

Eliminating violence against women in the Pacific: achievements from our feminist sisters in the Pacific

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Introduction

This submission, from Finucane Consulting, is intended to highlight the work of 3 organisations in the Pacific Islands; Fiji, Vanuatu and Tonga. They are the [Fiji Women's Crisis Centre \(FWCC\)](#), the [Vanuatu Women's Centre \(VWC\)](#) and the [Tonga Women's and Children's Crisis Centre \(WCCC\)](#).ⁱⁱ

This submission draws heavily on two population based studies *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji and the *2009 Vanuatu National Survey on Women's Lives and Family Relationships*.

The reason for highlighting their work, is that over the past 30 years, FWCC as the lead organisation and Centre for Excellence in the Pacific, working to eliminate violence against women has had an **impact on attitudes and levels of violence against women in Fiji**.ⁱⁱⁱ

"Compared with the 2006 survey, the 2011 findings suggest that there may be a generational change occurring in attitudes among some young women who have "grown up with FWCC" over the past 20-25 years, and an increased likelihood that they will challenge traditional gender relations".

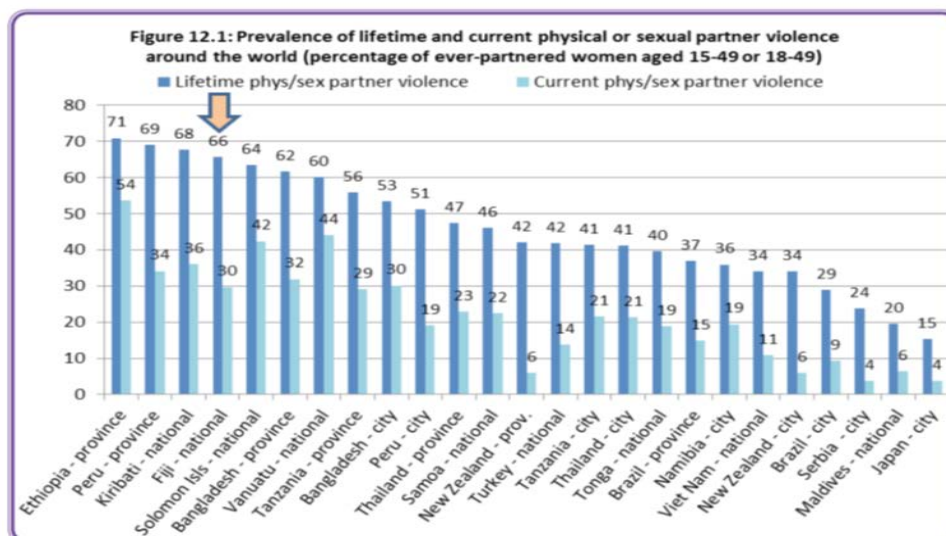
FWCC has also supported numerous individuals' and organisations to embark on the same journey in their own countries. Their sister and partner organisation Vanuatu Women's Centre, now in operation for 23 years, has also demonstrated impact through their work. Their recent health study found that **their intensive work over 23 years had reduced levels of violence against women in one part of the country**.

[The Tonga Women and Children's Crisis Centre](#) was established 6 years ago and is already working with thousands of women and children who have survived violence and leading fearless campaigns to change entrenched attitudes and behaviours.

Although the context is different from Australia, the underlying causes of violence against women are the same and exacerbated by patriarchal and violence supportive norms and cultures. We have much to learn from their experience and expertise. The Australian aid and to a lesser extent the New Zealand aid program have supported these and other EAW organisations and programs.^{iv}

This paper outlines their approaches and impact in the hope that some of the common themes emerging from our practice coupled with international and local evidence are reinforced. The approach of these courageous NGOs and women is a reminder that *"keeping our eyes on the gender equality prize"* will help reduce and eliminate violence against women.

Prevalence of Violence against women in Vanuatu and Fiji



Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.

∨ From *Somebodies Life, Everybody's Business*

Vanuatu

The aim of the *2009 Vanuatu National Survey on Women's Lives and Family Relationships* was to conduct a population-based study to provide a reliable benchmark of the prevalence and incidence of violence against women in Vanuatu, and on attitudes to violence.

The total number of households included in the sample was 3,619; from these, 3141 household interviews were completed by both women and men; and 2337 questionnaire interviews were completed with individual women.

"With so many risk factors linked to gender inequality, it is clear that strategies to reduce violence against women must focus on changing attitudes about women's rights and gender equality". The Vanuatu National Survey on Women's Lives and Family Relationships.

The study found that Vanuatu has alarmingly high rates of violence against women by husbands/partners. Among women who have ever been married, lived with a man, or had an intimate sexual relationship with a partner;

- 3 in 5 (60%) experienced physical and/or sexual violence in their lifetime;
- more than 2 in 3 (68%) experienced emotional violence;
- more than 1 in 4 (28%) was subjected to several forms of control by their husband or partner,
- more than 2 in 3 (69%) experienced at least one form of coercive control, and most of these were living with physical and sexual violence.
- Most women who are subjected to violence by husbands/partners experience multiple forms of violence.

Violence by husbands/partners occurs in all provinces and islands, and among all age groups, education levels, socio-economic groups and religions. Contrary to the expectations of some community leaders, rates of physical and sexual violence are higher in rural areas (63%) than in urban areas (50%). For most women who experience physical or sexual violence, it occurs frequently, and it is often very severe, including being punched, dragged, kicked, beaten up, choked, burned, or hit with a weapon such as a piece of wood, iron bar,

knife or axe. For more than 2 in 5 women (42%) who experienced physical violence, the violent incident has been followed by rape.^{vi}

“Behaviours and situations that challenge traditional gender roles are also significant risk factors:

- a woman who earns her own income is more likely to be physically or sexually abused by her husband/partner;
- a woman who agrees with one or more reason for refusing sex is more likely to be physically or sexually abused by her husband/partner; and
- a man who is unemployed is significantly more likely to physically or sexually abuse his wife/partner”.^{vii}

What the study found about the impact of VWC

The *Vanuatu National Survey on Women’s Lives and Family Relationships* found that:

*“Places where VWC has been most active **have significantly lower rates of physical and sexual violence by husbands/partners than places where VWC has been less active.** These findings strongly suggest that the influence of VWC’s counselling and community education work over the past 19 years has contributed to reducing women’s risk of violence.*

Awareness-raising about women’s human and legal rights has been the foundation stone of VWC’s approach since its establishment, in addition to providing information about services”.

The study found that “Women who live in Port Vila and Shefa province are much less likely to experience partner violence in their lifetime than women in other provinces. These findings strongly suggest that the influence of VWC’s counselling and community education work over the past 19 years has contributed to reducing women’s risk of violence in Port Vila and Shefa, because these two places have no other significant differences with other locations where the survey was carried out”.

*“The significance of location as a protective factor is a remarkable achievement for the VWC network; this is an association that had not been demonstrated in other Pacific countries where the WHO methodology has been used (SPC 2009 and SPC 2010), and it **provides strong evidence of the need to continue using a rights-based approach.** In addition, other strategies used by VWC have been recognised throughout the region and internationally as being on the cutting edge of prevention work; these include the home-grown strategy of **community mobilisation** through the establishment of CAVAWs; and the **male advocacy program that trains and engages men to work for the advancement of women’s rights and to reduce and confront violence wherever it occurs”**.^{viii}*

Fiji

FWCC replicated the survey approach developed by the World Health Organisation (WHO) for its Multi-country Study on Women’s Health and Domestic Violence against Women.

The sample was nationally representative and included enumeration areas from all provinces and major islands in each of Fiji’s 4 Divisions. The total number of households included in the sample was 3538. From these, 3389 household interviews were completed and 3193 interviews with individual women.

Fiji’s rates of violence against women and girls are among the highest in the world.

Summary of the findings include;

- Fiji has the 4th highest prevalence of physical and/or sexual partner violence over a woman’s lifetime, at 66% compared with 20 countries that have used the WHO research methodology.

- Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many suffered from all 3 forms of abuse simultaneously.
- Women's lifetime experience of sexual violence is 34% and physical violence is 61%
- The most prevalent form of sexual violence is child sexual abuse with 16% of all women sexually abused when they were children under the age of 15.
- 24% of women in Fiji experience current physical or sexual violence
- More than 1 in 4 ever partnered women had husbands/partners who either took their savings or refused to give them money.
- The overall prevalence and the most "severe" forms of violence are also more prevalent in rural areas than urban areas, and far more so in the Eastern Division where 67% of women are living with the most severe types of attacks. ^{ix} This is one of the highest in the world.

This coupled with very high levels of emotional violence including controlling behaviours is y disturbing and undermines women's self-esteem, confidence and overall health and wellbeing. This includes having to seek permission before seeking health care.^x

What the study found about the impact of FWCC

The national research conducted by FWCC with support from the Fiji Islands Bureau of Statistics found that *there are several sources of evidence that suggest that FWCC's persistent work over the last 28 years has contributed to a reduction in the prevalence of domestic violence, and to some changes in attitudes*.^{xi}

The research compares findings from areas where FWCC has been most and least active. The Central, Western and Northern Divisions have significantly lower rates of prevalence than the Eastern Division, particularly the Central Division which has benefitted from FWCC mobile counselling and community education outreach for well over 20 years, as well as the efforts of other groups who have taken up FWCC's anti-violence message. The ethnic make-up of the Eastern Division is a key factor in its higher prevalence; nevertheless it is also true that FWCC has focused less on the Eastern parts of the country.^{xii}

What is the secret to their success?

"Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights".^{xiii}

All 3 organisations use women's human rights as a central organising and underpinning principle and approach in everything they do. This includes counselling, support and advocacy for and with women and children subject to violence, in tandem with community mobilisation, law reform and widespread capacity building and workforce development. These approaches are evidenced based and evidence generating.^{xiv}

They are unrelenting in their efforts to uphold women's human rights and work across communities and settings to achieve lasting change. This includes working with community leaders, chiefs, faith based organisations, the justice sector, the military, schools, universities, civil society, academics, pro-democracy movements, donors, and most importantly women who have experienced and survived violence.

In **Fiji** FWCC deliver a national and regional program which includes;

- National and multi-country intensive training and capacity building using feminist, gender transformative empowering, and rights based training based on global human rights norms and the lived experience of women and children and the experience of FWCC, VWC and WCC in delivering services and programs.^{xv}
- A Pacific wide network, the *Pacific Women's Network Against Violence Against Women* which meets bi-annually to share learnings and collaborate on regional policy positions, advocacy and capacity building
- Continual individual and systemic advocacy, campaigning and human rights lobbying
- 24 hour counselling and multi-disciplinary support in 5 locations across Fiji with Suva as the head office. This includes counselling, advocacy and legal services for all forms of violence against women and children including domestic and sexual violence, child abuse, sexual harassment and other forms of violence against women.
- Widespread community mobilisation programs run by experienced counsellor advocates and community educators that deliver intensive rights based training and mobilisation across the country and regionally
- A regional feminist learning and research hub –FLARE, regional newsletter, research and documentation.
- A Males Advocates for Women's Human Rights program ^{xvi}

"So I am glad that through this training, I came to realise that men and women are equal in everything and they (women) too should get land and things like that, not just men and that's one aspect I will be championing when I go back home," Male Advocate^{xvii}

In **Vanuatu**, they VWC take a similar and locally adapted approach to their work. This includes;

- A Centre in Pt Vila and 3 branch offices, providing counselling, support and advocacy.
- Ongoing campaigns and community mobilisation
- 33 local committees against violence against women (CAVAWs)
- A national network of Males Advocates for Women's Human rights
- Ongoing training, support and advocacy on women's human rights

In **Tonga**, the WCCC take a similar rights based approach. This recently established organisation has taken the very courageous step of establishing a democratic, rights based organisation focussed on working to eliminate violence against women and children in Tonga.

