CLINICAL ARTICLE

Violence against refugee women along the Thai–Burma border

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A B S T R A C T

Objective: To document the prevalence and characteristics of conflict victimization and its associations with past-year intimate partner violence (IPV) among refugee women affected by the protracted conflict in Burma (Myanmar). Methods: A cross-sectional survey was conducted among 861 women living in 3 refugee camps along the Thai–Burma border from February to April 2008. Descriptive statistics were generated regarding experiences of conflict victimization and generalized estimating equations were used to determine the odds of reporting past-year IPV. Results: In all, 9.6% of partnered women reported conflict victimization and 7.9% of women reported experiencing past-year IPV. After accounting for demographic variables, women who experienced conflict victimization were 5.9 times more likely to report past-year IPV than women who had not experienced conflict victimization (95% confidence interval, 5.0–6.9). Conclusion: Given the strong association uncovered in the present study, interventions to reduce the negative effects of conflict victimization should incorporate other forms of violence prevention, including IPV. Future longitudinal research is needed to discern pathways through which these experiences are related.

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1. Introduction

During conflict, targeted violence against civilian women, including sexual violence, is seen as a “tactic of war” [1] and is increasingly recognized as a public health and human rights concern. Such conflict victimization has been associated with a range of negative outcomes, including poor mental health [2]; stigma, isolation, and shame [3]; and increased vulnerability to HIV and other sexually transmitted infections [4].

Of particular concern is the potential connection between experiences of conflict-related victimization perpetrated by armed actors and victimization perpetrated by intimate partners (intimate partner violence [IPV]) in the post-conflict period [5]. Qualitative evidence suggests that IPV may increase owing to the perceived normalization of violence against women (VAW) [6], or vicim-blaming of women who have experienced conflict victimization, specifically sexual violence [7]. Post-conflict IPV may also escalate with men’s exposure to political violence [8,9]. Characteristics particular to refugee settings, such as lack of employment or alcohol use, combined with the inability to provide for the family [5,10,11], may undermine men’s traditional roles [12] and so increase the propensity to perpetrate IPV. In addition, women’s roles during conflict may threaten traditional gender norms (e.g. they actively engage as combatants or assume other traditionally male roles) [12], which might increase susceptibility to experiencing IPV. Despite the theoretical linkages between victimization during conflict and IPV, partner-perpetrated VAW has received less attention than other forms of conflict victimization among populations affected by war [13].

Currently, over 140 000 people are displaced in refugee camps along the Thai–Burma (Myanmar) border and an additional estimated 450 000 people are internally displaced [14] owing to the protracted Burmese conflict. Although there are high proportions of household-level human rights violations among internally displaced women in Burma [15] and substantial documentation of conflict-related sexual violence [16,17], little quantitative documentation of the prevalence of conflict-related victimization and IPV among these refugee women has been produced using probability-based samples. This situation is in contrast to calls for rigorous research on wartime violence [18] and the need for area-specific estimates of VAW [19].

Moreover, little is known about victimization experiences among women currently residing in refugee camps that primarily house members of the Karen population, a diverse ethnic minority group in Burma. Documentation of the current prevalence of victimization is important given ongoing changes in camp populations as a result of mass resettlement [14], as well as for providing evidence for redress, which is needed when difficult negotiations between Karen leaders and the Burmese government [20]. Furthermore, the quantitative
association between experiences of victimization is currently unknown among the Karen population, thus limiting efforts to effectively target IPV prevention programs.

The aim of the present study was to describe the prevalence of conflict victimization and past-year IPV among refugee women residing in camps along the Thai–Burma border and to assess quantitatively the relationship between these factors.

2. Materials and methods

A cross-sectional study was conducted that used data from the Reproductive Health Assessment Toolkit for Conflict-Affected Women [21], a survey developed by the Centers for Disease Control and Prevention to assess reproductive health and guide programmatic activities that aim to serve conflict-affected women. The present analysis was deemed exempt from review by the Human Subjects Research Committee, Harvard School of Public Health, Boston, USA, because it was a secondary data analysis of the previously collected programmatic data.

From February to April 2008, trained staff from the American Refugee Committee (ARC) administered the survey in 3 primarily Karen refugee camps (Umpiem Mai, Nu Po, and Ban Don Yang) where ARC provides health-related services. The questionnaire was translated into Karen and Burmese and was administered in the language of choice of the research staff, who were language-matched to the participants. Within each refugee camp, a random sampling method was used that was based on a sampling frame provided by a household list maintained by ARC. Women aged 15–49 years who consented to undertaking the survey were eligible to participate.

Owing to concerns about low literacy levels among the refugee women, a consent form, which was administered at the potential participant’s home, was read aloud by locator staff (who identified and scheduled potential study participants). To ensure the safety of the women, this form provided only general information about enrolling in a women’s health survey. After obtaining consent, locators scheduled a time for the women to participate in the survey. At the time of the interview, which occurred at a centralized location within the camps, a second informed consent form was administered by the interviewer and included a discussion of VAW. At this point, verbal consent was obtained from the women. All surveys were given a questionnaire number and were not linked to identifying information. Interviews were conducted by ARC staff trained in research methodology and ethics.

