

What Factors Contribute to Intimate Partner Violence Against Women in Urban, Conflict-Affected Settings? Qualitative Findings from Abidjan, Côte d'Ivoire

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ABSTRACT *Rapid urbanization is a key driver of the unique set of health risks facing urban populations. One of the most critical health hazards facing urban women is intimate partner violence (IPV). In post-conflict urban areas, women may face an even greater risk of IPV. Yet, few studies have examined the IPV experiences of urban-dwelling, conflict-affected women, including those who have been internally displaced. This study qualitatively examined the social and structural characteristics of the urban environment that contributed to the IPV experiences of women residing in post-conflict Abidjan, Côte d'Ivoire. Ten focus groups were conducted with men and women, both internally displaced (IDPs) and non-displaced. Lack of support networks, changing gender roles, and tensions between traditional gender norms and those of the "modern" city were reported as key contributors to IPV. Urban poverty and with it unemployment, food insecurity, and housing instability also played a role. Finally, IDPs faced heightened vulnerability to IPV as a result of displacement and discrimination. The relationship between economic strains and IPV are similar to other conflict-affected settings, but Abidjan's urban environment presented other unique characteristics contributing to IPV. Understanding these factors is crucial to designing appropriate services for women and for implementing IPV reduction interventions in urban areas. Strengthening formal and informal mechanisms for help-seeking, utilizing multi-modal interventions that address economic stress and challenge inequitable gender norms, as well as tailoring programs specifically for IDPs, are some considerations for IPV program planning focused on conflict-affected women in urban areas.*

KEYWORDS *Gender-based violence, Humanitarian crisis, Urbanization, Domestic violence*

INTRODUCTION

Urban populations in low- and middle-income countries face a unique set of health hazards. The social and environmental factors endemic to these burgeoning cities,

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such as over-crowding, stressed and inadequate water and sanitation systems, and concentrated poverty,¹ contribute to increased risks of infectious diseases, including tuberculosis and HIV/AIDS, non-communicable diseases such as diabetes and certain cancers, and injuries and violence.²

Rapid urbanization has been identified as a key driver of such health risks.^{3,4} Today, 54 % of the world's population, 3.9 billion people, live in cities—a figure that is projected to rise to 6.4 billion by 2050.⁵ Nearly 90 % of this growth will be concentrated in Africa and Asia—much of it in still-developing regions where cities' expansion can often outpace the construction of adequate infrastructure and services to meet the needs of the growing population.⁶ There is also increasing concern regarding intra-urban health disparities.^{7,8} For instance, urban women experience disproportionate health inequities on a number of leading health issues including HIV² and depression.⁹ One of the most critical health hazards facing urban women, particularly those residing in the rapidly expanding cities of less developed countries, is intimate partner violence (IPV).¹⁰ While IPV is also a concern in rural settings, there are potential unique and specific drivers of IPV in urban settings that are currently less understood.

Women in conflict-affected areas are also at high risk of IPV. Though research on the relationship between IPV and conflict is nascent, a growing literature suggests a link.¹¹⁻¹³ Men's exposure to human rights abuses and political violence has been shown to increase their risk of perpetration of violence against an intimate partner.^{12,14,15} Studies in Sri Lanka, Liberia, and Afghanistan indicated that levels of IPV may increase during conflict.^{16,17} In their study of conflict-related violence in rural Côte d'Ivoire, Hossain et al.¹⁸ found that despite the commonly held belief that sexual violence is the most critical concern for women, other forms of violence, namely IPV, may be more widespread in conflict settings. Other studies presented channels through which war exposure might exacerbate the perpetration or experience of IPV. Stressors brought on by increased poverty can trigger IPV perpetration.¹⁹ A man's loss of perceived status and entitlement as breadwinner and head of household can result in a reclamation of familial power and authority through violence.²⁰⁻²² Additionally, IPV can be accepted as a social norm in places where violence is a sanctioned form of conflict resolution and men are entitled to discipline their wives for perceived transgressions.²³ IPV is also of concern in these settings pre-conflict; however, these studies suggest that the public violence women face during war reinforces the private violence they face during and after. The overwhelming majority of the conflicts examined in the aforementioned studies took place in rural areas. Far less work to date has assessed the distinct characteristics of the urban environment and related social experiences that may contribute to and shape women's exposures to partner violence in post-conflict settings. The current study does so in the context of post-conflict Abidjan.