This includes;

- 24 hours access to counselling and support including shelter
- Campaigns on women and children's rights
- A network of Males Advocates for Women's Human rights

- Ongoing training, support and advocacy on women's human rights

Lessons Learnt

The key lessons learnt from the past 30 years' service delivery, advocacy and feminism are supported by international evidence regarding the impact of civil society and particularly home-grown feminist social movements on policy relating to violence against women.

"A recent quantitative study drawing on data from 70 countries from 1975 to 2005 found that feminist mobilisation in civil society had the greatest impact on bringing about policy change on violence against women, which itself is a measure of changes in attitudes at institutional level^{xviii}

The study identified several drivers of change; each has been used by FWCC, VWC and now WCCC. These include:

- consistent promotion of women's human rights;
- challenging male privilege in sexual relations and social norms of male domination more generally;
- a focus on mobilising community support through repeated protests and campaigns, coupled with strategic use of the media to influence the political will for change;
- ongoing lobbying of decision-makers to bring about policy, legal and institutional reforms;
- ongoing provision of practical services to survivors;
- strategic use of international norms and forums to reinforce and re-frame the push for change at home;
- modelling new forms of social organisation based on equality and human rights principles;
- producing media to communicate key messages (such as through newsletters, social marketing and community education efforts); and
- organising conferences, seminars and other targeted training and learning events that help to improve services for survivors, and re-shape the public policy agenda."^{xix}

Conclusion

It is important that if Victoria is to eliminate violence against women that all efforts to entrench gender equality must be pursued. A courageous approach is required to address structural gender inequality through economic reform, social policy reform and law reform.

Recommendations to consider:

- **Learning exchanges across the globe:** Consider developing links and learning exchanges, collaborative research and information sharing with organisations such as FWCC, VWC and TWCC and other regions and organisations working to prevent and respond to violence against women.
- **Embed gender equality in policy and law:** Investigate possibilities to expand legal and policy requirements for not-for-profit, public and private sector agencies and businesses to promote and embed gender equality and be held to account through rigorous performance measures regardless of size.

- **Embed gender equality in organisations:** To overcome and prevent violence against women the agencies that administer and enforce services and uphold the law must be equitable and respectful and non-discriminatory for all men and women who work there and for all men, women, girls and boys using or in contact with their services. Invest in organisational transformative gender equality strategies starting with Public Sector agencies, law enforcement, Judiciary, Justice Agencies, and Human Services to achieve gender equitable organisations by 2020. Use quotas, law reform, new polices and eliminate direct and indirect discrimination to achieve equality benchmarks.
- **Support and resource evidence based Prevention:** Support key prevention agencies and implementation partners such as *VicHealth*, *Our Watch* in multiple settings, such as education, media, and all levels of government, communities, sports and workplaces to progress the prevention agenda in Victoria. Resource evidence based long term prevention policy, plans, governance, programs and research. Keep a gendered, rights based agenda, be accountable to women and girls, engage men and boys and invest long term. Re-visit the previous policy agenda outlined in a *Right to Respect*.^{xx}
- **Invest in children and young people's right to gender equality:** It is critical to resource schools and education setting such as the roll-out of Respectful Relationships Education across the State. Support the Victorian Department of Education and Training (DET) and partner organisations to roll out the new *Stepping Out* curriculum as a priority and ensure this is permanently resourced in each DET region. Develop child friendly, age appropriate gender equitable programs in kindergarten and primary schools. Ensure teacher training addresses gender equality. Adapt programs for all students needs including students with disabilities, Indigenous students, CALD students and students who may identify with or as LGBTI.
- **Invest in and reform the family violence and sexual assault sector:** Develop a sustainable policy, governance and funding model for the family violence and sexual assault justice and service sector to support and align the 2 sectors This includes maintaining specialisation whilst supporting greater collaboration, integration and multi-disciplinary approaches, invest in ongoing workforce development which includes gender equality, establish monitoring and evaluation frameworks, and support long term sustainable investment in the sector. Support continued assertive systemic and individual advocacy and women and girls empowerment.
- **Support and partner with women's rights and empowerment organisations and programs:** Continue to resource independent rights based women's and girls' organisations and networks that can provide a rights based advocacy and systems focus from response to prevention and provide campaigns, resources, information and workforce development.^{xxi}
- **Invest in rights based community mobilisation:** Continue to trial and test approaches to rights based community mobilisation that combines early intervention and prevention approaches to ensure that all Victorian community members are aware of and can articulate their rights, have access to gender equality resources, messaging and programs, can access their rights and be protected if their rights are violated. Ensure that programs are tailored to everyone's needs and rights in particular women, men, boys and girls with disabilities, Aboriginal men, women, boys and girls, the LGBTI community and the CALD community. Encourage intersectional and tailored approaches.

For further information about their work please contact:

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BENEATH PARADISE

PACIFIC WOMEN ...

WAVES OF STRUGGLE

CURRENTS OF OPPRESSION

WINDS OF CHANGE

HORIZONS OF HOPE

SKIES OF OPTIMISM

CANOES OF LIFE

SANDS OF TIME

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FSM¹

ⁱ I have had the good fortune to visit all 3 organisations and learn from their work and achievements over the past 25 years firstly through my work with International Women's Development Agency for 10 years and more recently as a freelance consultant in several Pacific Island Countries. This submission is a personal reflection and not the view of any agency.

ⁱⁱ Note these organisations receive funds from Australian Aid (DFAT) and also FWCC received support from MFAT in New Zealand. DFAT have also supported a number research and policy initiatives to improve the quality of EVAW programming. For more information please see dfat.gov.au/.../review-australian-aid-initiatives-in-the-pacific-aimed-at-en...;

ⁱⁱⁱ *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, page 91 and page 166.

^{iv} <http://www.pacificwomen.org/wp-content/uploads/pacific-women-shaping-pacific-development-design-document.pdf>; <http://dfat.gov.au/about-us/publications/Documents/womens-crisis-partnership-framework.pdf>; <http://www.pacificwomen.org/wp-content/uploads/ResVAW.pdf>; dfat.gov.au/.../review-australian-aid-initiatives-in-the-pacific-aimed-at-en...

^v Figure 12 illustrates that "among all the study sites that have undertaken research into the prevalence of intimate partner violence against women using the WHO methodology, Fiji has the 4th highest prevalence globally at 66%. Three countries have higher rates of lifetime prevalence of physical and/or sexual partner violence: Ethiopia, Peru and Kiribati. Five countries have higher current rates of prevalence than Fiji, including provincial Ethiopia, provincial Peru, Kiribati, Solomon Islands, and provincial Bangladesh (Figure 12.1). *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, page 138.

^{vi} The Vanuatu National Survey on Women's Lives and Family Relationships, Vanuatu Women's Centre, 2011, <http://www.pacificwomen.org/wp-content/uploads/womens-centre-survey-womens-lives.pdf>

^{vii} Ibid, page 21.

^{viii} Ibid, page 181.

^{ix} *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, page 46.

^x Ibid, page 51.

^{xi} *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, page 150.

^{xii} Ibid, page 152.

^{xiii} Ibid, pg 23 Accessed at <http://fijiwomen.com/wp-content/uploads/2014/11/1.pdf>

^{xiv} Mala Htun and S. Laurel Weldon (2012). The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975–2005. *American Political Science Review*, 106, pp 548569 doi:10.1017/S0003055412000226, http://polisci.unm.edu/common/documents/htun_apsa-article.pdf; Arangoa, Morton, Gennari, Kiplesund, Ellsberg, Interventions to Prevent or reduce Violence Against Women and Girls: A Systematic Review of

Reviews, Women's Voice and Agency Research Series 2014, No 10, The World Bank, 2014, page 26, see also The Lancet, Images Project: 2010 World Health Organisation (WHO) report, Preventing Intimate Partner and Sexual Violence: Taking Action and Generating Evidence found the most consistent predictor of attitudes supporting, justifying or excusing the use of violence against women was the broader acceptance of gender norms and inequality; For example, key factors strongly associated with perpetration of intimate partner violence and non-partner rape include controlling behaviours towards women and inequitable gender attitudes, behaviours which emphasise (hetero)sexual prowess (transactional sex and having multiple sexual partners), and involvement in violence with men. (figure 2).^{11,15,70,7} *The Lancet, Violence against women and girls* ³ *From work with men and boys to changes of social norms and reduction of inequities in gender relations: a conceptual shift in prevention of violence against women and girls* Rachel Jewkes, Michael Flood, James Lang.^{xiv} Why Do Some Men Use Violence Against Women And How Can We Prevent It? Partners for Prevention. A UNDP, UNFPA, UN Women And UNV Regional Joint Programme For Gender-Based Violence Prevention In Asia And The Pacific Quantitative Findings From The United Nations Multi-Country Study On Men And Violence In Asia And The Pacific, 2013, <http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf>, see age 18 recommendations.

^{xv} FWCC Training Programs include the 4 week residential Regional Training Program (RTP) delivered by FWCC in Suva, Fiji twice a year, training institutes, attachments to FWCC, and other orgs and In-country training and support visits. the Gender Relations, Women's Human Rights and Violence against Women training and training of trainers, 2 week national and regional Police training, Male Advocacy for Women's Human Rights, Counsellor/Advocacy Training, Legal Advocacy and Child protection.

^{xvi} <http://ntv.org.au/wp-content/uploads/140220-mawhr-lessons-from-the-pacific-ntv-rv.pdf>

^{xvii} beneath paradise issn 2309-0510, kiribati confronts its violence, volume 2 | issue 2, 2014, the magazine of the pacific women's network against violence against women

^{xviii} Mala Htun and S. Laurel Weldon (2012). The Civic Origins of Progressive Policy Change: Combating Violence against Women in Global Perspective, 1975–2005. *American Political Science Review*, pp 550-554 doi:10.1017/S0003055412000226, http://polisci.unm.edu/common/documents/htun_apsa-article.pdf;

^{xix} *Somebody's Life, Everybody's Business!* National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji, page 169.

^{xx} A Right to Respect: Victoria's Plan to Prevent Violence against Women 2010–2020; http://www.whealth.com.au/documents/health/fv-a_right_to_respect.pdf

^{xxi} For example women's health services, feminist peak bodies, WDV, DVRCV, women's and community legal services, aboriginal legal services, WIRE and other women's services.

Vanuatu National Survey ON Women's Lives AND Family Relationships



**VANUATU WOMEN'S CENTRE
IN PARTNERSHIP WITH
THE VANUATU NATIONAL STATISTICS
OFFICE**

MAY 2011



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Many people contributed to the design and implementation of the survey, and to the analysis of the findings. Thank you to all the members of the fieldwork team who carried out the survey, many of whom are members of the Vanuatu Women's Centre's network of rural committees against violence against women (CAVAWs); this report is the result of their commitment, sensitivity and hard work, often in very challenging circumstances (Annex 3 lists all fieldwork team members). Thanks are also due to the male advocates and other men who did the household listing for the survey, thoroughly and in good time.

