

Increased Vulnerability: Analysis of Gender-Based Violence (GBV) Among Internally Displaced Women in Burkina Faso

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ABSTRACT

Since 2016, Burkina Faso has been spiraling into a cycle of armed violence. In 2023, 3,710 security incidents were recorded, mainly linked to the presence of non-identified armed groups. By March 31, 2023, nearly 10% of the Burkinabe population, 2,062,534 people, had been displaced as a result of this escalation of violence, according to the Permanent Secretariat of the National Council for Emergency Relief and Rehabilitation (SP/CONASUR). According to the Multisectoral Needs Assessment (MSNA), in 2023, 39% of internally displaced persons had been displaced for more than two years, and 20% more than once. An increase in secondary movements was observed in 2023. According to the Rapid Response Operational Coordination Group (G CORR), between January and October 2023, 93 population movement alerts were recorded, compared to 89 alerts for the same period in the previous year. These upheavals have reshaped society, deepened vulnerabilities, and widened gender inequality. The crisis has an even greater impact on women and girls¹, who face heightened risks of gender-based violence (GBV) in physical, sexual, and psychological forms. In this study, we analyze GBV in the context of internal displacement in Burkina Faso, asking: Does displacement increase the incidence of GBV against internally displaced women? What factors heighten their vulnerability? And how do power dynamics within displaced and host communities shape the risks they face? To answer these questions, we use a unique case study, the story of an internally displaced woman who was a victim of sexual violence and a registered resident at a center dedicated to survivors of GBV. Our approach is therefore qualitative. Through this unique case study, we aim to contribute to a better understanding of GBV in the context of internal displacement, and to more effective mechanisms for addressing it.

Keywords: Internal displacement, Gender-based, violence, Security crisis, Women's vulnerability, Burkina Faso.

INTRODUCTION

Since 2016, Burkina Faso has been engulfed in a downward spiral of armed violence perpetrated by terrorist groups, a situation with disastrous humanitarian consequences. The

¹ Women represent 51.7% of the population of Burkina Faso, according to the National Institute of Statistics and Demography (INSD), 2020.

year 2023 was marked by an intensification of this violence, with 3,710 security incidents recorded, mainly linked to the presence of terrorist². This escalation of violence caused massive population displacements. By March 31, 2023, nearly 2,062,534 people had been forced to flee their homes within the country, according to data from the Permanent Secretariat of the National Council for Emergency Relief and Rehabilitation (SP/CONASUR). This figure represents nearly 10% of the total Burkinabe population, highlighting the scale of the humanitarian crisis.

These displacements have had profound repercussions on the social fabric, exacerbating vulnerability factors and reinforcing gender inequalities. Women and girls are particularly affected by this situation, as they are exposed to an increased risk of gender-based violence (GBV) in various forms: physical, sexual, psychological, and others.

This study aims to conduct an in-depth analysis of the challenges linked to GBV in the context of displacement among internally displaced women in Burkina Faso. It examines the links between displacement and the occurrence of GBV, the factors that increase the vulnerability of women and girls, and the influence of power dynamics on GBV risks within both displaced communities and host communities.

The theory of intersectionality (Kimberlé Crenshaw, 1991), which we used in this study, made it possible to understand how the different dimensions of identity and vulnerability intersect and interact to shape the specific experiences of GBV among displaced women and girls. This approach suggests that discrimination and violence based on gender cannot be understood in isolation but must be analyzed in connection with other systems of oppression (marital status, age, lineage, caste, social class) (Walby et al., 2006). From this perspective, it becomes an essential analytical framework. Displacement can exacerbate pre-existing inequalities and create new forms of marginalization. Intersectionality suggests that discrimination does not simply add up; it intertwines and creates specific forms of exclusion that cannot be understood by looking at each factor separately.