Violence erupted in Abidjan, Côte d'Ivoire's most populous city and its economic epicenter, in 2002 when an armed uprising of rebel groups from the north of the country clashed with national security forces. Despite several attempts at ceasefire deals and peace accords, the conflict continued until the government and the rebels reached an agreement in 2007.²⁴ Widespread political violence also broke out following contested results in the 2010 presidential election. Sitting president Laurent Gbagbo declared himself the victor, while the president of the Electoral Commission, backed by the United Nations, announced a win for Gbagbo's rival, Prime Minister Alassane Ouattara. As they both organized separate inaugurations tensions rose and fears of a resurgence of civil war ossified among citizens and the

international community. Clashes between Gbagbo's militias and security forces and Ouattara's supporters began in December 2011. Sporadic outbreaks of violence among these groups, armed with automatic weapons and rocket-propelled grenades, again terrorized Abidjan. Violence continued even after Gbagbo's capture in April 2012. The six months of violence that was largely fixed in Côte d'Ivoire's urban centers left at least 3000 people dead and tens of thousands internally displaced.²⁵

Internal displacement due to conflict is another major concern in war-affected areas and another potential contributor to women's experiences of IPV.²⁶ According to Guterres and Spiegel,²⁷ the world's population of urban displaced persons is growing and little research has examined their needs. Yet they face a complex set of challenges—loss of housing, employment, food security, and social supports, as well as threats to their safety, and discrimination—and face them alone, unlike many internally displaced persons (IDPs) living in rural refugee camps who receive services from humanitarian agencies and international NGOs.²⁸ Developing social protections for urban IDPs has become a priority for these organizations, thus understanding their unique concerns, including the private and public violence they face, is key to these efforts.

Taken together, this study sought to understand the experiences of urban-dwelling conflict-affected women, including those who have been internally displaced. Specifically, it aimed to qualitatively examine the social and structural characteristics of the urban environment that contribute to the experiences of IPV among women affected by this conflict. Both men and women participated in focus group discussions to draw out key overlapping themes and gendered perspectives of IPV in this context.

METHODS

Overview

Ten focus groups with men and women ($N=91$) residing in Abidjan, Côte d'Ivoire, were conducted to investigate the relationship between the urban environment and IPV. To obtain a range of perspectives, both internally displaced and non-internally displaced men and women participated in the focus groups.

Focus Group Participants

Staff of the International Rescue Committee (IRC), a humanitarian organization with a presence in Côte d'Ivoire collaborated with 121 social centers in selected communities to identify study participants. They met with community leaders in the Abobo, Treichville, and Adjame neighborhoods of Abidjan. Community members aged 18+ were invited to a series of meetings where IRC presented the purpose of the study. Potential participants were excluded if they could not communicate in French. At each meeting, several participants showed interest and agreed to participate in the focus groups. Additional meetings were conducted in order to identify enough displaced persons, as they were more difficult to locate. Eventually, ten focus groups were formed: three non-IDP women ($n=26$), two IDP women ($n=20$), three non-IDP men ($n=26$), and two IDP men ($n=19$). All participants verbally provided informed consent prior to participating in focus groups. This study received ethical approval from Yale University (protocol no. 1007007040) and George Mason University's (protocol no. 704000-1) Institutional Review Boards as well as the Ivorian National Ethical Review Board.