Several staff from the Vanuatu Women's Centre (VWC), its Branches and CAVAWs contributed to the design and implementation of the survey. Special acknowledgement and thanks go to Sonia Wasi (VWC Deputy Coordinator and Research Officer) who managed the research project from the outset: she organised the training of the household listers and fieldwork team; provided leadership, guidance and supervision to all field workers; managed all the logistical arrangements; organised and supervised the data entry; liaised with stakeholders; played a key role in analysing the data; and ensured that many other tasks, too numerous to mention, were done well and on time. Her calm, professional and dedicated approach made this research possible. This is VWC's first research project and Marilyn Tahi (VWC Coordinator) provided leadership to all aspects of the research process; she ensured that the questionnaire was well-adapted to Vanuatu's cultural context, selected the fieldwork team members, and brought her many years of experience and vast knowledge to the analysis of the survey findings; as a leading human rights defender and long-standing committed activist for women's rights, she ensured that this research would be a milestone for Vanuatu.

Special thanks go to the Vanuatu National Statistics Office (VNSO) who were partners with VWC in implementing this research. Guidance and support was provided throughout the process by Simil Johnson, the Vanuatu Government Statistician. Special thanks are due to Benuel Lenge, who designed the sample, provided guidance on technical issues throughout the research process, trained the household listers, assisted with the transfer of data to SPSS software and contributed to the initial tabulation of data. Rara Soro also deserves special thanks for his assistance with the data entry; he set up the data screen, trained the data entry processors, helped to supervise the data entry, merged and cleaned the data, and provided on-call advice and guidance over many months. Kim Robertson assisted by commenting on the draft of this report.

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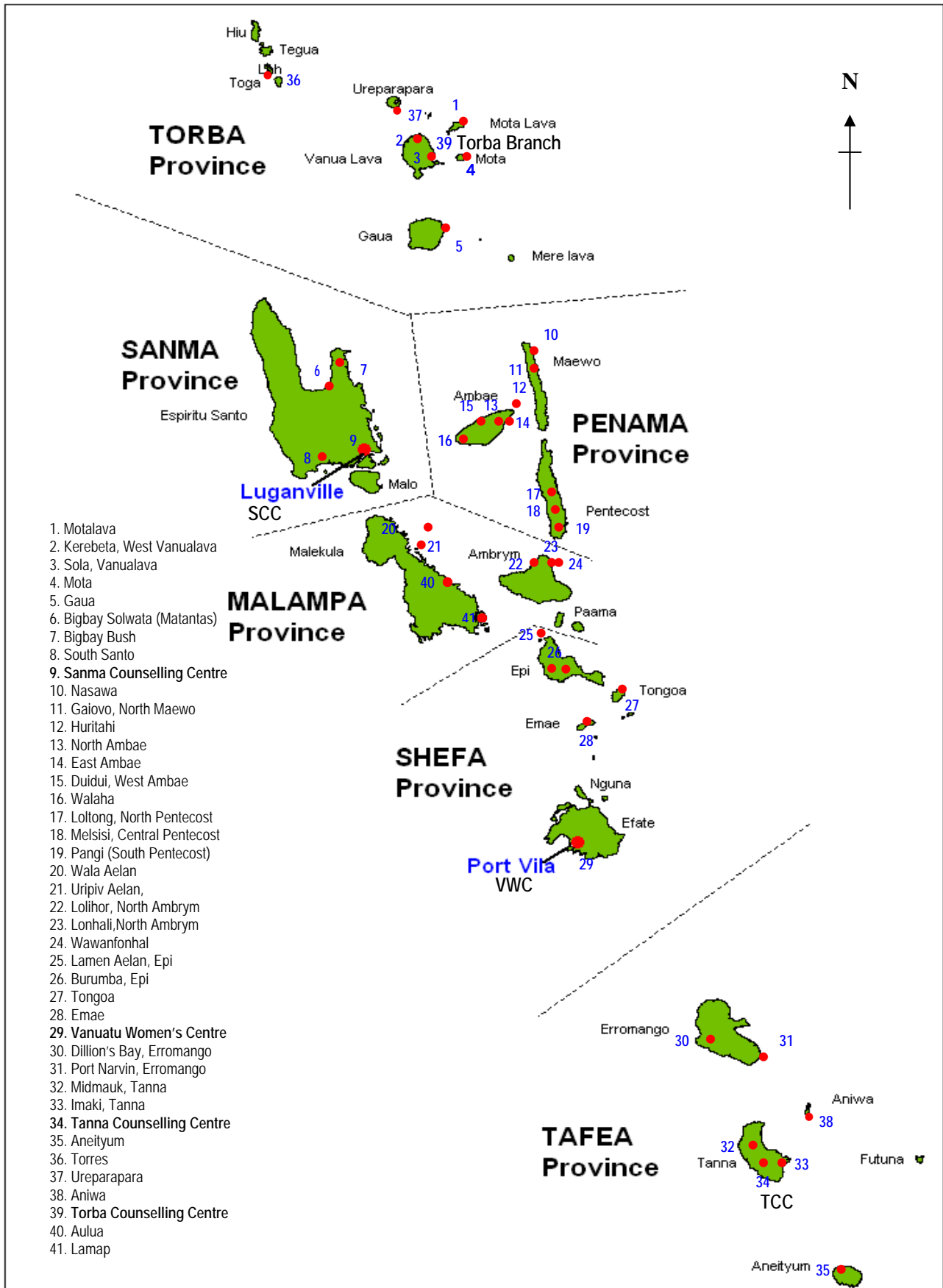
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The analysis of the findings and the recommendations in this report are based on a workshop held in January 2011 in Port Vila. Participants were Marilyn Tahu (VWC Coordinator), Sonia Wasi (Deputy Coordinator and Research Officer), Kathy Bani (Sanma Counselling Centre Project Officer), Fridah Butu (Sanma Counselling Centre Counsellor), Kaloka Wilfred (Tafea Counselling Centre Project Officer), Bertha Misseve (VWC Community Educator), Anna Naupa (AusAID), Edwina Kotoisuva (FWCC Deputy Coordinator), Angelyn Singh (FWCC Research Officer) and Juliet Hunt (VWC Research Consultant and workshop facilitator). This report was written by Dr. Juliet Hunt, based on the analysis discussed in the workshop.



1. Motalava
2. Kerebeta, West Vanualava
3. Sola, Vanualava
4. Mota
5. Gaua
6. Bigbay Solwata (Matantas)
7. Bigbay Bush
8. South Santo
9. Sanma Counselling Centre
10. Nasawa
11. Gaiovo, North Maewo
12. Huritahi
13. North Ambae
14. East Ambae
15. Duidui, West Ambae
16. Walaha
17. Lolong, North Pentecost
18. Melsisi, Central Pentecost
19. Pangj (South Pentecost)
20. Wala Aelan
21. Uripiv Aelan,
22. Lolihor, North Ambrym
23. Lonhali, North Ambrym
24. Wawanfonhal
25. Lamem Aelan, Epi
26. Burumba, Epi
27. Tongoa
28. Emae
29. Vanuatu Women's Centre
30. Dillion's Bay, Erromango
31. Port Narvin, Erromango
32. Midmauk, Tanna
33. Imaki, Tanna
34. Tanna Counselling Centre
35. Aneityum
36. Torres
37. Ureparapara
38. Aniwa
39. Torba Counselling Centre
40. Aulua
41. Lamap

ACRONYMS

AusAID	Australian Agency for International Development
CAVAWs	VWC's network of rural Committees Against Violence Against Women, through all provinces of Vanuatu
CEDAW	Convention to Eliminate All Forms of Discrimination Against Women / Committee on the Elimination of Discrimination Against Women
CRC	Convention on the Rights of the Child
DEVAW	United Nations Declaration on Violence Against Women
DOWA	Department of Women's Affairs in the Ministry of Justice and Social Welfare
FPA	Family Protection Act
FPO	Family Protection Order provided under the Vanuatu Family Protection Act
FPU	Family Protection Unit of the Vanuatu Police Force, based in Port Vila
FSP	Foundation of the People of the South Pacific
HH	Household
MICS	Multiple Indicator Cluster Survey
MOE	Ministry of Education
MOH	Ministry of Health
N	Number
NSO	Vanuatu National Statistics Office, Ministry of Finance and Economic Management
P value	A measure of statistical significance (see Glossary in Annex 6)
PCP	Pacific Children's Program
SCC	Sanma Counselling Centre, a branch of VWC at Luganville on Santo island
SPC	Secretariat of the Pacific Community
TCC	Tafea Counselling Centre, a branch of VWC at Isangel on Tanna island
ToCC	Torba Counselling Centre, a branch of VWC at Sola on Vanualava island
UN	United Nations
UNDHR	United Nations Declaration on Human Rights
UNDEVAW	United Nations Declaration on the Elimination of Violence Against Women
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
VANWODS	Vanuatu Women Development Scheme
VNSO	Vanuatu National Statistics Office
VWC	Vanuatu Women's Centre and its network of branches, CAVAWs and male advocates through all provinces
WHO	World Health Organisation

CONTENTS

	Page
Acknowledgements	2
Map	4
Acronyms	5
EXECUTIVE SUMMARY	14
CHAPTER 1: INTRODUCTION	24
1.1 The Vanuatu Women’s Centre and its national network	24
1.2 Vanuatu Government commitments to gender equality and the elimination of violence against women	24
1.3 The status of women in Vanuatu	28
CHAPTER 2: RESEARCH OBJECTIVES AND METHODOLOGY	31
2.1 Background to the research	31
2.2 Research objectives and questions	32
2.3 The survey questionnaire and its adaptation	33
2.4 Operational definitions used in the survey	35
2.5 Design of the survey sample	37
2.6 Fieldwork, data processing and quality control	38
2.7 Ethical and safety considerations	43
2.8 Strengths and limitations of the research design	43
CHAPTER 3: SURVEY RESPONSE RATES AND CHARACTERISTICS OF RESPONDENTS	45
CHAPTER 4: VIOLENCE AGAINST WOMEN BY HUSBANDS AND INTIMATE PARTNERS	55
4.1 Prevalence and types of violence against women	55
4.2 Women’s attitudes to gender power relations and violence	75
4.3 Discussion of findings	91
CHAPTER 5: PREVALENCE OF VIOLENCE AGAINST WOMEN AND GIRLS BY PEOPLE OTHER THAN HUSBANDS OR INTIMATE PARTNERS	95
5.1 Prevalence of non-partner violence against women	95
5.2 Women’s first sexual experience	105
5.3 Discussion of findings	106
CHAPTER 6: CONSEQUENCES OF VIOLENCE AGAINST WOMEN FOR GENERAL PHYSICAL AND MENTAL HEALTH	109
6.1 Impacts of partner violence on physical health	109
6.2 Impacts of partner violence on mental health	116
6.3 Discussion of findings	122
CHAPTER 7: CONSEQUENCES OF VIOLENCE AGAINST WOMEN FOR REPRODUCTIVE HEALTH AND FOR CHILDREN	125
7.1 Women’s reproductive health and violence by husbands or partners	125
7.2 Impacts on children of violence against women	131
7.3 Discussion of findings	134

