-based survey, and that shame, self-blame or fear of further violence will prevent women from discussing their experiences. However, more than 50 community-based studies on this issue have been successfully conducted in Asia, Africa, the Middle East, Latin America, Europe and North America (Heise, 1994; WHO, 1997; Heise et al., 1999), and a number of instruments have been developed to quantify the extent, nature, severity and frequency of different forms of interpersonal violence. Studies show that research on domestic violence against women can be conducted with full respect of ethical and safety considerations. They also illustrate how, when interviewed in a non-judgmental manner in an appropriate setting, many women will discuss their experiences of violence. Indeed, rather than being a barrier, evidence suggests that many women find participating in violence research beneficial (Center for Health and Gender Equity, 1996).

Despite these positive findings to date, there is the real danger that research conducted without due sensitivity and attention to safety and confidentiality could be distressing and put respondents, and at times researchers, at risk. All research on domestic violence against women needs to prioritize women's safety, and build into the study design plans on how to protect the safety of all participants and to ensure that the research is conducted in an ethical and appropriately sensitive manner. Box 1 summarizes key ethical and safety principles that should guide all such research. Recommended actions that should be taken to ensure that the research adheres to these principles are then described.

a) The safety of the respondents and the research team is paramount and should guide all project decisions

The physical safety of respondents and interviewers from potential retaliatory violence by the perpetrator or perpetrators is of prime importance. If the focus of a household survey on domestic violence becomes known - either within the household, or among the wider community - a perpetrator may find out about the topic of the interview. For women experiencing violence, the mere act of participating in a survey may provoke further violence, or place the respon-

BOX 1: ETHICAL AND SAFETY RECOMMENDATIONS FOR DOMESTIC VIOLENCE RESEARCH

- a. The safety of respondents and the research team is paramount, and should guide all project decisions.
- b. Prevalence studies need to be methodologically sound and to build upon current research experience about how to minimize the under-reporting of violence.
- c. Protecting confidentiality is essential to ensure both women's safety and data quality.
- d. All research team members should be carefully selected and receive specialized training and on-going support.
- e. The study design must include actions aimed at reducing any possible distress caused to the participants by the research.
- f. Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms.
- g. Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.
- h. Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met.

dent or the interview team at risk. At the same time, the woman, as the subject and beneficiary of the research, needs to give full informed consent. Thus, for both ethical and safety reasons, it is important that the survey is not introduced to the household and wider community as a survey on violence. Instead, at this level the study should be framed in a different manner - such as a study on women's health and life experiences. However, the woman herself has to be fully informed about the nature of the questions. During the initial consent procedure, the sensitivity of the research topic should be raised. During the course of the interview, the interviewer should introduce any section enquiring about violence carefully, forewarning the respondent about the nature of the questions and giving her the opportunity to either stop the interview, or not to answer these questions.

- Interviews should be conducted only in a private setting. The participant should feel free to reschedule (or relocate) the interview to a time (or place) that may be more safe or convenient for her.
- The study should be framed as a study on women's health, life experiences or family relations. This will enable the respondent to explain the survey to others safely. This explanation should also be used by the researchers/interviewers to describe the survey to the community and to other members of

the household. Once the respondent and interviewer are alone, further information on the exact nature of the study should be provided to her as part of the consent procedure.

- In instances where the sampling unit is the household, only one woman per household should be interviewed about her experiences of domestic violence. In households with more than one eligible woman, a single respondent should be selected randomly for interview. Any interviews conducted with other household members (either male or female) should not include questions exploring their attitudes, experience or use of violence - as this may result in their suspecting that the key respondent was also asked about domestic violence.

- When interviewing in the context of a household survey, interviewers should be trained to terminate or change the subject of discussion if an interview is interrupted by anyone - including children. As a possible strategy, a short diversionary questionnaire on a less sensitive topic concerning women's health (such as menstruation, family planning or child spacing) can be developed to assist with this. The interviewer can then forewarn the respondent that she will start to discuss this other topic if an interview is interrupted, and if needed, turn to the diversionary questionnaire.