CONTEXT

The Security Crisis and Mass Displacement in Burkina Faso

The humanitarian context in Burkina Faso³ has been profoundly affected by the deterioration of security, leading to massive population displacements. According to the 2024 Humanitarian Response Plan (HRP), 6.3 million people were in need of humanitarian assistance. Population movements have continued every month since the beginning of 2024, particularly in the Centre-North, East, North, and Sahel regions. The number of internally displaced persons (IDPs) increased from 1,999,127 to 2,062,534 between February 28, 2023, and March 31, 2023, representing an increase of 3.17%. Among these IDPs, 16.60% were men, 22.13% were women, and 61.27% were children, hosted in 294 municipalities across seven affected regions (North, Centre-North, Sahel, Boucle du Mouhoun, South-West, East, and Cascades). Overall, insecurity led to mass displacements from less secure areas toward relatively safer localities.

² In accordance with a directive from the Ministry of Foreign Affairs, Regional Cooperation, and Burkinabè Abroad (communiqué, 25 March 2025), prescribing the unambiguous use of the term “terrorists” to designate groups committing attacks against civilians in Burkina Faso.

³ UNHCR, Overview of forced displacement Country Fact Sheet - October 2023

Among the host regions, the Centre-North recorded the largest share of IDPs with 34.5%, followed by the Sahel region with 30.2%, and the North region with 11.7%⁴. Notably, 52% of IDPs were under the age of 15, and 57% were female. Regarding access to social services, nearly 40% of the population was directly affected by the closure or reduction of basic social services, particularly due to the absence of state services, and more than 7% of the population had been forced to flee their homes in search of safety. Given this situation, the Office for the Coordination of Humanitarian Affairs (OCHA) in Burkina Faso stressed the urgent need to address the issue of internal displacement and seek durable solutions for displaced persons in the context of armed conflict, widespread violence, and human rights violations⁵.

Gender-Based Violence (GBV) in Humanitarian Crisis Situations

The upheavals in Burkina Faso since the onset of the crisis have disrupted the social fabric, reinforced vulnerability factors, and exacerbated gender inequalities. Women are particularly impacted, especially since the country has a slight demographic overrepresentation of female population (51.7% according to the National Institute of Statistics and Demography, INSD, 2020).

With a growth rate of 2.93%, the population nearly doubled between 1996 and 2019, according to the 5th General Population and Housing Census (RGPH). Around 77.9% of the population is under the age of 35. However, the Total Fertility Rate was 5.4 children per woman in 2015 (INSD), and the maternal mortality rate was 330 deaths per 100,000 live births in 2015, which remains high.

The crisis has had an even greater impact on women, girls, and adolescents, who are more exposed to GBV risks, while their sexual and reproductive health is affected by limited access to family planning (FP), hygiene products, exposure to violence and sexual abuse, pregnancies, early and/or forced marriages, as well as sexually transmitted infections (STIs), including HIV. According to the Statistical Yearbook on Women and Gender published by the Ministry of Solidarity, Humanitarian Action, National Reconciliation, Gender, and Family, in 2023, the number of GBV survivors recorded was 9,066, including 5,087 women and 616 men aged 18 and over, and 2,653 girls and 710 boys under 17 years old.

In 2024, the contraceptive prevalence rate rose to 31.9%, according to the Statistical Yearbook of the Ministry of Health and Public Hygiene (MSHP). Overall, the annual incidence of induced abortion in Burkina Faso in 2020 was estimated at 23 abortions per 1,000 women aged 15-49, corresponding to about 113,000 abortions per year (PMA2020).

In 2022, 890 cases of clandestine abortions were reported in health facilities for post-abortion care.

Burkina Faso's legal system has historically addressed GBV. As early as 1996, legislators criminalized specific behaviors such as forced marriage, bigamy, bride price, female genital mutilation (FGM), family abandonment, adultery, non-compliance with child custody, refusal to pay alimony, excision, and incitement of minors to debauchery. Over time, additional laws were

⁴ UNHCR, Overview of forced displacement Country Fact Sheet - October 2023

⁵ OCHA Burkina Faso, Humanitarian Needs Overview, March 2024

introduced. Despite these efforts, the lack of precision in legislation made it difficult to prosecute certain crimes, such as forced marriage, since criminal law requires explicit legal provisions.