	Page
CHAPTER 8: OTHER IMPACTS OF VIOLENCE AGAINST WOMEN	136
8.1 Impacts of partner violence on women's work and financial autonomy	136
8.2 Other aspects of women's rights	141
8.3 Discussion of findings	145
CHAPTER 9: COPING STRATEGIES	148
9.1 Strategies women use for dealing with partner violence	148
9.2 Discussion of findings	162
CHAPTER 10: TRIGGERS, RISKS, AND FACTORS THAT HELP TO PROTECT WOMEN FROM VIOLENCE BY HUSBANDS AND INTIMATE PARTNERS	165
10.1 Situations that trigger violence by husbands and intimate partners	165
10.2 Method for statistical analysis of risk and protective factors	167
10.3 Findings from the uni-variable statistical analysis	168
10.4 Findings from the multi-variable statistical analysis of risk and protective factors	172
10.5 Discussion of findings	177
CHAPTER 11: CONCLUSIONS AND RECOMMENDATIONS	181
11.1 Conclusions	181
11.2 Recommendations	184
11.3 Follow-up by the Vanuatu Women's Centre	189
 ANNEXES	
1. References	191
2. Survey questionnaire	195
3. Research team	239
4. Guidelines for classifying socio-economic status	240
5. Locations included in the survey sample	244
6. Glossary of statistical terms	245
 TABLES	
3.1: Household responses, whole of Vanuatu	45
3.2: Responses to the women's questionnaire, whole of Vanuatu	45
3.3: Response rates by location	46
3.4: How respondents felt after the interview	48
3.5: Household characteristics, sex of household head by urban and rural area	48
3.6: Household characteristics, mean size of household and socio-economic status	49
3.7: Characteristics of respondents (age, education, literacy, income, relationship status)	51
3.8: Characteristics of all female respondents, by location	53
3.9: Source of income generation	53
3.10: Community concerns about other forms of violence	54
4.1: Prevalence of violence against women by husbands/partners	56
4.2: Lifetime prevalence of emotional, physical and sexual violence against women by husbands/partners, by location	57
4.3: Lifetime prevalence of physical and sexual violence by husbands/partners by woman's age, education and socio-economic status	59

TABLES

4.4: Lifetime experience of physical and/or sexual partner violence by religion	61
4.5: Types of physical violence by husbands/partners in a woman's lifetime	62
4.6: Severity of physical violence experienced by ever-partnered women by their husbands/partners	63
4.7: Frequency of physical violence experienced by women	63
4.8: Types of sexual violence by husbands/partners in a woman's lifetime	64
4.9: Frequency of sexual violence experienced by women	65
4.10: Links between physical violence and forced sex (rape) by husbands/partners	66
4.11: Types of emotional abuse of women by their husbands/partners, by location	67
4.12: Types of emotional abuse of women by their husbands/partners, by age, level of education and socio-economic status	68
4.13: Prevalence of ever-partnered women reporting controlling behaviours by husbands/partners, according to their experience of physical or sexual violence	70
4.14: Types of controlling behaviours by husbands/partners in women's lifetime, by location	72
4.15: Women's attitudes to gender roles and women's rights	76
4.16: Women's attitudes to gender roles and women's rights, by location, age, education and socio-economic status	77
4.17: Payment of bride price and women's view of the impact of bride price on how she is treated by her husband and his family	79
4.18: Women's attitudes to physical partner violence, according to their experience of physical or sexual violence from their husbands or partners	81
4.19: Women's attitudes to physical partner violence, by location, age, level of education and socio-economic status	83
4.20: Women's attitudes on sexual autonomy	86
4.21: Women's attitudes to sexual autonomy, by location, age, level of education and socio-economic status	89
5.1: Prevalence of non-partner physical and sexual violence against women over the age of 15 years, by location, age, education level and socio-economic status	96
5.2: Frequency of non-partner physical and sexual violence against women over the age of 15 years	98
5.3: Perpetrators of non-partner physical violence against women over the age of 15 years	99
5.4: Perpetrators of non-partner sexual violence against women over the age of 15 years	99
5.5: Prevalence of child sexual abuse of girls under the age of 15 years	100
5.6: Prevalence of child sexual abuse of girls under the age of 15 years, by location, age, education level and socio-economic status	101
5.7: Child sexual abuse of girls under the age of 15 years, by religion	103
5.8: Perpetrators of child sexual abuse against girls under the age of 15 years	103
5.9: Features of child sexual abuse under the age of 15 years	104
5.10: Age and consent of first sexual experience among sexually active respondents	105
6.1: Frequency of injuries as a result of violence by a husband/partner	110
6.2: Type of injuries as a result of violence by a husband or intimate partner	111
6.3: Severe health outcomes for women with and without physical and/or sexual violence	113
6.4: Use of medication and health services in the past 4 weeks for women with and without physical and/or sexual violence	113
6.5: Health status for women with and without physical and/or sexual violence	114
6.6: Physical health problems in the past four weeks for women with and without physical and/or sexual violence	115
6.7: Women's view of impact of intimate partner violence on her physical and emotional health and spiritual well-being	116

TABLES

6.8: Symptoms of emotional distress reported by women with and without physical, sexual and emotional violence	117
6.9: Number of mental health symptoms for women with and without physical and/or sexual violence	118
6.10: Number of mental health symptoms for women with and without emotional violence	119
6.11: Suicidal thoughts and actions by women with and without physical and sexual violence	120
6.12: Association between suicidal thoughts and actions by women with and without physical and/or sexual violence	120
6.13: Association between suicidal thoughts and actions by women with and without emotional violence	121
6.14: Drinking and smoking habits of women and their association with violence	121
7.1: Physical violence during pregnancy, by location	125
7.2: Forms of violence during pregnancy	126
7.3: Changes in the pattern of violence during pregnancy	127
7.4: Women's reproductive history and its association with physical and/or sexual violence by a husband/partner	127
7.5: Use of contraceptives among all ever-partnered women	128
7.6: Use of contraceptives and its association with physical and/or sexual violence	129
7.7: How husbands/partners showed disapproval and refusal to use contraception	130
7.8: Number of children alive and its association with physical and/or sexual violence by a husband/partner	131
7.9: How often children were present during physical violence towards their mothers or heard the violence	131
7.10: How often children were also beaten during intimate partner violence	132
7.11: Effects of violence against women on children's well-being	133
8.1: Percentage of women owning assets by themselves or with others	137
8.2: Proportion of family income earned by women	137
8.3: Decision-making on spending of women's earning	138
8.4: Percentage of women who have enough money to leave a violent relationship if they choose	139
8.5: Women's view of impact of partner violence on her work and income generation activities	139
8.6: Types of financial control by husbands/partners, for women who have and have not experienced physical violence from their current husband or partner	140
8.7: Percentage of women earning an income, according to their experience of physical and/or sexual violence by a husband/partner	141
8.8: Women's freedom of association, mobility and access to education	142
8.9: Women's freedom of association, mobility and access to education and violence against women	143
8.10: Number and percentage of currently married women who chose their own husband	144
8.11: Reason why women's husbands were chosen for them	144
8.12: Men's preference for a boy or girl child	145
9.1: People whom women told about the violence, and who helped women living with violence	149
9.2: Women's view of community safety and cooperation	150
9.3: Women's experience of violence and contact with her birth family	151
9.4: Support from agencies	152
9.5: Reasons given by women for seeking help from an agency	152
9.6: Reasons given by women for <u>not</u> seeking help from an agency	153
9.7: Who women would like to get more help from	154
9.8: Number and percentage of women who ever left for at least a night due to physical or	155

TABLES

sexual violence by husbands/partners	
9.9: Reasons for leaving	156
9.10: Where respondents went the last time they left home	157
9.11: Number and percentage of women who took, or did not take, the children when they left home last time due to partner violence	158
9.12: Reasons women gave for returning after leaving home temporarily, among those who reported having left and returned at least once	158
9.13: Reasons for never leaving despite violence from their husband/partner	159
9.14: Self-defence by women	160
9.15: Women's views of the impact of self-defence, among women who reported fighting back	161
9.16: Women's violence towards their husbands/partners when they were not being beaten	162
10.1: Women's views of situations that tend to lead to physical violence	166
10.2: Topics discussed and quarrels with current or most recent husband/partner	167
10.3: Sample for risk and protective factor analysis	167
10.4: Uni-variable analysis of the association between ever-partnered women's experience of physical and/or sexual violence by husbands/partners, and the characteristics and risk factors of the woman and her husband/partner (P values)	169
10.5: Husband's use of alcohol or home brew, kava and gambling in the past 12 months	170
10.6: Problems due to husband's/partner's use of alcohol or home brew, kava and gambling in the past 12 months (all ever-partnered respondents)	171
10.7: Problems due to husband's/partner's use of alcohol or home brew, kava and gambling in the past 12 months (respondents who reported that their husbands/partners drink or gamble)	171
10.8: Characteristics of husbands/partners	172
10.9: Multivariable analysis of ever-partnered women's likelihood of experiencing physical or sexual violence by their husband/partner in their lifetime, by background characteristics and risk factors (P values and adjusted odds ratios using logistic regression analysis)	173
10.10: Background characteristics relating to the woman	176

CHARTS

3.1: Age of all women respondents, compared with ever-partnered respondents	50
3.2: Comparison of the VWC total sample of women, with all women aged 15-49 from the 2007 Multiple Indicator Cluster Survey	50
3.3: Education status of ever-partnered women	51
3.4: Income status of all female respondents, by location	52
3.5: Source of women's income	53
3.6: Relationship status of all women respondents	54
3.7: Community concerns about other forms of violence	54
4.1: Percentage of women who reported violence by their husbands/partners in their lifetime, compared with the last 12 months, whole of Vanuatu	56
4.2: Overlap of physical and sexual violence among women who reported violence by their husbands/partners in their lifetime	57
4.3: Percentage of ever-partnered women who experienced emotional, physical or sexual violence by their husbands/partners in their lifetime, in urban and rural areas	58
4.4: Percentage of ever-partnered women who experienced physical or sexual violence by their husbands/partners in their lifetime, by location	58
4.5: Percentage of ever-partnered women who experienced emotional violence compared with physical or sexual violence by their husbands/partners in their lifetime, by location	59