Data Collection

Ten focus group discussions were held from May–June 2014. Two trained gender-matched Ivorian facilitators and two note-takers led the groups. Using semi-structured discussion guides, the facilitators began with general questions about the problems women faced during and after the electoral crisis. Participants were also asked about the challenges confronted within the family and the community. Though they were prompted to share their perceptions of these problems, participants in some cases spoke first-hand about their personal experiences. This was the case throughout the discussions.

Facilitators then asked participants to talk more in-depth about the violence and discrimination experienced by women who had been affected by the conflict. A free-listing exercise was used to enumerate the forms of violence women experienced, and participants were asked to describe each form. The list of terms produced through free-listing revealed the items (the types of violence) that had the most salience among participants.²⁹ Probing questions were used to elicit perspectives on the intersection between the urban environment and IPV. For example, interviewers asked, “What are the different ways living in Abidjan can impact the violence women have experienced?”

Questions related specifically to the unique challenges IDP women face were also posed. For example, “How are women who have fled to Abidjan treated differently or less than other women who already lived in Abidjan before the crisis?” Facilitators also explored the forms and violence-related vulnerabilities experienced by IDP women.

Focus groups lasted approximately 2.5 hours. Respondents were provided refreshments during a 20-min break.

Data Analysis

Following each session, facilitators and note takers transcribed all written and audio recordings verbatim in French. A contracted organization in Abidjan trained in human-subject research and confidentiality translated the transcriptions to English. A bilingual Ivorian team member reviewed each translation for accuracy and clarified any terms unique to the local context. Atlas.ti® software³⁰ was used to code and analyze the data.

Researchers used a grounded theory approach for data analysis.³¹ This involved reading transcripts, open-coding the text, and inductively identifying emergent themes. Two researchers coded each transcript and through an iterative process determined the most salient themes across all of the focus groups. All codes were discussed with study principal investigators (PIs) and in situations where coders could not reach consensus, PIs helped make final decisions. Coding was also regularly discussed with the Ivorian research team member.

RESULTS

Findings suggest that in an urban post-conflict setting, there are both social and structural characteristics of the environment that contribute to women’s exposure to and experience of IPV. Structurally, urban poverty and with it high male unemployment, food insecurity, financial stress, and cramped housing played a role in women’s experiences with partner violence. Socially, fractured social networks, changing gender roles and growing tensions between traditional gender norms and those of the “modern” city were discussed as important contributors to IPV. Finally,

internally displaced persons (IDPs) described being faced with heightened vulnerability to IPV in the urban environment as a result of displacement and discrimination.

POVERTY AND FINANCIAL STRESS IN A CRISIS-AFFECTED CITY

“This is what we have been explaining so far. In the city, life is more difficult; there are a lot of expenses, so if the man is jobless he gets cross for nothing and he can batter his wife.” (Female, Non-IPD, FG 3)

Widespread unemployment among men was discussed in all of the focus group sessions as one of the major consequences of the conflict. Not only did men lose jobs as a result of the crisis, but in its aftermath, employment opportunities remained scarce. The financial repercussions of the loss in income were described as severe for households in Abidjan. This city was portrayed by one male participant as “a place of consumption” where expenses far outweigh those in the village. According to participants, city residents pay for a long list of utilities and expenses which is in stark contrast to rural areas where people have built-in safety nets, including well water and small plots of farmland. These assets, according to participants, buffer shocks resulting from crises and leave village households relatively better off.

“Everything is costly here. Even for urinating you have to pay for using public toilets. So, if you don’t work, you are nothing...while in a village, you can go working to the farm, even if there is no paid job, the farm will still be there. You can find rice, cassava, banana for eating. Life is easier in a village...Life is less stressing.” (Female, IDP, FG 9)

Prices spiked following the conflict and meeting the financial obligations in the city became a salient source of stress for families. Many households faced food insecurity, housing instability, and were forced to take their children out of school as they were no longer able to afford enrollment fees. Women and men in the focus groups identified this financial stress as a major contributor to IPV. Men who were frustrated with their inability to provide reportedly responded with physical or emotional abuse against their partner. There was violence before, some said, but it was amplified after the crisis.