To address these gaps, on September 6, 2015, the Transitional National Council passed Law No. 061/2015 on the prevention and repression of violence against women and girls, and on the care of victims. This law introduced new specific crimes, special investigative and trial procedures, and the creation of victim support structures. Less than three years later, on May 31, 2018, the National Assembly adopted Law No. 025-2018/AN, which reformed the Penal Code, repealing the 1996 Code. This law consolidated GBV-related crimes into a single text and introduced harsher penalties for perpetrators.

The Foundations of Gender-Based Violence in Burkina Faso

According to the United Nations, gender-based violence (GBV), also referred to as “sexist violence” or “sex-specific violence,” refers to harmful acts committed against a person’s will based on socially constructed differences between men and women (gender).

GBV, as defined by the United Nations, is understood as: “violence that is directed against a woman because she is a woman or that affects women disproportionately.”⁶ It encompasses acts that inflict physical, mental, or sexual suffering, the threat of such acts, coercion, or other deprivations of liberty.

GBV, including domestic violence, sexual harassment, and human trafficking, has severe consequences for the physical, mental, and emotional health of survivors. This violence, manifested in forms recognized in Burkina Faso, can also deter survivors from seeking help, further worsening their health and isolation: physical, moral or psychological, sexual, cultural, economic, and patrimonial violence.

The root causes of GBV lie in gender power imbalances sustained by discriminatory social norms that create gender inequalities. These root causes are influenced by cultural, institutional, and economic factors that allow GBV to persist⁷.

Burkina Faso has ratified most international and regional legal instruments promoting the rights of women and girls, and it has adopted national laws favorable to women. At the international level, the country aligns itself with the Universal Declaration of Human Rights (UDHR, 10 December 1948), which affirms equal rights and duties for men and women on the basis of their shared needs and entitlements.. This commitment was later reinforced through binding treaties, including the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights (16 December 1966).

The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), adopted on 18 December 1979, was ratified by Burkina Faso on 28 November 1984. At the

⁶ Committee on the Elimination of Discrimination against Women (CEDAW). (1992). *General recommendation No. 19: Violence against women (A/47/38)*. United Nations.

⁷ Heise, L. L. (1998). *Violence against women: An integrated, ecological framework*. *Violence Against Women*, 4(3), 262–290.

regional level, African countries, acknowledging that CEDAW did not sufficiently address specific issues affecting African women, such as excision, forced and/or early marriage, and polygamy, adopted on 11 July 2003 the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (the Maputo Protocol), ratified by Burkina Faso on 6 September 2006. Additionally, the African Union's Gender Equality and Women's Empowerment Strategy (GEWE) 2018–2028 also serves as a reference framework.

National reference texts include the Constitution of 11 June 1991, the Civil and Family Code, the Labor Code, the Penal Code, the Electoral Code, the Reproductive Health Law, the Rural Land Law, among others. The country also developed a National Gender Policy (2009-2019), followed by a National Gender Strategy (2020-2024) currently being implemented, as well as Law No. 003-2020/AN of 22 January 2020 establishing quotas and positioning of candidates in legislative and municipal elections.

Despite this legal framework, there remains insufficient protection and support for GBV survivors. Mechanisms and resources to support survivors remain inadequate, making it difficult for them to access the medical, psychological, and social care they need to recover. Without proper services, survivors often lack the necessary support to cope with the physical and emotional trauma resulting from violence.

Gender and Vulnerability in the Context of Displacement

Forced displacement in Africa has devastating consequences for women and girls, as revealed by a study by Tadesse et al⁸. Their systematic review and meta-analysis of 17 studies involving 6,161 refugee and internally displaced women indicate a high prevalence (48.2%) of GBV.

The study highlights how the breakdown of traditional social ties and the lack of protection mechanisms render these women and girls particularly vulnerable to GBV. Young women are identified as a group at greater risk. Moreover, displacement due to war or natural disasters exacerbates this vulnerability by destroying support and safety systems, further isolating women from their networks (family, friends, community) and limiting their access to social aid and justice. The study concludes that nearly half of refugee and internally displaced women are victims of such violence.