CHARTS

4.6: Percentage of ever-partnered women who experienced physical or sexual violence by their husbands/partners in their lifetime, by age	60
4.7: Percentage of ever-partnered women who experienced physical or sexual violence by their husbands/partners in their lifetime, by level of education	60
4.8: Percentage of ever-partnered women who experienced physical or sexual violence in their lifetime, by socio-economic status	61
4.9: Types of physical violence, among women who reported that they had experienced physical violence by their husbands/partners	62
4.10: Percentage of women who experienced moderate violence only, compared with those who experienced severe and moderate violence	63
4.11: Frequency of different types of physical violence against women by their husbands/partners	64
4.12: Types of sexual violence, among women who reported that they had experienced sexual violence by their husbands/partners	65
4.13: Frequency of different types of sexual violence against women by their husbands/partners	65
4.14: Frequency of forced sex (rape) following an incident of physical violence by a husband/partner	66
4.15: Types of emotional abuse of ever-partnered women by husbands/partners in urban and rural areas	67
4.16: Emotional abuse of women by husbands/partners, by age	68
4.17: Emotional abuse of women by husbands/partners, by education	69
4.18: Emotional abuse of women by husbands/partners, by socio-economic status	69
4.19: Controlling behaviours by husbands/partners, according to ever-partnered women's experience of physical and/or sexual partner violence	71
4.20: Control of ever-partnered women by husbands/partners in urban and rural areas	73
4.21: Controlling behaviour by husbands or partners, by age	73
4.22: Controlling behaviour by husbands or partners, by level of education	74
4.23: Controlling behaviour by husbands or partners, by socio-economic status	74
4.24: Women's attitudes to gender roles and women's rights	76
4.25: Payment of bride price and its impact among ever-married women	80
4.26: Women's attitudes to physical partner violence; all respondents	82
4.27: Women's attitudes to physical partner violence, by location	82
4.28: Women's attitudes to physical partner violence, by age	84
4.29: Women's attitudes to physical partner violence, by level of education	85
4.30: Women's attitudes to physical partner violence, by socio-economic status	85
4.31: Women's attitudes to sexual autonomy, by location	87
4.32: Women's attitudes to sexual autonomy, by province	88
4.33: Women's attitudes to sexual autonomy, by age	88
4.34: Women's attitudes to sexual autonomy, by education level	91
4.35: Women's attitudes to sexual autonomy, by socio-economic status	91
5.1: Percentage of women who experienced non-partner physical or sexual violence since the age of 15, by location	97
5.2: Percentage of women who experienced non-partner physical or sexual violence since the age of 15, by age	97
5.3: Percentage of women who experienced non-partner physical or sexual violence since the age of 15, by level of education	97
5.4: Percentage of women who experienced non-partner physical or sexual violence since the age of 15, by socio-economic status	98

CHARTS

5.5: Frequency of non-partner physical and sexual violence against women over the age of 15 years	98
5.6: Percentage of women who reported child sexual abuse under the age of 15 years, by location	101
5.7: Percentage of women who reported child sexual abuse under the age of 15 years, by age	102
5.8: Percentage of women who reported child sexual abuse under the age of 15 years, by level of education	102
5.9: Percentage of women who reported child sexual abuse under the age of 15 years, by socio-economic status	102
5.10: Age when first sexually abused	104
5.11: Frequency of child sexual abuse	105
5.12: Consent to first experience of sex	105
5.13: Age of first experience of sex	106
6.1: Percentage of ever-partnered women injured due to physical or sexual violence	110
6.2: Frequency of injuries, among women ever injured by a husband or partner	110
6.3: Types of injuries due to violence by husbands/partners	112
6.4: Percentage of injuries that needed health care due to violence by husbands/partners	112
6.5: Severe health outcomes for ever-partnered women in the last 12 months, according to their experience of physical and/or sexual violence by husbands/partners	113
6.6: Use of medication by ever-partnered women in the last 4 weeks	114
6.7: Women's health status according to their experience of physical and/or sexual violence by their husband/partner	115
6.8: Women's view of the impact of physical and/or sexual violence on their health and spiritual well-being	116
6.9: Number of symptoms of emotional distress experienced by ever-partnered women in the past 4 weeks, according to their experience of physical and/or sexual violence	118
6.10: Number of symptoms of emotional distress experienced by ever-partnered women in the past 4 weeks, according to their experience of physical, sexual or emotional violence	119
6.11: Suicidal thoughts and actions by ever-partnered women, according to their experience of physical and sexual violence by husbands/partners	120
6.12: Suicidal thoughts and actions by ever-partnered women, according to their experience of emotional violence by their husbands or partners	121
6.13: Drinking problems by ever-partnered women, according to their experience of physical and/or sexual violence by husbands/partners	122
7.1: Percentage of ever-pregnant women who experienced physical violence during pregnancy, by location	126
7.2: Features of violence during pregnancy	127
7.3: Use of contraceptives by ever-partnered women, according to their experience of physical and/or sexual violence by husbands/partners	130
7.4: How often children were present during physical violence towards their mother, or overhead the violence	131
7.5: How often children were also beaten during physical violence towards their mother	132
7.6: Effects of violence against women on children aged 6 to 14 years	134
8.1: Women's earnings compared to those of her husband or partner	138
8.2: Women's decision making on spending of women's earnings	138
8.3: Percentage of women who could raise enough money by themselves to pay back the bride price, among currently partnered women where bride price was paid	139
8.4: Financial control of women who experienced physical violence, compared with women with no experience of physical violence by their husband/partner	141

CHARTS

8.5: Who prevented women from enjoying their rights (among those women who were prevented)	142
8.6: Women's enjoyment of rights and its association with physical and/or sexual partner violence	143
8.7: Percentage of women who chose their own husband	144
9.1: Who was told and who helped women suffering from physical and sexual violence	149
9.2: Main reasons given by women for seeking help from an agency	153
9.3: Main reasons given by women for <u>not</u> seeking help from an agency	154
9.4: Who women would like to get more help from	155
9.5: Number of times that women left home due to violence	155
9.6: Main reasons given for leaving home by women living with physical or sexual partner violence	157
9.7: Whether children were taken when women left home the last time due to physical or sexual partner violence	158
9.8: Self-defence by women during physical violence by a husband/partner	160
9.9: Percentage of women who defended themselves by fighting back, by type of physical violence	161
9.10: Impact of self-defence by women during physical violence by a husband/partner	161
10.1: Women's views of situations that lead to physical violence by husbands/partners	166
10.2: Percentage of ever-partnered women who report problems due to their husband's/partner's drinking alcohol or home brew, kava or gambling	171

EXECUTIVE SUMMARY

The aim of the Vanuatu National Survey on Women's Lives and Family Relationships was to conduct a population-based study to provide a reliable benchmark of the prevalence and incidence of violence against women in Vanuatu, and on attitudes to violence including: health and other effects of violence on women and children; risk and protective factors in the family and the community; coping strategies of women; and the implications for prevention and support services.

This report presents findings from the survey, which was conducted by the Vanuatu Women's Centre (VWC) in partnership with the Vanuatu National Statistics Office (VNSO) from March to May 2009. This is the first nation-wide study that has been undertaken in Vanuatu on violence against women and attitudes to women's human rights.

Methodology

The survey used a household questionnaire and an individual women's questionnaire (Annex 2). These were adapted by VWC from the World Health Organisation (WHO) Multi-country Study on Women's Health and Domestic Violence against Women. This methodology has been used in many countries including 4 other Pacific nations to provide reliable and high quality data on the prevalence of violence against women.

VNSO technical expertise was used to design the survey sample to ensure that it was nationally representative. The survey was undertaken throughout the country and several islands were included from each of Vanuatu's 6 provinces. Random sampling techniques were used by VNSO to select enumeration areas in each province (Annex 5), and to select households in each enumeration area. In each household, one woman was randomly selected to be interviewed, among all the women living in the household aged between 15 and 49. The total number of households included in the sample was 3,619; from these, 3141 household interviews were completed by both women and men; and 2337 questionnaire interviews were completed with individual women.

There were 8 teams who undertook the survey in Vanuatu's 6 rural provinces and 2 urban municipalities. Each team included a supervisor, a field editor and 4 or 5 interviewers. All team members received 4 weeks training in Port Vila before the survey. WHO ethical and safety guidelines were followed through the design and implementation of the survey. Trained counsellors were included on all survey teams for women who requested immediate help or who were at risk of suicide.

Summary of survey findings

This survey opens a door to women's lives: it challenges Vanuatu's view of itself as a happy nation that values and protects family and children. It explodes myths about who suffers from violence, the severity of violence and its impacts, and where it occurs. It reveals an intense web of intimidation, threats, humiliation, controlling behaviour and acts of physical and sexual violence imposed on the women who suffer from violence by their husbands and partners. It shows pervasive patterns of gender inequality in Vanuatu society, including widespread beliefs and attitudes that directly undermine women's human rights; and it shows that violence against women cannot be prevented unless these patterns of unequal power between women and men (gender power relations) are transformed.

The high rates of all forms of violence against women (including violence by husbands/partners and non-partner violence) show that the use of violence as a form of punishment and discipline is accepted

and condoned as a “normal” part of behaviour within many families and communities. Some women say that they have not sought help because the violence was “normal”. The findings show clearly that women do not exaggerate the effects of violence. On the contrary, many women minimise the impact of the violence on their health and well-being; for many, this is an important coping mechanism that helps them to deal with it, to continue in their relationships and to continue working and providing for their husbands/partners and their families.

The complex pattern of intimidation and multiple forms of violence experienced by so many women needs to be taken into account by all service providers, the law and justice sector, chiefs, faith-based organisations, civil society organisations and families who are asked to help women deal with violence. Controlling behaviours by husbands and intimate partners prevent women from finding out about their legal and human rights, reporting the violence to authorities, and telling family, friends, or community and church leaders.

The impacts of violence against women are wide-ranging and severe. They include serious short-term and long-term impacts on women’s physical, mental and reproductive health; and impacts on children’s emotional well-being and schooling, which reduce their opportunities for development and pre-dispose them to the risk of violence in their intimate relationships as adults. There are enormous economic costs to families, communities and the nation to deal with these health and other impacts; and ongoing lost opportunities for social and economic development at community and national level.

When women do take the difficult step of asking for help or leaving home temporarily because their lives are in crisis, family members, chiefs, church leaders, friends and service-providers need to take their requests for help very seriously. They need to respond appropriately to ensure that women’s rights are protected, and it is very important that they do not condone or excuse the violence. Given the evidence that violence continues throughout a woman’s life, the serious burden of injury, and the substantial costs to the community, all stakeholders and service-providers need to take steps to stop the violence.

On the positive side, the survey shows that there are high levels of social cohesion in Vanuatu, with much respect and trust given to chiefs and church leaders. Despite entrenched attitudes that oppose women’s rights, there is also considerable support within the community in favour of women’s rights and non-violent approaches to resolving conflict in families. These factors all put Vanuatu in a good position to reduce and prevent all forms of violence against women, by building on the positive work that has already been done by VWC and its network of branches and island-based committees against violence against women (CAVAWs), other civil society organisations, government, chiefs and other community leaders.

Findings from the survey are summarised in the following areas:

- the prevalence and types of violence against women by husbands/partners (chapter 4);
- attitudes to violence against women and women’s rights (chapter 4);
- violence against women and girls by people other than husbands/partners (chapter 5);
- consequences of violence against women for physical and mental health (chapter 6);
- consequences of violence against women for reproductive health and for children, including violence during pregnancy (chapter 7);
- other impacts of intimate partner violence against women, such as on women’s work, financial autonomy and other aspects of rights (chapter 8);
- coping strategies used by women to deal with violence (chapter 9);
- situations that trigger violence, and the statistical analysis of risk factors, and factors that help to protect women from violence (chapter 10); and
- recommendations to address the problem of violence against women and children (chapter 11).

Prevalence and types of violence against women by husbands/intimate partners

Vanuatu has alarmingly high rates of violence against women by husbands/partners. Among women who have ever been married, lived with a man, or had an intimate sexual relationship with a partner, 3 in 5 (60%) experienced physical and/or sexual violence in their lifetime; more than 2 in 3 (68%) experienced emotional violence; more than 1 in 4 (28%) was subjected to several forms of control by their husband or partner, more than 2 in 3 (69%) experienced at least one form of coercive control, and most of these were living with physical and sexual violence. Most women who are subjected to violence by husbands/partners experience multiple forms of violence.

Violence by husbands/partners occurs in all provinces and islands, and among all age groups, education levels, socio-economic groups and religions. Contrary to the expectations of some community leaders, rates of physical and sexual violence are higher in rural areas (63%) than in urban areas (50%). For most women who experience physical or sexual violence, it occurs frequently, and it is often very severe, including being punched, dragged, kicked, beaten up, choked, burned, or hit with a weapon such as a piece of wood, iron bar, knife or axe. For more than 2 in 5 women (42%) who experienced physical violence, the violent incident has been followed by rape.