A 4-item scale included in the toolkit [21] was used to assess past-year IPV and capture experiences of psychological, physical, and sexual abuse from a partner. Past-year IPV was selected as the outcome measure in order to understand current levels of victimization, as well as to establish a degree of temporality with lifetime conflict victimization. Ever-partnered women were asked if their partner or an ex-partner ever: “(1) forbid you from participating in activities in the community such as seeing friends or family, educational opportunities, women’s groups, or employment opportunities; (2) threatened to hurt you with a weapon or himself; (3) slapped you, twisted your arm, hit you with a fist or something else, pushed you down or kicked you, or choked you, and (4) threatened to hurt you or used force to make you have sex with him when you did not want to” [21]. Participants who responded “yes” to any of the items in the past year were coded as experiencing past-year IPV victimization in a binary, summary variable.

The main exposure (conflict victimization) was assessed using 8 items included in the toolkit [21] (Box 1). All participants were asked if they were subjected to violence during the conflict by people outside their family. If a respondent answered “yes” to any question, they were further asked how often such violence had happened, who the perpetrator was, and where the violence had occurred. Women who responded “do not know” or “no response” for any single item were coded as not experiencing that form of conflict victimization. The final exposure was a binary, summary variable; endorsement of any item was coded as experiencing conflict victimization. This binary variable was used because too few women reported sexual violence only (n = 5; 0.6%), physical violence only (n = 69; 8.0%), or both sexual and physical violence (n = 9; 1.1%).

Demographic covariates assessed in the present study included age, ethnicity, religion, literacy level, marital status, number of living children, and whether the husband had attended school.

Data were analyzed using SAS version 9.1 (SAS Institute, Cary, NC, USA). Descriptive statistics were generated regarding experiences of conflict victimization, including frequencies for number of events, perpetrators of violence, and location of violence. The bivariate associations between past-year IPV, conflict victimization, and demographic covariates were assessed through $\chi^2$ tests from crude generalized estimating equations, which were selected to account for potential camp-level clustering. Adjusted models included conflict victimization (the main exposure of interest) and demographics, which were included to account for residual variation in the estimates. A $P$ value of 0.05 or below was considered statistically significant.

3. Results

A total of 1242 women were approached to participate in the present survey; of these, 20 declined (98.3% response rate). The sample was restricted to women (n = 873; 71.5% of original sample) who indicated that they were currently married or partnered and provided complete data on the variables of interest (n = 861; 98.6% of partnered women). The analytic sample of partnered women with complete data did not vary statistically in the prevalence of conflict victimization compared with the overall sample. However, compared with the overall sample, women included in the analytic sample were statistically more likely to be of Karen ethnicity, Christian, slightly older (mean 30.1 years), and have children; they were less likely to be able to read easily.

Table 1 shows the demographics of the analytic sample and associations with conflict victimization and IPV. The majority of the women who completed the survey were of Karen ethnicity (78.9%) and Christian religion (53.9%). The mean age of the respondents was 32.2 years and the mean number of living children was 2.8. Less than half of the women could read easily (42.2%). Almost all women were married (90.9%) and the majority had a husband or partner who had attended school (62.5%).

![Box 1](http://dx.doi.org/10.1016/j.ijgo.2012.10.015)
In all, 83 women (9.6%) experienced any form of non-partner perpetrated conflict victimization (Table 1). A total of 6 women reported that the perpetrator of conflict victimization was their husband and were coded as not experiencing that form of violence. Experiencing conflict victimization was associated with religion and the husband or partner’s level of education. Past-year IPV was reported by 68 women (7.9%). Karen women reported a lower prevalence of IPV than women of other ethnicities. Religion was also associated with past-year IPV: Muslim women reported the highest prevalence of IPV whereas Christian women reported the lowest prevalence. Currently partnered women who were not married were less likely to report past-year IPV than currently married women.

Table 2 summarizes the experience of conflict victimization among women who reported such violence. Among the women who reported such violence, the majority (62.7%) experienced only 1 form of conflict victimization, while 20.5% experienced 2 forms of violence and 16.9% experienced 3 or more forms of victimization. The most widespread form of conflict victimization was being threatened with a weapon, while the least frequent was being forced or threatened with harm to give or receive sex. The majority of events occurred in the woman’s home or village and conflict victimization was most often perpetrated by the military.

In all, 26.5% of women who reported conflict victimization also experienced past-year IPV versus only 5.9% of the women who did not experience conflict victimization. In the unadjusted analyses (Table 3), women who experienced conflict victimization were 5.7 times more likely to report past-year IPV victimization (95% confidence interval [CI], 4.5–7.3). This association persisted in the adjusted analyses (Table 3); the adjusted odds ratio (aOR) was 5.9 (95% CI, 5.0–6.9). In the adjusted model, women who were not of Karen ethnicity were 2.7 times more likely than Karen women to report past-year IPV. Women who were not married were less likely to experience past-year IPV than their married counterparts; the aOR was 0.2 (95% CI, 0.03–0.7). Women who had at least 1 living child were 1.4 times more likely to report past-year IPV than women with no living children. No other covariates were significantly associated with IPV in the adjusted model.