Consequences of Conflicts on Women's and Girls' Sexual and Reproductive Health

According to a diagnostic study on barriers and inequalities in access to healthcare in Bam Province conducted by Médecins du Monde in December 2024⁹ conflicts have had significant negative repercussions on the healthcare system, inevitably affecting sexual and reproductive health (SRH) services. Beyond general barriers to healthcare access, the study shows that conflicts have also influenced women's decisions regarding SRH. For instance, some girls and young women reported choosing not to use contraception, believing that in the face of the high risk of death due to conflict, it is preferable to conceive children as early as possible to maximize

⁸ Tadesse, G., Andualem, F., Rtbe, G. *et al.* Gender-based violence and its determinants among refugees and internally displaced women in Africa: systematic review and meta-analysis. *BMC Public Health* **24**, 2851 (2024). <https://doi.org/10.1186/s12889-024-20329-8>

⁹ Médecins du Monde in Burkina Faso, December 2024, Report of the diagnostic study on obstacles and inequalities in access to healthcare in the province of Bam, CERFODES

their chances of ensuring future survival. This perception of SRH is illustrated in this statement from a focus group held by Médecins du Monde with girls in Rollo: *“The loss of human lives due to insecurity leads some of us to stop using contraception, for fear of no longer being able to have children in the future.”*

This decision reflects deep-rooted social pressures, where a woman's value is often associated with her ability to bear children. The fear of marginalization in the case of infertility strengthens the reluctance to use contraception before having the desired number of children, a feeling exacerbated by the uncertainty and risks linked to conflict.

This suggests that women may be more inclined to consider contraception only after reaching their desired number of children. In the context of conflict, some girls and young women perceive long-term contraceptive methods as a threat to their chances of having children. They believe that, given the uncertainties and heightened risks of conflict, it is preferable to conceive children as soon as possible in order to maximize their future opportunities.

The single case study used in this research helps analyze the vulnerability of internally displaced women and girls to GBV, particularly sexual violence, while capturing the depth and complexity of lived experiences, providing nuanced insights that a broader study might not reveal.

Although its findings cannot be generalized in a statistical sense, this approach offers an in-depth understanding from a unique case, contributing to theoretical knowledge applicable to similar contexts through *analytical generalization* rather than statistical generalization¹⁰. It is therefore a valuable approach, though localized, for inspiring targeted actions and informing intervention frameworks in similar contexts.

According to Robert K. Yin (2009)¹¹ and Robert E. Stake (1995)¹², a single case study is particularly relevant for examining critical, extreme, unprecedented, or revelatory phenomena, providing deep insights into real-world contexts to capture complexity. Yin defines case studies as in-depth empirical investigations of contemporary phenomena in their real-life contexts, particularly suited to answering “how” and “why” questions where the boundaries between the phenomenon and the context are blurred. Stake, meanwhile, views case studies as explorations of the uniqueness and complexity of particular cases, enabling understanding without aiming at statistical generalization.

For Tobita, Itoko (2025)¹³, although the case study has a long history in health sciences, it plays a crucial role in enabling detailed inquiry into complex, real-life phenomena, which is essential for advancing clinical practice. He highlights the value of the single case study methodology in nursing research. Critics of single case studies often highlight limitations in terms of objectivity,

¹⁰ Single case designs in clinical practice: A contemporary CBS perspective on why and how to, Journal of Contextual Behavioral Science; Volume 3, Issue 2, April 2014, Pages 138-147

¹¹ YIN, Robert K. *Case Study Research: Design and Methods*, 4^e éd., Sage Publications, 2009.

¹² STAKE, Robert E., *The Art of Case Study Research*, Sage Publications, 1995.

¹³ Tobita, Itoko (2025 février 24). *The Value of Case Study Methodology in Nursing Research*. *Creative Nursing*. Article publié en ligne dans la revue Créative Nursing

reliability, and external validity. These can be mitigated through methodological rigor, data triangulation, and transparent documentation of research processes¹⁴.