Attitudes to violence against women and women's rights

Many women agree with a range of statements that seriously undermine women's rights – such as the notion that a good wife must obey her husband even if she disagrees with him (50%); that the man should be the boss (40%); that she becomes his property after bride price is paid (53%); or that he should choose her friends (50%). More than 1 in 3 women (36%) agree that it is all right for a woman or girl to be swapped or exchanged for marriage; and more than half (58%) believe that a woman should not touch food when she is menstruating. Three in 5 women (60%) agree with at least 1 justification for a man to beat his wife: more than 1 in 3 (34%) believe that violence is justified if a wife is disobedient to her husband; more than 1 in 4 (28%) thinks it is all right for him to beat her to discipline her or teach her a lesson; and almost 1 in 3 (32%) believe that a man is justified in beating his wife if bride price has been paid. While most women have a strong sense of their sexual autonomy, between 12% and 23% do not think they have the right to refuse sex in some situations, and 40% of women are unclear if they have the right to refuse sex if bride price has been paid. These attitudes demonstrate extraordinary control and power over women by men; they both reflect and perpetuate grossly unequal gender power relations.

Most women believe that bride price has a positive impact on how they are treated by their husband and his family. Nevertheless, the findings demonstrate clearly that bride price does not protect women from domestic violence. On the contrary, in relation to physical and sexual abuse by husbands and partners, the findings show that many women are confused about whether bride price protects their rights or undermines them.

On the other hand, more than 1 in 3 women do not agree with any justifications for a man to beat his wife. About half of respondents disagreed with each of the statements that undermine women's rights; this varied from 40% to 60% depending on the statement. In addition, although 4 in 5 women (82%) believe that family problems should only be discussed in the family, almost 3 in 4 (74%) believe that people outside the family should intervene if a man mistreats his wife. These findings indicate that there is a strong foundation of support in the community in favour of women's rights.

Violence against women and girls by people other than husbands/partners

There are also high rates of physical and sexual violence against women committed by people who are not their husbands or intimate partners. Almost half of the women interviewed (48%) had experienced non-partner physical or sexual violence or both since they turned 15. Most non-partner physical abuse (experienced by more than 1 in 4 women, 28%) was by male family members. Most of the non-partner sexual abuse (affecting 1 in 3 women, 33%) was by boyfriends or male family members.

The prevalence of sexual abuse against girls under the age of 15 is also one of the very highest in the world. Almost 1 in 3 women (30%) were sexually abused before the age of 15 years, and the majority of perpetrators were male family members and boyfriends. For more than 1 in 4 women (28%), their first sexual experience was forced. These findings are disturbing because the survey has also shown that non-partner physical violence and child sexual abuse are both significant risk factors which increase the likelihood that women will be subjected to violence by their husbands and partners later in life.

Consequences of violence against women for physical and mental health

The rates of injury from domestic physical and sexual violence are alarming and impose substantial social and economic costs, in addition to the pain and suffering of individual women. One in 4 ever-partnered women (24%) has been injured in her lifetime due to violence from her husband or partner, and 1 in 10 (11%) was injured in the previous 12 months before the survey. When we consider only those women who have experienced physical or sexual violence in their life (rather than all ever-partnered women), almost 2 in 5 (39%) have been injured, and almost half (45%) were injured in the last 12 months. These findings show that the violence is frequently very severe indeed; of those injured, more than 2 in 5 (41%) were injured more than 3 times; more than 1 in 5 (21%) now has a permanent disability; and almost half (48%) have lost consciousness at least once. The data show that more than 2 women in Vanuatu are hurt badly enough every week to need health care, more than 2 are admitted to hospital every week, and between 1 and 2 women are knocked unconscious every week due to violence by intimate partners. Yet less than half of those injured (42%) have ever told a health worker the reason for their injury, and many did not receive the health care that they needed.

Women living with physical and/or sexual violence also have much poorer overall health, are hospitalised more often, are more likely to need medication for pain, anxiety or depression, and are more likely to have an operation than women who are not experiencing violence. The impacts of physical, sexual and emotional violence on women's mental health have been seriously underestimated. Women living with violence have significantly more symptoms of emotional distress, and are between 3 and 4 times more likely to attempt suicide than women who are not experiencing violence.

Consequences of violence against women for reproductive health and for children

Pregnancy is a time of relative safety for some women living with violence. Nevertheless 15% of all women who have ever been pregnant have been hit during the pregnancy, and 1 in 10 ever-pregnant women (9%) have been hit or kicked in the stomach. Among the women who were hit during pregnancy, most (91%) had also been physically abused before the pregnancy, and for 1 in 3 (32%) the violence either stayed much the same or got worse during the pregnancy. For 9% the violence actually began during the pregnancy. Women who have experienced physical or sexual violence have a significantly higher rate of miscarriage (9% compared with 6% of those who have not experienced violence), and not surprisingly this is even higher for those physically abused during pregnancy (13%).

Children living in families where their mothers are subjected to physical and/or sexual abuse are significantly more likely to have a range of emotional and behavioural problems including aggressive behaviour towards their mothers and other children. They are also twice as likely as other children to repeat years of schooling, and to drop out of school. These long-term consequences for children are part of the overall economic costs of violence against women. In addition, 57% of children whose mothers experienced physical violence either saw or heard their mother being assaulted, and 17% of children were also beaten during a violent incident. These findings are even more disturbing when we consider that the survey also shows that girls who witness their mother's physical violence, or who experience it themselves, are more likely to experience violence in their own adult intimate relationships; and boys who witness or experience family violence are more likely to perpetrate violence against their wives or partners.

Other impacts of intimate partner violence against women

The survey shows that women make a substantial contribution to family income. Overall, 80% of the women surveyed work to earn money; this rate is even higher for ever-partnered women, and for those living with violence (83%), although women in urban areas are much less likely to earn their own money (58% in Port Vila and 57% in Luganville, chapter 1). Among those who were currently earning an income and living with a man (either married or de facto), over half (53%) earned about the same or more than their husband/partner. Yet less than 1 in 5 (18%) has savings in the bank, 1 in 3 (31%) has other savings and few women own any major assets on their own.

The findings show that women living in violent relationships have a greater need to earn an income, and also that their attempts to do so and provide for their families are more likely to be disrupted or undermined. Among those who experienced physical and/or sexual violence by husbands/partners and were also earning an income, about 1 in 3 (30%) had their work disrupted due to the violence, and in most of these cases (94%) the husband directly interrupted the women's work; 16% had given up or refused a job because their husband/partner did not want them to work; more than 1 in 5 (22%) had their savings or earnings taken by their husband/partner; and more than 2 in 5 (41%) had their husband/partner refuse to give them money for household expenses. More than half of married women (56%) could not raise enough money to feed or house themselves and their children for 4 weeks if they need to leave temporarily due to violence; and about 4 in 5 (78%) could not raise enough money by herself to pay back the bride price. These findings need to be considered in the context of the fact that about 1 in 3 currently married women (32%) did not choose their husband, and more than 1 in 10 (11%) were forced to marry their husband.

Women living with physical and/or sexual violence are significantly more likely to have restrictions placed on their mobility (15%) and their participation in organisations (14%), and they are more likely to be prevented from continuing their education (27%). Among all ever-partnered women, more than 2 in 5 (41%) need permission from their husband/partner before getting health care and almost half (48%) before they undertake any activities. For those experiencing violence, control by husbands/partners over these basic activities is even higher, with half (50%) needing permission before she gets health care and 3 in 5 (61%) before she does anything.¹ This type of control is bad for women's and children's health; it prevents women from taking opportunities and seriously undermines their capacity to participate in social and economic development. All these impacts also have a negative effect on national economic and social development.

¹ These findings are presented in chapter 4 and chapter 8.

Coping strategies used by women to deal with violence

More than 2 in 5 women (43%) living with partner violence have never told anyone about the violence and almost 3 in 5 (57%) have never sought help from any agency to deal with it. Family members are usually the first people whom women tell about the violence, and the first ones they ask for help; they are also the people that many women would like more help from. The most common reasons for not getting help (mentioned by 33% of women) were fear of further violence, and the fact that their husbands/partners prevented them from asking for help.

When women do ask for help outside the family or leave home temporarily, they do so because the violence and its consequences are severe and their lives are in crisis – either they cannot take any more, they are seriously injured, or they fear for their lives. About half (49%) of the women living with violence have been forced to leave home temporarily several times in their life; less than 1% left permanently. In these circumstances women usually seek help from chiefs (24%), church leaders (23%), health agencies (15%) and police (10%). The most common reasons women gave for returning home, or for never leaving at all, were that she forgave her husband/partner, didn't want to leave her children, and several other reasons linked to the payment of bride price and belief in the sanctity of marriage (including advice from family members that she should stay with her husband/partner regardless of the violence).

Living with relatives from her birth family does not protect women from violence; women who live with her parents or relatives experience violence at the same rates as those who do not. However, women living with the husband's/partner's parents or relatives are about 1½ more likely to experience intimate partner violence than those who do not.

It is interesting to compare the findings above with women's views about community support and cooperation in general. Overall, 91% of women said they could ask their birth family for support if they have a problem; 80% said that people in their neighbourhood would help in case of illness or accident; and 88% said that neighbours would stop a street fight. Nevertheless, only 56% of women living with violence ever told anyone about it, and only 53% have ever been helped by anyone to deal with it.

On the positive side, 1 in 4 women said that they sought help because they knew their rights (24%) and had information about where to go (25%), 17% because their family or friends encouraged them to do so, and 15% were encouraged by his family. Also, more than 1 in 10 left home temporarily for similar reasons: 16% because they had information, 13% because they knew their rights, 11% because they were encouraged to do so by her family or friends, but only 7% were encouraged to do so by his family.

Situations that trigger violence, risk factors, and factors that protect women from violence

The situations most commonly mentioned by women as triggers for violence are directly related to unequal gender power relations. Women most commonly report that their husbands/partners hit them for no reason (30%); because they were disobedient or to discipline them (23%); or because he was jealous of her (27%). These triggers underline the fact that many men believe they have a right to treat women in this inhuman and degrading way. Other common triggers are directly linked to women stepping outside traditional roles or expectations (refusing sex was mentioned by 15% of women), or not fulfilling men's expectations of what a woman should do (no food at home was mentioned by 20%).

It is important to acknowledge that many of the risk factors that increase women's likelihood of experiencing intimate partner violence are beyond women's control: most relate either to her experience as a child and her treatment by others in positions of power over her, or to characteristics in the background of her husband. The majority of risk factors are also related directly or indirectly to gender inequality in Vanuatu society. For example:

- seeing or hearing their mother beaten significantly increases the likelihood that men will perpetrate violence against their wives/partners in adult life;
- seeing or hearing their mother beaten significantly increases the likelihood that women will be subjected to intimate partner violence in adult life;
- agreeing that it is justified for a man to beat his wife increases women's risk of violence;
- being physically abused by people who are not their husbands/partners increases women's risk of intimate partner violence, and being sexually abused as a child;
- women who are subjected to controlling behaviours by their husbands/partners have a greater likelihood of being physically or sexually abused by them; and
- men who have affairs with other women are more likely to physically or sexually abuse their wives/partners.

