**Case 1: Ethical Issues Involved with Research in Conflict Situations: Case Study From The West Bank**

**Background and Significance**

The sheer number of vulnerable people in conflict-driven humanitarian crises worldwide is increasing exponentially as violent conflicts transition from rural landscapes to more urban, populated settings. This has led to an increase in people who face disrupted community and social networks, limited resources, multiple public health threats, and extensive human rights abuses. These factors, and the associated marginalization and exclusion of populations, expose communities to dignity wrongs, physical and social harms, and exploitation. Funding available to humanitarian organizations has risen significantly over the last decade and there is increasing demand from sponsors that humanitarian organizations deliver evidence-based interventions and rigorously evaluate the impact of their programs.

**Objective of this session:** Motivate an exploration of the multiple ethical dilemmas and logistical challenges of conducting research in conflict settings and with conflict-affected populations, many of whom are likely to be traumatized and vulnerable.

**Case Study: West Bank**

The West Bank is a region well-known for its history of protracted conflict. The West Bank is the site of persistent military occupation of civilian areas, which began in 1967.[[1]](#footnote-1) In 2007, a collaborative socio-behavioral project began with the Palestinian Medical Relief Society (PMRS), one of the oldest and largest healthcare NGOs in Palestine, to assess how the ongoing conflict in the region affects health and healthcare delivery. After exploring several potential projects, the research team agreed to a shared overall goal: to enhance mental health and community-building programs for women by better understanding women’s experiences of political violence, trauma, and resilience.

Background goals of the research team included to accurately tell the “stories” of the inhabitants of the conflict areas (“giving voices as to what is happening”) and to assist in advocacy efforts aimed at changing policy to improve the lives of the target inhabitants. The lead researcher is a U.S.-based academic. Fieldwork began in 2007, which, in addition to study procedures described below, included traveling around the West Bank and living in a village for twelve weeks. This commitment to the partnership helped the research and with the quality of the interpretation.[[2]](#footnote-2)

This case study explored the relationship between political violence and the health of individuals and communities, as well as individual and collective responses to the stressors of political violence. Political violence is the deliberate use of power and physical force in attempts to achieve political goals, resulting in threats to the physical and psychological health of individuals and populations. The need for research in the West Bank was felt to be needed as acts within the Israeli occupation of the West Bank have included control of the movement of populations along roads through hundreds of checkpoints, roadblocks, and closed areas; arrests and detainments; all of which deprive people of their ability to move and conduct daily activities such as work, socializing, and accessing medical care.

**Objective:** Two hypotheses were examined: (1) rates of exposure to political violence would be related to reports of poorer physical and mental health, and (2) processes of coping (including proactive coping; self-reliance; reliance on religious, political and family support; and political/civic engagement) would moderate the effects of political violence.

**Study Design**: A mixed-method project consisting of surveys and focus-group discussions.

**Recruitment and Informed Consent:** Respondents were recruited from general health and women’s clinics in small towns and villages belonging to PMRS and to the Palestinian Ministry of Health. Staff at these locations approached the potential participants with a prepared script that explained the study and its potential benefits and risks. Participants were recruited if they met the criteria of being over the age of 18. Those approached to participate in the study were told it was strictly voluntary and that declining to take part will not affect their services in any way. Those who agreed to participate provided informed consent following a process that included a standard script. Staff in PMRS clinics did the consent processes and collected the surveys.

To convince the village leaders and potential participants that this research was not just a scholarly activity (of which they had seen many), the research team offered immediate tangible benefits to participants, which consisted of assisting participants with health problems identified during the research.

The IRB at the U.S. University approved the protocol and the data collection processes. No IRB from Palestine was available to provide ethical review. Staff from PMRS oversaw and approved each step of the study, including the consent processes tools, data collection and provided assistance with translation of all materials (focus group materials, all consent and recruitment materials). Per data sharing agreements, data belongs jointly to the entire research team consisting of the US researchers and members of PMRS.

Quantitative data were collected through surveys that were distributed among women in the West Bank (N= 131). Qualitative data were collected via five focus groups (total N=32) conducted in 2008 with adult women in different sectors of the West Bank.

Focus groups lasted about an hour and were co-facilitated in Arabic by individuals who were PMRS employees. Rather than conducting the focus group in English and doing simultaneous translation into Arabic, the team decided to have researchers from the West Bank the groups in Arabic. The lead researcher listened to each group and helped with the process by working with the other two researchers before, during and after each group. The group discussions were taped, and the research team discussed themes immediately following each focus group.

**Please discuss among your group members the following:**

**1. Vulnerabilities:**

* What contributes to the potential vulnerabilities of the potential participants? In other words, what contributes to the inability of protecting oneself?
* What are potential threats to privacy and confidentiality (both individually and community) and how can such threats be minimized?
* In what ways can the participants/communities be exploited and by whom? How can their rights be protected when there might inadequate ethical review processes in areas of conflict?

1. Describe the contrasting interests between researchers, research participants, humanitarian organizations, governmental bodies, and ethical review boards. In developing your answer, you may also want to address the potential concerns with “engaged research” in which researchers take on a firm commitment to advocacy?
2. What measures can be taken to empower the voices of communities in conflict settings thereby enhancing their agency and reducing their vulnerability?

Case Adapted from Kaveh Khoshnood, Cindy Sousa, Kirsty Clark

1. Giacaman et.al. Health status and health services in the occupied Palestinian territory. Lancet. 2009; 373:837-849 [↑](#footnote-ref-1)
2. Krefting, L. Rigor in qualitative research: the assessment of trustworthiness. Am J. Occup. Ther. 1991; 45:214-222. [↑](#footnote-ref-2)