- Logistics planning should include consideration of respondent safety. This will require that the study's budget anticipate the likely need to re-schedule some interviews. It should also include advance identification of additional locations (such as a local health centre) where interviews can be conducted if women so desire.
- Logistics planning and budgeting should also consider the safety needs of interviewers. To ensure safety, it may be necessary for interviewers to travel in pairs, to carry mobile phones, to use designated means of transport/drivers or to assign a trusted male escort to accompany teams into certain neighbourhoods known to be unsafe for women alone. This is particularly true in circumstances where interviewers may have to conduct interviews in the evenings.

b) Prevalence studies need to be methodologically sound and build upon current research experience about how to minimize the under-reporting of violence

The increasing attention being given to violence against women has, in some settings, resulted in the rapid implementation of population-based surveys to document the prevalence of different forms of violence and abuse. As with other studies on

sensitive topics, the tendency will be for participants to under-report their experiences. Thus, there is the danger that a well-intentioned but poorly conceptualized or implemented study may result in a serious under-reporting of violence. This raises both ethical and practical concerns.

Ethically, it is unacceptable to conduct a poorly designed study that cannot hope to address its primary study aims. This is particularly true for studies on violence against women, where women are asked to disclose difficult and painful experiences and where, moreover, the nature of the subject matter may put women at risk.

Practically, too, it is of concern if a study documents low levels of domestic violence in a setting where prevailing evidence is to the contrary. Bad data may be worse than no data, because low prevalence estimates could potentially be used to question the importance of violence as a legitimate area of concern. Consequently, it is important that domestic violence surveys are methodologically sound and build upon current research about how to minimize under-reporting.

Current research suggests that rates of disclosure are linked to the manner in which questions are worded and asked. Generally, questions should avoid using loaded terms such as 'abuse,' 'rape,' or 'violence' and instead ask respondents about whether or not

they have experienced certain specific acts, such as being hit, slapped, or beaten. For each type of abuse, it is useful to ask about a range of behaviours along with specific cues directing the respondent to consider different settings (such as at home, work or school) or potential perpetrators (such as current partners, former partners, other male relatives, males in positions of authority). Single, broad questions on abuse/violence, are generally inadequate for capturing true rates of abuse/violence (Center for Health and Gender Equity, 1995). Rates of disclosure are also related to the nature and length of other questions in the interview, the number of opportunities respondents are given to disclose, and the presence or absence of others during the interview (Ellsberg et al., 2001).

The extent to which women will discuss their experiences of violence is also influenced by the sex, skill, attitude and training of the interviewer. Most violence against women is perpetrated by men, and experience to date suggests that female respondents feel most comfortable talking about violence with other women. It has also been found that adult women prefer not to discuss violence with interviewers whom they perceive may not understand or be sympathetic to their experiences. Consequently, in some settings, difficulties have been encountered when using young or unmarried women as interviewers, or when using interviewers who are not experienced at discussing

sensitive issues. This highlights the importance of ensuring that interviews are conducted by carefully selected and appropriately trained female interviewers, the need for the careful pre-testing and piloting of the research tools, and the importance of monitoring the quality of a study's implementation.

In situations where very low levels of violence are documented or there are results that are otherwise not expected, the findings should be discussed with key informants and different community groups before being widely disseminated. Where these groups question the validity of the findings, their concerns should also be presented during dissemination activities.

c) Protecting confidentiality is essential to ensuring both women's safety and data quality

Much of the information provided by respondents will be extremely personal. The dynamics of a violent relationship are such that the act of revealing details of violence to someone outside the family could also provoke another violent episode. For these reasons, the confidentiality of information collected during a survey or from in-depth interviews with survivors of violence is of fundamental importance. A number of mechanisms should be used to protect the confidentiality of the information collected, including:

- All interviewers should receive strict instructions about the importance of maintaining confidentiality. This must also be addressed in their training. No interviewers should conduct interviews in their own community.
- No names should be written on questionnaires. Instead, unique codes should be used to distinguish questionnaires. Where identifiers are needed to link a questionnaire with the household location or respondent, they should be kept separately from the questionnaires, and upon completion of the research, destroyed. In all further analysis, the codes should be used to distinguish questionnaires. Participants should be informed of confidentiality procedures as part of the consent process.
- Where tapes are made of in-depth interviews with survivors of violence, these should be kept in a locked cabinet with limited access, and erased following transcription. The permission of the respondents should be sought before taping. Again, no record of the name of the women interviewed should be kept and women should be informed of who will have access to the tapes and for how long they will be kept.
- Particular care should be taken during the presentation of the research findings that the information presented is sufficiently aggregated to ensure that no one community or individual can be

identified. Where case-study findings are presented, sufficient detail should be changed to ensure that it is not possible to identify the source of this information.

■ Although photographs of abused women can be a powerful and emotive way of communicating about domestic violence, particular care should be used when using this form of documentation. Women should be asked specifically whether photographs may be taken and shown, and must agree to this as part of the informed consent process. They should be informed how and where the photographs will likely be shown or displayed.

d) All research team members should be carefully selected and receive specialized training and on-going support

One of the enduring lessons to emerge from the experience of IRNVAW members is that all research team members involved in violence against women research, including interviewers, need specialized training and support over and above that normally provided to research staff. This training should include a basic introduction to domestic violence issues and an overall orientation to the concepts of gender, and gender discrimination/inequality. The training must provide a mechanism for fieldworkers to confront and overcome their own biases, fears and stereotypes regarding abused women. Many

fieldworkers will have internalized the “victim-blaming” attitudes that permeate the culture at large - a reality that is likely to undermine their ability to get full and honest disclosure from the women they interview. Indeed, rates of reported violence have been shown to be very sensitive to intimation of judgement or blame on the part of interviewers.

In addition, training should include an opportunity for research staff to come to terms with their own experiences with abuse. The high prevalence of violence against women worldwide means that it is very likely that one or more research staff will have been a direct target, or have familial experiences of violence. While this may improve the interviewers’ skills and empathy, the process of being involved in the study (either as an interviewer, supervisor, data processor or statistician) may awaken images, emotions, internal confusion and conflict. These reactions may affect their ability to work, may have a negative impact on their health, and may create tension in the home. Even where a researcher or fieldworker herself has not experienced violence, listening to stories of violence and abuse, not unlike research in fields such as death and dying, may be draining and even overwhelming. Experience has shown that unless this reality is confronted directly, research projects can experience high rates of attrition among staff.

There are a number of ways to address the emotional needs of researchers and fieldworkers. During the training process it is important that the subject of violence is openly discussed, and that research team members are given the option of withdrawing from the project without prejudice. During the fieldwork, regular debriefing meetings should be scheduled to enable the research team to discuss what they are hearing, their feelings about the situation, and how it is affecting them. These meetings should aim to reduce the stress of the fieldwork, and avert any negative consequences. Interviewers should also be given the opportunity to discuss this in private with study leaders if they so wish.

Despite these measures, some fieldworkers may need to be given less emotionally taxing tasks, be given a break from the study, or may have to withdraw from the research altogether. Interviewers must also be helped to understand their role in relation to a woman who reports experiencing violence. They should be open to assisting her if asked (see below), but they should not tell her what to do or to take on the personal burden of trying to “save her”. Interviewers should not take on a role as counsellor and any counselling activity that may be offered in the context of the study should be entirely separate from the data collection.

e) The study design must include actions aimed at reducing any possible distress caused to participants by the research

Active efforts must be made to minimize any possible distress caused by the research. Domestic violence is a sensitive and stigmatized issue, and women are often blamed for the violence they experience. All questions about violence and its consequences should be asked in a supportive and non-judgemental manner. In addition, care needs to be taken to ensure that the language of the questionnaire cannot be interpreted as being judgemental, blaming or stigmatizing (Liss and Solomon, 1996).