“It is worth saying that in the city there are a lot of realities. Life standard is higher down here, that’s it! ... Everything is charged, water ...everything...this is what makes us feel most the financial effect of the crisis. This causes a lot of violence. It makes it difficult for most people to handle this situation. Some just accept their situation as my brother put it, and are able to communicate with their wives...on the contrary other people can’t stand it, they are under stress, so they hit their wives, they quarrel for the slightest thing.” (Male, Non-IDP, FG 4)

Participants also reported sexual violence. Women talked about their own stress and anxiety over financial constraints and how that led them to lose interest in being sexually intimate with their husbands. But as it was explained in the focus groups, sex is commonly considered an obligation of the wife and therefore in spite of a woman’s mood, a man may feel entitled to intercourse and justified in forcing a woman to submit.

“When the woman is not at ease...you know, there is no money to properly take care of the children, she is preoccupied and she does not feel like having sex so it happens that the man rapes her.” (Female, Non-IDP, FG 1)

In reportedly rare circumstances where hunger and poverty were at the extreme, some women became vulnerable to sexual exploitation and were obliged to provide sexual services to men other than their husbands in order to have access to financial and other support (for example the provision of goods like clothing, food, and school fees). Women became involved in these relationships to help fill economic gaps to ensure their families’ survival. This type of arrangement leaves already vulnerable women susceptible to further exploitation and violence, now from multiple partners.

“Given that the man does not have money anymore; the man can’t provide for their needs. She is obliged to look for a “paramour,” [lover] another man who could help her financially, though she still lives with her husband. This situation often breeds troubles. They insult each other, the man beats the woman. There are so many couples which have been divided because of such situations.” (Male, Non-IDP, FG 2)

CHANGING ROLES AND TENSIONS BETWEEN “TRADITIONAL” AND “MODERN” GENDER NORMS

“The husband is violent, aggressive, he’s every time edgy because it’s hard for him to accept...to accept that his wife is now the one to take care of him and the whole family.” (Female, Non-IDP, FG 3)

Participants also discussed how the post-election crisis and the financial insecurity families encountered triggered a shift in household gender roles. As their husbands faced unemployment and limited livelihood opportunities, women took on the role of primary earner and assumed greater household responsibilities and decision-making power. Women recounted this shift with a sense of pride, though some acknowledged the burden of assuming both breadwinner and homemaker roles. IPV was often attributed to this role reversal. Many men were threatened by their partner’s new financial position—a power largely parlayed into greater autonomy. Men perceived this shift as negative and an affront to their status as the head of household, despite its necessity. In some situations, men’s resistance to accepting these changing gender dynamics appeared to influence their use of violence against women. Participants described the violence as arising from the man’s frustration with his own employment situation, disapproval of his partner’s new independence, and having his masculine identity challenged.

“He beats me. He beats me when he hears his relatives saying that I’m the one who makes decisions at home. He gets home very mad and he beats me.” (Female, FG 5, IDP)

Men’s unease with or overt rejection of this social change rests on their belief in traditional gender norms and a “natural” hierarchy that positions men at the helm of

the household. With few exceptions, this view was universal among male participants. Gender equality was considered illogical and men strongly felt their status as the head of the household should not be contested. As one male participant stated,

“We are not used to seeing a man getting up at 5 o’clock in the morning sweeping the house, washing the dishes, sweeping, sending children to school, doing household chores, cooking and so on. It is not nice to see that. As mentioned in our religious books, Man was created ...Man with capital M...yes, let’s say woman was created through the man to fill the void he felt. So, she has to obey him” (Male, FG 6, IDP)

While both men and women agreed that the gender norm shift was precipitated by constraints faced in the post-conflict economic downturn, they also contended that such a transformation was only plausible in an urban environment where a tension already existed between the rise of “modern” gender norms and the traditions commonly held in villages. Men described rural areas as places where women are obedient and “taught their limits” by their husbands. The city on the other hand, was described as being populated by argumentative, headstrong women eager for equality.