RESEARCH QUESTIONS

This study seeks to answer the following research questions:

- Does displacement increase the risk of gender-based violence (GBV) among internally displaced women in Burkina Faso?
- What factors heighten the vulnerability of internally displaced women and girls to GBV?
- How do power dynamics between displaced and host communities influence GBV risks?

METHODOLOGY

This research relied on a qualitative methodological approach based on a single case study in order to gain an in-depth understanding of the issue.

Faced with the scale of GBV in Burkina Faso and the absence of holistic care services for survivors, the Ministry of Women, National Solidarity, Family, and Humanitarian Action, in collaboration with its partners, opened a center for GBV survivors in Ouagadougou, along with a toll-free hotline launched on March 2, 2021. This center provides integrated support, including medical care, psychosocial follow-up by social workers, security services, and psychological support. Psychological care focuses on mental health, which is crucial for the resilience and well-being of GBV survivors.

The unique case studied concerns an IDP woman survivor of GBV who benefited from care at the center after being held captive for several days and subjected to sexual violence by a terrorists during her displacement.

We focused on the life story of this survivor to better identify and analyze the issue of GBV, particularly sexual violence, affecting women and girls during displacement. To this end, several in-depth interviews were conducted with the survivor's informed consent, while taking into account the sensitivity of her traumatic experience and ensuring respect for her dignity and well-being. We also adhered to principles of confidentiality and anonymity of information, as required in this type of research.

This single case study enabled us to analyze in depth, within a real context, the consequences of GBV/sexual violence and of conflict on the sexual and reproductive health of internally displaced women and girls, mobilizing a variety of empirical data to understand their multidimensional effects.

RESULTS

Following the interviews, the testimony of "Poko"¹⁵, a 24-year-old woman, married and mother of a child about two years old, reveals a tragedy that occurred while fleeing her village during terrorists incursions. As her family tried to reach a safe place, they encountered an armed

¹⁴ Backman C., Harris S. (1999). Case studies, single-subject research, and N of 1 randomized trials: Comparisons and contrasts. *American Journal of Physical Medicine & Rehabilitation*, 78(2), 170–176.

¹⁵ It's a fictitious and anonymous name that was chosen to protect her. In fact, in Mooré, the language spoken by the Mossi people in Burkina Faso, "Poko" is a name traditionally used to refer to a girl or young woman.

group. In the panic that followed, Poko was captured. Her husband, who went in search of her with their son, was brutally murdered before her eyes, and the child was abandoned near his father's body. For about two months, Poko was held captive and subjected to repeated rapes by the terrorists. When they discovered her pregnancy, they released her on the side of a road, forcing her to board a bus to the capital, with instructions to drop her off at a university hospital. Upon arrival in the capital, Poko received treatment for the physical trauma caused by the rapes. Noticing her wandering in a distressed state, residents alerted the gendarmerie, who took her to the GBV survivors' care center. Upon admission, Poko clearly expressed her desire to terminate the pregnancy resulting from the assault, saying she did not want to "perpetuate the generation" of her aggressors. The center responded to her immediate needs (housing, food, clothing), provided medical care for the after-effects of the violence and pregnancy monitoring, psychological support to address trauma, as well as legal assistance regarding her request for a safe abortion.

Poko's testimony strongly suggests that displacement itself created a context conducive to the occurrence of GBV, particularly sexual violence. It was during their flight, while fleeing violence in their village, that Poko and her family encountered the terrorist group, leading directly to her abduction and the violence she endured. The chaos, vulnerability, and collapse of protective social structures linked to displacement appear to have facilitated the assault.

Several vulnerability factors emerge from Poko's testimony, including displacement itself, the presence of terrorists, isolation and loss of protection, the specific targeting of women, and the breakdown of social and community protection mechanisms. This testimony focuses mainly on violence perpetrated by an external actor (terrorists) during displacement. However, one can infer certain power dynamics, such as the imbalance between displaced civilians and armed groups, the increased vulnerability of IDPs, and the inadequacy of effective protection mechanisms.