As noted above, there is some evidence that many women find that talking about their experiences of violence is beneficial. Nevertheless, the respondent may recall frightening, humiliating or extremely painful experiences, which may cause a strong emotional reaction. Interviewers therefore need to be trained to be aware of the effects that the questions may have on the informant and how best to respond, based on the woman's level of distress. Some women may become emotional during an interview, but still choose to proceed after being given a moment to collect themselves. Interviewer training should include practice on how to terminate an interview if the impact of the questions becomes too negative. All interviews should end in a positive manner (Parker and Ulrich, 1986), reinforcing the woman's

own coping strategies and reminding her that the information she has shared is important and will be used to help other women. Likewise, interviewers should affirm that no one deserves to be abused and inform the respondent of her rights under the law.

f) Fieldworkers should be trained to refer women requesting assistance to available local services and sources of support. Where few resources exist, it may be necessary for the study to create short-term support mechanisms

It is important that researchers anticipate and be prepared to respond appropriately to women who may need additional assistance during or following an interview. Prior to conducting the research, researchers need to meet with potential providers of support, which may include existing health, legal and social services and educational resources in the community, and less formal providers of support (including community representatives, religious leaders, traditional healers and women's organizations). Discussions should be held to obtain providers' agreement to assist and to identify the forms of support that each is able to provide. A list of resources should then be developed and offered to all respondents, irrespective of whether they have disclosed experiencing violence or not. The resource list should either be small enough to be hidden or

include a range of other services so as not to alert a potential perpetrator to the nature of the information supplied.

Where few resources exist, it may be necessary to have a trained counsellor or women's advocate accompany the interview teams and provide support on an "as needed" basis. Generally this can take the form of alerting participants that a staff person trained in counselling for women's and/or violence issues will be available to meet with anyone who needs it or is interested at a set time and place. Preferably this location should be a health centre, church or local organization where women can easily go without arousing suspicion.

g) Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development

It is important that research findings are fed into ongoing advocacy, policy making and intervention activities. Too often critical research findings never reach the attention of the policymakers and advocates best positioned to use them. The enormous personal, social and health-related costs of violence against women places a moral obligation on researchers and donors to try to ensure that study findings are applied in the real world. It is also

important that the study community receives early feedback (in their own language) on the results of the research in which they have participated.

One way to improve the relevance of research projects is, from the outset, to involve advocacy and direct service groups either as full partners in the research or as members of an advisory committee. Such committees can play an important role in helping guide the study design, advise on the wording of questions, assist with interviewer training and give guidance on analysis and the interpretation of results. They also have a central role to play in publicizing and applying the project's findings.

A range of activities, using formal and informal media, can be used to disseminate the study findings locally and nationally, and to explore possible follow-on activities. Wherever possible, findings should be fed into ongoing advocacy, policy development and intervention activities, such as the internationally recognized "Sixteen Days of Activism Against Gender Violence (November 25th to December 10th)"².

² The "16 days of Activism Against Gender Violence" is part of the Global Campaign for Women's Human Rights initiated in 1991 by the Center for Women's Global Leadership in the USA.

Researchers need to be pro-active in helping to ensure that research findings are interpreted appropriately by the public and the media. Although analysis may highlight sub-groups at higher risk of particular forms of violence, researchers should take care when presenting such findings not to feed into any negative stereotypes of particular ethnic or social groups, and to ensure that no one community or individual can be identified or stigmatized. One strategy is to highlight that violence against women cuts across all communities and socioeconomic groups. Another is to emphasize the similarities and parallels among sub-groups and to describe how particular forms of inequality may contribute to differences (Aronson and Fontes, 1997). For example, higher levels of physical violence have frequently been reported among lower socioeconomic groups. In such situations, it is important to use the findings to advocate for positive change, rather than to allow the results to further stigmatize this group.

h) Violence questions should only be incorporated into surveys designed for other purposes when ethical and methodological requirements can be met

Increasingly, researchers have become interested in integrating questions related to violence against women into studies designed primarily for other purposes. This approach can, in principle, be useful for providing basic data on violence when a more

in-depth focused study is not feasible, and for providing insights into the links between violence and other health and development issues (e.g. including questions on victimization into a study exploring women's suicide attempts).