Women in the focus groups also discussed the difference between the urban and rural female. They portrayed village women as submissive—easily and naively succumbing to the will of her husband. Whereas “women of the city” are perceived as unwilling to submit and “more aware of their rights as human beings.”

But views were mixed regarding whether or not this sense of emancipation and entitlement to equality exposed urban women to greater IPV than their rural counterparts. Whereas some participants believed rural women’s subservience protects them from violence, others contend that women in villages are worse off because deeply held customs bestow men with “too much power,” leaving women in an incredibly vulnerable position. Some also argued that urban women eschew partner violence by standing up for themselves, while others suggested that exercising their autonomy was precisely the catalyst for IPV.

“If they come from the North of Côte d’Ivoire, they have the same traditions, that’s why when the man makes decisions, the woman obeys immediately. That’s typical of their region. And when the man speaks, the woman does not have the right to speak. The man always has the last word. Whereas in Abidjan, emancipation is promoted. The woman does not come from the North like you, so when you say a word, she will say two words. Because of your tradition, whereby the woman is not entitled to argue with you, you may consider the reaction of your wife as disrespect towards you and that’s what brings violence in the family.” (Male, Non-IDP, FG 2)

LACK OF SOCIAL SUPPORT

“In the village, there is more social cohesion. Your parents are often around. They can talk to your husband if there’s any issue in the couple. In the town, parents are usually not around, and they have no idea of what you may go through in your household, unless you explain to them yourself. If you don’t open your

mouth, nobody will know what is going on in the couple.” (Female, IDP, FG 9)

The communities where focus group participants reside are culturally and ethnically mixed. They are composed of people displaced by the conflict, recent transplants from various parts of Côte d’Ivoire, and longer-term residents. Neighbors were often described as strangers or acquaintances and therefore any sense of “community” reflected only a shared geographical location rather than any strong commonality, solidarity, or support for one another. If these networks were weak before the crisis, focus group discussions suggest that they were almost entirely eroded in the aftermath. According to participants, political tensions caused many to be fearful and suspicious of one another.

Women in particular described feeling socially isolated in Abidjan and far from family and friends. This disconnection presented a barrier for disclosure or help-seeking after experiencing IPV. The inconvenience, some said, of having to reach out to relatives in distant regions was a prohibitive factor in asking for help. Participants pointed out that this scenario starkly contrasted with the social support available to women and couples in rural areas, where, according to focus group participants, people know each other intimately and social cohesion is strong. Village chiefs, friends, and family were identified as common resources for defusing violence in the home and were often relied on for mediation and guidance.

“Me, I think that, as compared to rural areas, there is no social cohesion in urban areas. I mean, in a village people know each quite well. When a couple starts arguing, it is easy for community members to come and give them some good pieces of advice. That’s not the case here in town. When a woman has some issues in her couple, there is nobody to help her. Neighbors are just there for mocking her. I think the lack of social cohesion may explain that there is more violence in urban couples as compared to rural ones.” (Female, IDP, FG 9)

This is not to suggest that all interventions made by family and friends in rural areas are driven by an unequivocal support of the woman and her right to live free of violence. As was mentioned earlier, some men in rural areas—and in cities for that matter—do still hold traditional views of spousal relationships and believe that a woman is obligated to submit to her husband in all circumstances. In this case the “good pieces of advice” may in fact be an attempt to correct the behavior of an erring wife.