Although power dynamics within displaced or host communities are not explicitly described, it is important to consider that in similar contexts, pre-existing gender inequalities may be exacerbated, and new forms of power and vulnerability may emerge, potentially influencing GBV risks. For example, lack of resources, competition for humanitarian aid, or tensions between displaced and host populations could create dynamics where women and girls are more exposed to abuse. Poko's testimony thus offers a poignant insight into the risks and vulnerability factors faced by women during displacement.

DISCUSSION

Crenshaw initially developed the theory of intersectionality within the context of law and feminism to highlight the marginalization of Black women, whose experiences were not fully considered by legal frameworks and social movements that focus either on gender or on race, but rarely on their intersection. In line with this theory as applied to our study, for example, an internally displaced woman may experience violence not only because she is a woman, but also because she is displaced, belongs to an ethnic or religious minority, is very young or elderly, is illiterate, or lacks access to information. Intersectionality helps avoid generalizing the experiences of displaced women and girls, instead allowing a deeper understanding of the diversity and complexity of their experiences of violence.

Poko's testimony poignantly illustrates the relevance of Kimberlé Crenshaw's intersectionality theory. Her tragic experience cannot be fully understood by analyzing only her gender or her status as an internally displaced person (IDP) in isolation. It is the intersection of multiple social identities and her specific situation that makes her particularly vulnerable to the sexual violence she suffered. She was not merely a victim of violence as a person, but as a displaced woman in a conflict zone, with the responsibilities and vulnerabilities specific to her gender, status, and circumstances.

In other words, her experience is not simply the sum of gender-based discrimination and displacement-related vulnerability. It is the complex interaction of these factors that shaped the nature and severity of the sexual violence she endured. Intersectionality theory allows us to move beyond a one-dimensional analysis to understand the multidimensional reality of her oppression. It calls for rethinking gender-based violence policies to make them more inclusive and nuanced, recognizing the diversity of needs, knowledge, and life trajectories (Corbeil & Marchand, 2006). Indeed, as Butler (1990) emphasizes, gender is a "repeated performance" constructed daily through interaction with other social relations. It is therefore crucial to move beyond dichotomous analyses to design gender-based violence interventions that are sensitive to the current security and humanitarian crisis in Burkina Faso (Corbeil & Marchand, 2006).

CONCLUSION

This article highlights the heightened vulnerability of internally displaced women in Burkina Faso to gender-based violence (GBV) amid the ongoing security and humanitarian crisis. Drawing on the poignant testimony of Poko, a young woman who was kidnapped and raped during her displacement, the research shows how forced displacement and the collapse of protective social structures create conditions that foster such violence, particularly sexual violence. Poko's testimony illustrates that displacement itself constitutes a major vulnerability factor, exacerbated by the presence of armed groups, isolation, loss of family and community protection, and the specific targeting of women. Her tragic experience underscores that vulnerability to GBV is not limited to gender as a factor but is intrinsically linked to her status as an IDP in a conflict zone.

Applying Kimberlé Crenshaw's intersectionality theory in analyzing this case is crucial. It allows for an understanding that GBV experiences among displaced women are shaped by the interweaving of multiple vulnerability factors related to both gender and displacement. This approach goes beyond a one-dimensional analysis and highlights the complexity of the forms of discrimination and exclusion these women face.

The findings of this study underscore the urgent need for a multisectoral and gender-sensitive approach to protecting displaced women and girls. Addressing GBV cannot be limited to a single dimension; it must involve coordinated interventions in security, health (including sexual and reproductive health), psychological support, legal assistance, social protection, and economic empowerment.

It is imperative to recognize and address displacement-specific vulnerabilities while considering pre-existing gender inequalities and power dynamics, which are exacerbated by the crisis. Interventions must be tailored to the specific needs of displaced women and girls, recognizing the diversity of their experiences and relying on an intersectional understanding

of risk factors. Only a comprehensive approach that takes into account the multiple dimensions of their vulnerability will effectively strengthen protection and prevent GBV in this complex humanitarian context.

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