However, experience indicates that there are often tradeoffs to such a strategy. The challenges of ensuring data quality and ensuring respondent safety are often greater in such circumstances than in focused studies on violence (Ellsberg et al., 2001). Since disclosure rates for violence are affected by a variety of factors (including the length of the interview, the type and number of questions, as well as the rapport established between interviewer and respondent), "sandwiching" a few violence questions between lengthy questions on unrelated issues tends to reduce women's willingness to disclose, and as a result, negatively affects prevalence rates. Furthermore, although measures such as specialized training for interviewers, confidentiality and follow-up support for both interviewers and informants is critical in any survey addressing violence against women, it is often much more difficult to ensure that these guidelines are followed when violence represents only a small part of the research objective.

Because of these drawbacks, "integrating" violence questions into other studies makes sense only when the primary research team is willing and able to address the basic ethical and methodological

guidelines outlined herein. Where this is not feasible, it is preferable to avoid asking women directly about their own experiences of abuse. In such instances it is generally more appropriate to ask less personal questions regarding attitudes towards violence and/or the respondents knowledge of others who have experienced violence, rather than to probe directly into a woman's life history. The more extensively women are asked about their own experiences of violence, the more imperative it becomes to ensure backup support and confidentiality.

Conclusion: Putting Women's Safety First

Domestic violence is now receiving substantial attention, resulting in increased funding for research on violence against women worldwide. The recommendations detailed in this document reflect current knowledge concerning the ethical and safety considerations that need to be addressed when conducting research on domestic violence. The special nature of this research topic demands that safety concerns be considered from the very beginning of a study through its implementation and dissemination. This means that violence research will likely require a longer timeframe and a greater investment of resources to ensure these issues are fully addressed. Donors and researchers alike can make their own contribution to women's safety by following these guidelines and never putting research objectives above women's well-being.

References

Aronson Fontes L. (1997) Conducting ethical cross-cultural research on family violence. Chapter 23 in *Out of the darkness: contemporary perspectives on family violence*. Eds. Kaufman Kantor, Jana Jasinski. Sage Publications.

Council for International Organizations of Medical Science (CIOMS) (1993) *International Guidelines For Ethical Review Of Epidemiological Studies*, Geneva, Switzerland.

Ellsberg M., Heise L., Peña R., Agurto S., and Winkvist A., (2001) *Researching violence against women: methodological and ethical considerations*. *Studies in Family Planning* 32 (1): 1-16.

Center for Health and Gender Equity (1995) *Measuring Violence Against Women Cross-Culturally. Notes from a Meeting*. June 29, 1995. Unpublished document.*

Center for Health and Gender Equity (1996) *Second Annual Meeting of the International Research Network on Violence Against Women*. Dec. 8-19, 1996. Unpublished document.*

* available on request from mellsberg@path-dc.org

Heise L., Pitanguy H., and Germain A., (1994) *Violence Against Women: The Hidden Health Burden*. World Bank Discussion Papers 255.

Heise L., Ellsberg M., and Gottemoeller M., (1999) *Ending violence against women*. Population Reports Series L (11) Baltimore, Johns Hopkins University School of Public Health, Population Information Program, December.

Liss M., and Solomon S.D., (1996) *Ethical Considerations In Violence-Related Research*. Unpublished document.

Parker B., and Ulrich Y., (1990) *A Protocol Of Safety: Research On Abuse Of Women*. Nursing Research July/ Aug. 38 248 - 250.

United Nations General Assembly (1993) *Declaration on the Elimination of Violence Against Women*. A/RES/487104, 1994.

WHO/FRH/WHD/97.8 (1997) *Violence against women: A Public Health Priority*