Behaviours and situations that challenge traditional gender roles are also significant risk factors:

- a woman who earns her own income is more likely to be physically or sexually abused by her husband/partner;
- a woman who agrees with one or more reason for refusing sex is more likely to be physically or sexually abused by her husband/partner; and
- a man who is unemployed is significantly more likely to physically or sexually abuse his wife/partner.

In addition, men who are violent towards other men are also more likely to abuse their wives/partners. The acceptance of violence as a legitimate way of resolving conflict and of punishing people, and the normalisation of these attitudes in the community, are a huge challenge for all stakeholders who aim to address the problem of violence against women.

The survey shows that there are serious impacts from alcohol, home brew and kava drinking by men, with many families experiencing money or family problems or both as a result. For example, 31% of ever-partnered women said that their families have money problems due to kava and 22% due to alcohol or home brew. For these reasons alone, frequent drinking of alcohol and kava need to be addressed, since these problems clearly bring considerable costs to families, communities and the nation as a whole. Drinking alcohol and home brew also emerged as a risk factor both for the men who perpetrate violence, and for the women who are subjected to violence, although very few women drink alcohol frequently compared with men (63% of husbands/partners drink kava more than once a week and 12% drink alcohol or home brew, compared with 22% and 7% of women respectively).

Several protective factors emerged from the statistical analysis of findings. Education has enormous potential to help protect women from violence in their intimate relationships. However, the association between educational achievement and the experience of violence was complex: it was a significant factor for the uni-variable analysis but not for the multi-variable analysis. Although the level of education was not a clear predictor of women's attitudes, all forms of violence tended to decline as the level of women's education increased, but as a protective factor it most strongly applied to women with tertiary education. The findings indicate that primary and secondary schools could do much more to educate both boys and girls about human rights, and to reinforce the view that violence is never justified in any circumstances. Women with high socio-economic status were less likely to experience intimate partner violence than other women. However, socio-economic status is very closely associated with higher education, and women with higher socio-economic status nevertheless experience all forms of violence at high levels.

Places where VWC has been most active have significantly lower rates of physical and sexual violence by husbands/partners than places where VWC has been less active. These findings strongly suggest

that the influence of VWC's counselling and community education work over the past 19 years has contributed to reducing women's risk of violence. Awareness-raising about women's human and legal rights has been the foundation stone of VWC's approach since its establishment, in addition to providing information about services.

Recommendations for all stakeholders

With so many risk factors linked to gender inequality, it is clear that strategies to reduce violence against women must focus on changing attitudes about women's rights and gender equality. Initiatives to address the problem of violence against women and children by government agencies, donor agencies, civil society organisations, chiefs, church and other community leaders need to be based on the following fundamental principles: violence under any circumstances is a crime; violence can never be justified or condoned on the basis of any tradition, culture or custom (including bride price); women have a right to live without violence; women and men are equal under Vanuatu's Constitution; and women and children can never be "owned" by men. A human rights and gender equality approach means that all training and awareness programs must be clear about the causes of violence against women: violence against women is caused by gender inequality in Vanuatu society; and violence reinforces the unequal power and control that many men have over their wives and partners.

Prevention

1. All community awareness, education and training programs to address violence against women by all stakeholders must be explicitly based on a human rights and gender equality approach.
2. Faith-based organisations should include human rights, gender equality, accurate information about violence against women, and non-violent methods of conflict resolution in their training and programs.
3. All training and other programs with men, particularly young men, must not perpetuate myths about violence against women nor condone men's control over women. In order for men to become effective advocates for women's human rights, programs with men must be based on accurate data and challenge attitudes that perpetuate gender inequality.
4. Programs with male perpetrators of violence against women must be based on sound evidence of effective strategies and carefully monitored to assess their outcomes. Such programs should not be supported by donors or local stakeholders unless they are firmly and explicitly based on a human rights approach which advances gender equality and women's rights.
5. All media organisations need to take care not to perpetuate or reinforce damaging myths about violence against women.
6. All stakeholders, agencies and programs that work with children need to have child protection policies, protocols and adequate monitoring and reporting on their implementation. This applies to government agencies at all levels, schools, health agencies, civil society organisations, sporting bodies and faith-based organisations.
7. Child protection, human rights, gender equality and non-violent methods of conflict resolution should be included in primary and secondary school curricula; these topics should also be included in primary and secondary teacher training curricula.
8. All training and other programs with young women should include a focus on women's human rights, gender equality and violence against women.

Support services

9. Service providers need to ensure that all staff are aware of the evidence in this report regarding the multiple forms of violence experienced by women: physical, sexual and emotional violence, physical abuse during pregnancy, intimidation, threats and controlling behaviours by husbands/partners including control over women's earnings, and refusal to provide money for household expenses. All service providers also need to be aware of the serious impacts of all these forms of violence, including physical injury, reproductive health problems, emotional distress, suicide risk, permanent disability, the impact on women's work and the impact on children.
10. All health staff need to be trained on the issue of violence against women. Assessment skills are needed for early detection of physical and sexual violence against women and children. Basic counselling skills are needed for dealing with victims in a non-judgemental, confidential, sensitive and respectful manner. These topics and the findings of this report need to be included in the nursing curriculum and refresher training for urban and rural health staff.
11. Protocols are needed in the health sector for the referral of victims of intimate partner violence and child abuse to other service providers (such as the VWC network and/or the police) and for ensuring that support and treatment is provided to women and children in a supportive and timely manner.
12. Training and services on mental health need to address the strong link found between physical, sexual and emotional violence against women, mental health problems, and significantly increased suicide risk. Specialist mental health staff such as a professional psychologist should be appointed to Port Vila hospital and specialist services should be available in rural areas to assist women who are traumatised by intimate partner violence.
13. Primary and secondary schools and other educational institutions need to have trained counsellors available to counsel girls and boys experiencing physical and sexual abuse, and to help address the emotional and other impacts experienced by children whose mothers are living in violent relationships.
14. A Victim Support Unit urgently needs to be established within the Vanuatu Police Force with staff trained and experienced in responding to crimes of violence against women and sexual and physical abuse of children.
15. The Police Family Protection Unit must be adequately resourced to respond effectively to cases of violence against women and child abuse throughout the country. At provincial level, police stations should have officers trained and dedicated to family protection cases, with adequate resources for transport and accommodation costs for cases to be followed up in remote areas.
16. The findings of this report should be included in police training curricula including refresher training for officers at all levels. Mandatory and refresher training should also be provided for all judicial officers and others in the law and justice sector on violence against women, human rights, gender equality and the findings of this survey.

Strengthening the legal and policy framework

17. Urgent action is needed to recruit and train authorised persons and registered counsellors to facilitate implementation of the Family Protection Act (FPA) throughout the country. Implementation of the FPA needs to be expedited in rural areas and its implementation needs to be carefully monitored, including provisions related to the criminalisation of offences of violence against women.
18. The FPA needs to be reviewed to strengthen its focus on the protection of pregnant women and women with disabilities. Violence against pregnant women and violence against women with disabilities should be highlighted as aggravating factors for conviction, and these cases must be prioritised when Family Protection Orders are issued.

19. A no-drop policy should be introduced by the Vanuatu Police Force for all cases of physical and sexual violence against women by husbands or intimate partners; implementation of the policy should be closely monitored.
20. The Marriage Act should be amended to raise the minimum of age of marriage for women from 16 to 18 years.
21. The Vanuatu Government should urgently develop comprehensive family law legislation, which takes into account the prevalence, severity and impacts of violence against women and children.
22. The Vanuatu Government should establish a Social Welfare Department within the Ministry of Justice and Community Services to strengthen child protection measures.
23. Recruitment criteria for all government staff appointed to gender-related adviser and child protection positions should include knowledge and experience in the area of violence against women and child protection.
24. The Correctional Services Act should be reviewed to ensure that women's and children's safety is given the highest priority when restorative or alternative justice approaches are implemented, including the use of community service for offenders convicted of physical and sexual crimes of violence against women and children.

General recommendations for all stakeholders and development programs

25. The findings from this study need to be considered and incorporated into policy development, training, programs and service provision across government agencies, development agencies and civil society organisations. This is particularly important for the law and justice, education and health sectors, including for mental health policy and programs. It is also critical for stakeholders and programs aimed at promoting economic development including income-generation programs and the economic empowerment of women. VWC's expertise should be used in all these areas.
26. All donor agencies should mainstream attention to gender equality, human rights and violence against women into all sector strategies, programs and projects.
27. All government agencies and service providers, particularly those in the law and justice sector and health agencies, need to systematically collect and report sex-disaggregated data on the problem of violence against women and children, to inform future policy development and programs and assist with monitoring prevention activities.
28. The Vanuatu Government should introduce legislation and policy to provide special leave entitlements for women living with violence.
29. Bilateral and multilateral donors must urgently prioritise funding for the implementation of the Family Protection Act throughout the country.
30. Bilateral and multilateral donors should provide funding for permanent premises for VWC and its Branches.



CHAPTER 1: INTRODUCTION

This report presents the methodology and findings from the Vanuatu National Survey on Women's Lives and Family Relationships. The survey was conducted by the Vanuatu Women's Centre (VWC) in partnership with the Vanuatu National Statistics Office (VNSO) from March to May 2009. This is the first nation-wide quantitative study on violence against women and attitudes to women's human rights.

1.1 THE VANUATU WOMEN'S CENTRE AND ITS NATIONAL NETWORK

VWC is an independent civil society organisation that was established in 1992. VWC's goal is to work towards the elimination of violence against women and children in Vanuatu. To achieve this, VWC's work aims to increase community awareness and acceptance that violence against women and children is a crime and a violation of human rights. VWC's program is nation-wide and includes the provision of counselling services for women living with violence, community awareness and campaigns to increase community understanding of the scale of the problem of violence against women and children and its damaging impacts, and legal and human rights advocacy.

In addition to the national centre in Port Vila, VWC has 3 branches: the Sanma Counselling Centre (SCC) in Luganville, the Tafea Counselling Centre (TCC) at Isangel on Tanna, and the newly established Torba Counselling Centre (ToCC) at Sola on Vanualava. VWC's national network includes 37 active island-based Committees Against Violence Against Women (CAVAWs) throughout each of Vanuatu's 6 provinces. CAVAWs undertake local community awareness activities and assist women and children living with violence in remote communities. VWC's network also includes trained male advocates who work with VWC, the Branches and CAVAWs to advance women's human rights and eliminate violence against women. Male advocates include chiefs, police, health workers, and church, youth and other community leaders.

VWC receives core funding from the Australian Agency for International Development (AusAID) for its national program, and for the work of TCC and ToCC. The New Zealand Aid Programme (NZAID) provides funding for SCC and assists VWC's national program by providing funding for safehouse services for women in crisis, and some community education activities and materials. VWC is a founding member of the Pacific Women's Network Against Violence Against Women. The Fiji Women's Crisis Centre – the Secretariat for the Pacific Network – has been a mentor for VWC over many years.

1.2 VANUATU GOVERNMENT COMMITMENTS TO GENDER EQUALITY AND THE ELIMINATION OF VIOLENCE AGAINST WOMEN

Policy context

Vanuatu's Constitution guarantees men and women equal treatment under the law. Vanuatu has ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the CEDAW Optional Protocol which allows the CEDAW committee to consider complaints from individuals or groups. Commitments to gender equality have featured in Vanuatu Government plans over the years, including the Comprehensive Reform Program, and the Priorities and Action Agenda for 2006-2015, which includes the objective of promoting gender equality and empowering women, in line the Millennium Development Goals (Republic of Vanuatu 2006: 35-36).