4. Discussion

The present study documents that 9.6% women in Karen refugee camps along the Thai–Burma border experienced some form of conflict victimization; the most frequent form of violence reported was being threatened with a weapon. The present data suggest that in addition to military perpetrators of violence, neighbors and other community members may also be responsible for VAW in the context of conflict. Similar findings have been documented elsewhere [22]. The prevalence of sexual violence as a form of conflict victimization...
In the present study, we examined the prevalence of past-year intimate partner violence (IPV) among partnered women living in Thai-Burma border refugee camps (n = 861). The findings of the present study should be interpreted in light of several limitations. First, under-reporting is a key concern for both forms of violence victimization owing to the highly sensitive nature of these topics [25]. Second, no information was available regarding when conflict victimization occurred; thus, the data are potentially susceptible to both recall bias and/or temporality concerns, and causality cannot be conferred. Third, the grouping of sexual and physical conflict victimization as a result of the low prevalence of sexual violence does not allow the associations of different forms of conflict victimization and past-year IPV to be disentangled. Finally, although the assessment of conflict victimization was derived from a standardized measure, the operationalization of the construct limits comparison with other investigations among conflict-affected women, as prior studies have focused primarily on sexual violence victimization [1,2,7,22].

Despite these limitations, the present study used a large sample to generate descriptive statistics of experiences of conflict victimization and past-year IPV and to identify a quantitative association between such experiences among partnered women living in Karen refugee camps. Additional research is needed to examine potential pathways through which women’s experiences of conflict victimization and past-year IPV are related. Such mechanisms should be considered on multiple levels, including family and/or community factors (e.g. stigma) and structural factors (e.g. unequal gender norms) [5]. In addition, longitudinal studies of conflict victimization, from the perspectives of the survivor, the survivor’s family, and the perpetrator, are urgently required to enhance understanding of the needs and experiences of conflict-affected populations and to identify potentially protective mechanisms against perpetration of conflict victimization and its negative effects. Programmatically, interventions to reduce the negative effects of conflict victimization should incorporate other forms of violence prevention, and should highlight working with men to prevent perpetration of IPV. With such research and programmatic efforts, there may be enormous potential to improve the health and well-being of refugee women and communities grappling with both conflict violence and IPV.

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### Conflict of interest

The authors have no conflicts of interest.

### References


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**Table 3**

Unadjusted and adjusted generalized estimating equation values for reporting past-year IPV among partnered women living in Thai-Burma border refugee camps (n = 861). *a,b*

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Past-year IPV</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Unadjusted odds ratio (95% CI)</td>
<td>P value</td>
<td>Adjusted odds ratio (95% CI)</td>
</tr>
<tr>
<td>Conflict victimization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Yes</td>
<td>5.7 (4.5–7.3)</td>
<td>&lt;0.0001</td>
<td>5.9 (5.0–6.9)</td>
</tr>
<tr>
<td>Age, y</td>
<td>0.956 (0.956–1.04)</td>
<td>0.5</td>
<td>0.956 (0.957–1.02)</td>
</tr>
<tr>
<td>Ethnicity</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Karen</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Other</td>
<td>3.3 (1.5–7.3)</td>
<td>0.003</td>
<td>2.7 (2.0–3.6)</td>
</tr>
<tr>
<td>Religion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Christian</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Buddhist</td>
<td>1.2 (0.4–3.4)</td>
<td>0.8</td>
<td>0.9 (0.3–2.8)</td>
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<tr>
<td>Other or none</td>
<td>3.5 (1.7–7.1)</td>
<td>0.0006</td>
<td>1.5 (0.8–2.9)</td>
</tr>
<tr>
<td>Ability to read</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>With difficulty or not at all</td>
<td>1.04 (0.5–2.0)</td>
<td>0.9</td>
<td>1.3 (0.6–2.5)</td>
</tr>
<tr>
<td>Marital status</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>Not married</td>
<td>0.1 (0.04–0.5)</td>
<td>0.003</td>
<td>0.2 (0.03–0.7)</td>
</tr>
<tr>
<td>No. of living children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>≥1</td>
<td>1.1 (0.6–2.0)</td>
<td>0.6</td>
<td>1.4 (1.3–1.6)</td>
</tr>
<tr>
<td>Partner attended school</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.0</td>
<td></td>
<td>1.0</td>
</tr>
<tr>
<td>No</td>
<td>1.4 (0.7–2.7)</td>
<td>0.3</td>
<td>1.4 (0.5–3.7)</td>
</tr>
<tr>
<td>Do not know</td>
<td>2.3 (0.3–16.3)</td>
<td>0.4</td>
<td>2.1 (0.4–9.4)</td>
</tr>
</tbody>
</table>

Abbreviations: CI, confidence interval; IPV, intimate partner violence.

*a* Unadjusted estimates of past-year IPV for each variable separately.

*b* Final model of past-year IPV, adjusted for all other covariates in column.