HOUSING INFRASTRUCTURE

“We live in a poor neighborhood and the way the houses are built...everyone is aware of everything that happens to you.” (Female, IDP, FG 5)

Neighborhood composition contributed to women’s experience of IPV in another way as well. The built environment of these communities was characterized by cramped housing and shared courtyards that blurred the boundary between public and private space. Under the constant gaze of the “neighbor’s eye,” women’s exposure to violence in her home was well-known among community members. It is impossible, women reported, to muffle the beatings or mask the abusive insults being shouted for all to hear. In a neighborhood characterized by social trust and cohesion, public exposure of abuse might compel neighbors to intervene. But

participants described this to not be the case in these communities within Abidjan. As discussed earlier, community relationships were weak and fraught with tension. As such, no focus group participants discussed neighbors coming to their aid when experiencing violence. Instead, community members used the abuse as an excuse to mock and disrespect them. In some cases, neighbors, mostly women, used the exact insults they had earlier overheard to insult the victim later via victim-blaming and public humiliation.

“We are in urban areas here. We are living in common courtyard houses. In these kinds of houses, you can’t really have a private life. The houses are so close together and the courtyard is common, so everybody will hear what’s happened in your household. If you husband batters you all the time, everybody will know and you’ll no longer be respected by the neighbors. Even their children will disrespect you. That’s why we are so concerned with “other’s eyes.” (Female, IDP, FG 9)

Men capitalized on this public exposure in some cases as well and deliberately perpetrated physical and emotional violence in the communal space to amplify the resulting psychological suffering and social stigma women experienced. As one participant stated: “If he wants to humiliate you, it will be in front of people. He will never insult you in the house.” (Female, Non-IDP, FG 1)

IDP VULNERABILITY

“An IDP woman who left Yopougon for Abobo, she lost everything and has to start her entire life again. While the non-IDP woman, although she has also been affected by the crisis, she is still at her own place, with her friends and relatives who are still there and can help her. That’s not the case for an IDP woman.” (Female, IDP, FG 9)

IDPs abandoned their jobs, homes, and all their belongings when fleeing the election violence. They arrived to the poor neighborhoods of Abidjan with few possessions. IDPs described suffering the conflict’s most extreme financial and social marginalization. They left behind assets, their communities, and any sense of a secure future.

“I move to a place I do not know, with my family, with my children, with other expenses and I won’t know what to expect and what not to expect. For housing, how am I going to manage? So I have no income, no savings, how am I going to find an activity? All these thoughts make the man anxious and this cannot favor the harmony in the family.” (Male, IDP, FG 6)

IDPs found it challenging to integrate into the unfamiliar cultures, religions, and customs of their new communities. Residents’ prejudice toward IDPs presented an additional obstacle. In the discussion groups, displaced participants reported that they were regarded as desperate people and were rumored to harbor sexually transmitted diseases, contracted during conflict rapes. Most often community members suspected IDPs of spying for the opposition, or at least holding opposing political views and posing a threat to the safety of the neighborhood.

Discrimination of this sort was common among focus group participants who had been displaced and many believed it magnified their vulnerability to poverty, food insecurity, and among women, IPV. IDPs were unable to reach out to their neighbors for help, even just to procure food. Displaced men found it particularly challenging to access employment opportunities without any social networks. Women and men agreed that these compounded stressors contributed to the violence perpetrated against women in their home.

“Being displaced is already a precarious situation, so now, everything is upset... there is a change in social security, and there is a change of responsibilities, a change of role within the family. It’s all these changes there, which will have an impact on the various dynamics [of the family]. That will bring ceaseless argument in the family until you reach physical or sexual violence.” (Male, IDP, FG 6)

Participants also suggested that displaced women were at greater risk for other forms of gender-based violence (GBV). Extreme financial insecurity and lack of social support may make it more likely that women will be exposed to and exploited through sexual abuse in order to have access to resources to provide for her family. This applies as well to unpartnered women, or girls, who are either compelled by complete desperation or forced by their parents to marry in order to secure their own survival and/or provide for their nuclear and extended family. Inextricably linked to forced or coerced marriage is the experience of IPV for, as one respondent says, “In a forced marriage, how can you avoid forced sex?” (Female, IDP, FG 9)

“Forced sex has become common for crisis affected women. Some young ladies’ parents lost everything during this crisis. As parents became IDP, they are now jobless and no longer have money for taking care of their daughters. They (the daughters) are then obliged to cling to any man who can financially help them. She becomes financially dependent on him and in such conditions, she will be obliged to have sex with him anytime he’ll want to...Sometimes, he’ll even force her to have sex and there is nothing she can do about that as he’s the only one to financially support her. This is now common for women as compared to the period before the crisis.” (Female, IDP, FG 9)

CONCLUSIONS

Findings from this qualitative study underscore the importance of economic strain in influencing IPV in the aftermath of the election-related violence. This is not unique to the urban environment and has been documented in other conflict-affected settings. The “climate of financial insecurity” that rural Côte d’Ivoire experienced following the same conflict similarly impacted IPV in both settings.²¹ In these contexts, and others,²² stress and anxiety stemming from job loss and financial uncertainty were considered a major catalyst for men’s perpetration of IPV. Specifically, focus group discussions emphasized that men perceived their inability to provide for the family—a traditionally male role—as a challenge to their masculinity and position as the head of household. This type of stress response, however, has to be understood within a context where violence against women is a socially sanctioned behavior for men. Men’s feelings of inadequacy were also exacerbated as women assumed responsibility for providing for the family. While

women perceived this shift as a gain in status and a step toward equitable gender relations—as well as an obligation as a wife and parent—most men considered the change a threat to their sense of self and to longstanding social norms. Both men and women attributed IPV to this shift. Participants also contended that the shift was a phenomenon particularly salient in Abidjan where traditional gender norms and those of the modern city are already at odds. While participants largely agreed that the gender norm shift precipitated violence against women, the new norms of the city were considered both a risk and protective factor for partner abuse.

From an ecological perspective, these changing roles are in direct opposition to a number of societal norms that permit and sustain violence against women including broad gender inequality at the structural level. Though these factors are not unique to conflict-affected settings, they can be exacerbated by war.³² At the individual level, IPV perpetration in response to changing gender norms may be a result of men viewing their status as threatened or inconsistent with accepted social norms. Men may compensate for this perceived lack of power with violence.^{33,34} This framework has previously been used to understand why women's economic gains through microfinance participation in Bangladesh may be associated with domestic violence.³⁵ In the case of Abidjan, men might use violence as a means to reestablish control as head of household in an altered socioeconomic environment.

In addition to gender norms in an urban environment, other characteristics did present further contributing factors to IPV. Participants highlighted housing instability, food insecurity, and lack of economic safety nets as issues compromising family well-being and contributing to IPV. In cities, where the cost of living is high, expenses are numerous, and none of the food, water, and livelihood protections present in the villages exist, families had few shock absorbers. Men were frustrated and ashamed by their inability to protect and provide, and were reportedly more frequently hot-tempered and violent towards their partners than prior to the conflict. Again, though IPV is a concern pre-conflict, the instability of the crises may exacerbate gender inequalities within relationships. When women did experience IPV, participants mostly agreed that they had no one to turn to for guidance or help. Women in the city lacked the deep social connections rural women reportedly relied on for support. This isolation reinforces men's sense of impunity.^{36,37} In participants' urban communities neighbors mocked and disrespected women for being assaulted, insulted, or raped by their partners. Shared courtyard spaces and overcrowding prevented women from maintaining any privacy, so their abuse was available for public consumption. This witnessing has repercussions for women. Not only does it likely reinforce women's social isolation, but Shuman et al. found that women perceived emotional IPV perpetrated in public as more shameful than any other type of public or private partner violence.³⁸ We found that some men capitalize on this perception and deliberately perpetrate IPV in public. Neighbors' tendency to ostracize women after experiencing IPV reflects shared social norms of victim-blaming. Individuals conform to rules of behavior because of social expectations—they believe that within their community others would act a certain way and would expect them to do the same.³⁹ In these neighborhoods of Abidjan, victim-blaming is socially expected and in turn acts as a mechanism for validating men's behavior and perpetuating IPV normativity. These norms may also increase the likelihood of abuse. In the World Report on Violence and Health, Heise and Garcia-Moreno⁴⁰ stated that community response to IPV can impact levels of violence in that community. Further, previous research in conflict-affected settings suggests that community perceptions and stigmatization can compound mental health repercussions of GBV.^{41,42}

While urban IDPs face similar challenges to other urban poor, they often experience heightened disadvantage stemming from dispossession, trauma, aggression from settled residents, and the loss of social capital.^{28,43} These factors manifest into severe social isolation, leaving female urban IDPs potentially vulnerable to violence and poor health outcomes.⁴⁴ Within our sample, IDPs were described as having suffered the most acute vulnerabilities in the wake of the urban conflict and some of the more severe types of violence. Compounded stress resulting from intense stigmatization and economic marginalization within their new communities was described as a trigger for violence against displaced women by their partners. Confronted with extreme hunger and financial instability, IDP women in some cases were exposed to sexual exploitation and abuse to meet their family's needs. This too angered partners and resulted in further abuse in the home. Young girls of displaced families were reportedly also at risk of violence. Parents forced girls to marry men with financial means exposing them to all sorts of partner abuse and exploitation, in order to ensure the wellbeing of their family.

These results should be interpreted with a few considerations in mind. First, these findings are not generalizable beyond the sample represented in this study. The participants reside in low-income communities in Abidjan and as such may have been uniquely vulnerable to the socioeconomic consequences of the crisis. In addition, the findings may be subject to a social desirability bias. Given the stigmatization of IPV, and the group format of the study, participants may have downplayed their experiences with partner violence, both as survivors and perpetrators, and their beliefs about the acceptability of IPV. Any comparisons of women, gender norms, and IPV in rural and urban areas were all told through the lens of the study's urban-dwelling participants. These perceptions may not hold true for rural women and men. For example, previous research has highlighted that women who have experienced IPV in rural Côte d'Ivoire also have limited sources of formal and informal support.⁴⁵ We did not conduct quantitative analysis on the data collected through free-listing. Therefore, we cannot provide comparisons between focus groups or other demographic characteristics. Finally, the data may also have been biased by a potential respondent burden. If the discussion topics were perceived as too emotionally taxing, data quality may have suffered as a result.

Despite these limitations, the results offer important insight for future programming. The experience of IPV in an urban conflict-affected setting occurs at the intersection of economic deprivation, changing social norms, fractured social supports, and displacement. Future prevention efforts should reflect this multidimensionality. Programming that centers on both fostering women's economic empowerment and challenging gender inequitable norms in the household, such as the EA\$E model,⁴⁶ could offer an effective strategy for IPV reduction. In a randomized community trial of EA\$E, the intervention reduced IPV and the acceptance of wife beating among rural Ivorian women.⁴⁶ This model would need to be tailored to an urban setting.

Efforts should also prioritize strengthening formal and informal support networks and services for urban women. Lack of supportive resources, and the absence of family and friends, was one of the most salient themes among the focus groups. Formal support could include the use of mobile response teams, which provide community-based services to women experiencing abuse in urban environments. Combining social norms campaigns and on-the ground training may also be effective in changing attitudes about violence against women.⁴⁷ These types of sensitization strategies would likely help reduce community-based stigmatization

and other IPV norms like victim-blaming, breaking down barriers to informal and formal help-seeking. Future research could focus on identifying specific community perceptions of IPV to tailor a potential social norms campaign. The post-conflict urban environment offers an opportunity to build in tandem with infrastructure and institutions of the city, new norms and resources related to IPV.

Finally, female IDPs comprise a population particularly vulnerable to the deprivation and violence that can follow an urban conflict. Interventions should be closely targeted, tailored, and monitored for this group. This requires that the humanitarian community adapt programming to the shifting epicenter of displacement to urban settings in order to promote safety and security within homes and urban communities.

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