The Department of Women's Affairs (DOWA) in the Ministry of Justice and Social Welfare has a policy on violence against women which shares VWC's goal of eliminating the problem. The policy aims to

meet Vanuatu's obligations under the Constitution, the Comprehensive Reform Program and CEDAW (DOWA 2002). The policy also aims to ensure that perpetrators of violence are held accountable and refers extensively to the United Nations Declaration on the Elimination of Violence Against Women (DEVAW, Box 1.1).

Box 1.1: United Nations Declaration on Violence Against Women (DEVAW)²

Violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including the threat of violence, coercion, or arbitrary deprivations of liberty. Violence against women includes:

- (a) physical, sexual and psychological violence occurring **in the family**, including battering, sexual abuse of female children in the household, dowry-related violence, and violence related to exploitation;
- (b) physical, sexual and psychological violence occurring **within the general community**, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and
- (c) physical, sexual and psychological violence **perpetrated or condoned by the state**, wherever it occurs.

The Declaration says that violence against women:

- violates women's human rights and fundamental freedoms (including the rights to life, equality, liberty and security, equal protection under the law, physical and mental health, just and favourable conditions of work, and the right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment;
- **results from historically unequal power relations between men and women;**
- is a social mechanism that forces women into a subordinate position compared to men;
- is pervasive in the family and society, and cuts across lines of income, class and culture; and
- limits women's opportunities to achieve legal, social, political and economic equality.

The Declaration says that Governments should:

- condemn violence against women;
- **not refer to any custom, tradition, religion or any other consideration to avoid eliminating violence against women;**
- adopt without delay appropriate policies and measures to eliminate violence against women;
- prevent, investigate and punish acts of violence against women;
- promote the protection of women through legal, political, administrative and cultural measures and inform women of their rights;
- ensure that women are not victimised through gender-insensitive laws and enforcement practices; and
- recognise the important role of the women's movement and non-government organisations in raising awareness, and in speaking out and acting on the problem of violence against women.

Following a national women's forum in August 2006, DOWA developed the National Plan of Action for Women. The Plan recommends actions in a number of areas which are critical for eliminating violence under the headings of violence against women, women and armed conflict, the human rights of women and the girl child. Specifically, the plan pledges support for VWC and its network and makes recommendations to Government in the following areas (DOWA 2007: 30-35):

- The establishment of an annual grant to VWC from the government's budget.
- Provincial governments to provide space for CAVAWs to undertake their work.
- Re-establishment of the national Task Force on Violence Against Women.
- The integration of CEDAW, CRC and DEVAW principles in all government policies.
- An increase in the budget for the Vanuatu Police Force (VPF) to increase women's access to justice and security of survivors.
- Initiatives to improve police services to rural areas including the strengthening of the Family Protection Unit (FPU), the establishment of FPUs in the islands and the introduction and enforcement of a "no drop" policy for the Police in relation to family violence cases.

² The text in this box is drawn from UN General Assembly 1993 and from a poster prepared for "Beneath Paradise: Documentation by Women in Pacific NGOs" prepared by Juliet Hunt for International Women's Development Agency, 1994.

- A review of bride price systems to protect women against violence against women and promote harmonious family relationships.
- Abolishment of the custom of using women as compensation for rape and murder.

Other recommendations focused on the need to improve the way that chiefs and custom courts deal with cases of violence by: requiring women chiefs to sit on custom courts when cases of violence against women are heard; requiring chiefs to refer cases of violence against to the courts; and providing training on violence against women and gender awareness to chiefs (DOWA 2007: 33-35).

Progress has been made in some areas since the Plan was launched. For example, 2 provincial governments have provided space for CAVAWs to undertake their work: Duidui CAVAW by the West Ambae Area Council, and Loltong CAVAW by the Area Council on North Pentecost. The National Family Protection Task Force was established in November 2009. VWC has undertaken training with Chiefs from most provinces during male advocacy and CAVAW training activities. In many other areas, much still remains to be done to ensure that women can claim their human and legal rights and live without violence or the threat of violence.

One of the recommendations of the Vanuatu National Plan of Action for Women was that research on violence against women should be undertaken "to provide a clear understanding of the situation, causes and consequences" (DOWA 2007: 35). The collection of data to measure trends on violence against women was recommended in the DOWA policy on violence against women (DOWA 2002), the Revised Pacific Platform on Advancement of Women and Gender Equality (SPC 2005), and the United Nations (UN) Millennium Project Task Force on Education and Gender Equality (2005). Investments in research and its dissemination through non-formal and formal channels including to churches and chiefs were also recommended by AusAID's study on violence against women in Melanesia and East Timor (AusAID 2008: xi, 185). The Vanuatu National Survey on Women's Lives and Family Relationships has implemented these recommendations.

Legal framework to address violence against women

Following more than a decade of persistent community awareness, lobbying and advocacy by VWC, and much community debate, the Family Protection Act (FPA) was passed by the Vanuatu Parliament on 19th June 2008 (Republic of Vanuatu 2008). This was immediately followed by a Supreme Court Challenge by the Head of State, acting at the request of the Vanuatu Council of Churches, who argued that sections of the Act were unconstitutional. The President signed the FPA on 22nd December 2008 and the Act was gazetted on 2nd March 2009. This was a major achievement for VWC and other stakeholders working to advance women's rights.

The FPA provides for family protection orders for up to 2 years to protect victims from family violence. Temporary protection orders for 14 days may also be granted by authorised persons where there are no Courts, and extended for a further 14 days. Authorised persons may be male or female community leaders and government officials who have undertaken training approved by the Minister responsible for Women's Affairs. The FPA makes it an offence to breach a family protection order. It makes domestic violence a criminal offence with a maximum punishment of 5 years in jail or a fine of Vt 100,000 or both. It provides powers to Police to act in cases of domestic violence, and to bring these cases to court. The FPA also protects children from family violence. The FPA makes it clear that courts and authorised persons are not to take into account any custom payments for marriage (bride price) when deciding whether a family protection order will be granted.³ It does not require women to go through a custom court process before the granting of family protection orders.

³ See section 11(4) and section 21 (2) of the FPA (Republic of Vanuatu 2008).

Debate on the FPA over the last 10 years, including debate in Parliament and in the media following the passage of the legislation through Parliament, provides an insight into the obstacles faced by all stakeholders when trying to bring about attitudinal change on violence against women and children. Parliamentarians who argued against the FPA focused on the “holy matrimony of marriage”, and the “traditional social control systems administered by the chiefs”. They argued that domestic violence is mainly an urban problem, and that the FPA would undermine parental discipline. Some commentators were fearful of widespread and detrimental changes to Vanuatu’s political, economic and social systems if the FPA was passed. Many argued for a greater focus on reconciliation, which in most cases seriously undermines women’s rights and access to justice.

Authorised persons with the legal authority to issue temporary family protection orders in rural areas have not been identified.⁴ Consequently, women from rural areas are not yet benefiting as intended from the new legislation. The process of identifying and training registered counsellors to assist with implementation of the FPA has not yet begun. However, Family Protection Taskforces have been established at provincial level of Sanma, Tafea, Malampa and Shefa provinces. In addition, family protection orders are being issued in areas where magistrates are available, particularly in the urban areas of Port Vila and Luganville and in Tanna where VWC and its Branches are active.⁵

Other aspects of the legislative framework also need strengthening to promote and protect women’s rights. For example, the Vanuatu Government’s Law and Justice Strategy Sector Plan includes several important objectives, such as the establishment of a Law Reform Commission and a Human Rights Commission, an assessment of compliance of Vanuatu legislation with CEDAW, and the development of a comprehensive family law (Republic of Vanuatu 2009). Positive steps have been taken by DOWA and the National CEDAW Committee, with support from the UN WOMEN Pacific Regional Office, to review legislative compliance with CEDAW. A report is expected to be published on this in 2011. Legislative review and reform to ensure compliance in Vanuatu with CEDAW was recommended by the UN Committee on the Elimination of Discrimination Against Women (CEDAW 2007: 3-4).

The Law Reform Commission was established in March 2010. A review of all existing legislation relating to family law is the first reference of the new Law Reform Commission. Family-related matters are currently covered under several different laws including those relating to property, family maintenance, custody of and access to children, the Marriage Act and the Matrimonial Causes Act. This review is a first step towards developing a comprehensive family law that respects the human rights of women and children.

Implementation of law

The work of the Police Family Protection Unit (FPU) is a positive initiative to address crimes of violence against women and children. Following the signing of a Memorandum of Understanding between VWC and the FPU, procedures for the service of summons under the FPA are now clearer. Through VWC’s male advocacy training program, many police have been trained on women’s rights and violence against women in recent years; this has had a significant impact on increasing women’s access to justice in urban and rural areas, with many police willing to work with VWC and the Branches, and with CAVAWs in remote areas.

Despite these positive steps, women’s access to justice is limited by the fact that the FPU has only been established in Port Vila; implementation of the intentions of the FPA has also been hampered by

⁴ At the time of writing, May 2011.

⁵ The Torba Branch of VWC was set up in January 2011.

the lack of knowledge of the law by the police outside the FPU. There are many cases where untrained police are unclear about their obligations under the law. Unfortunately there are examples where Police sympathise with offenders, where family protection orders have not been issued as directed by the Court, and where women have been denied their rights or mis-informed by police. Lack of resources is a barrier, particularly in rural and remote areas; police often have inadequate funds for transport costs to serve a family protection order, to investigate very serious crimes of physical and sexual violence against women, and to apprehend offenders. Even where police are taking steps to issue family protection orders, perpetrators are not being charged with a criminal offence as provided for in the FPA. Although VWC, the Branches and CAVAWs always take statements that can be used for conviction of perpetrators of violence against women, no arrests have been made since the FPA was gazetted. This is partly because many police remain unaware that violence against women is a criminal offence.

One issue raised during discussion of Vanuatu's 2009 Universal Periodic Report to the United Nations Human Rights Council was that customary law is used to deny women equality, despite Constitutional guarantees against such discrimination. The report noted that women were not allowed until recently to speak in *nakamals* (traditional meeting houses) when important issues affecting the community were discussed. While this has changed in some areas, there are still parts of Vanuatu where women are banned from speaking in *nakamals*. In addition, the island courts (the lowest in the hierarchy of courts), which are community-based and serve the majority of the population, adopt decisions based on customary laws and practices, which are often discriminatory against women (UN General Assembly 2009b: 3).

1.3 THE STATUS OF WOMEN IN VANUATU

The UN Committee on the Elimination of Discrimination Against Women highlighted its concern regarding several aspects of women's unequal status in Vanuatu. One area that the Committee focused on was "the persistence of adverse cultural norms, practices and traditions, as well as patriarchal attitudes and deep-rooted stereotypes, regarding the roles, responsibilities and identities of men and women in all spheres of life". The Committee concluded that the Vanuatu Government has yet to undertake sustained and systematic action to eliminate stereotypes and negative cultural values, which perpetuate women's unequal status in public life, decision making, marriage and family relations, and which are linked to violence against women (CEDAW 2007: 4). Attitudes and beliefs about women and their roles – perpetuated through institutions "such as churches, chiefs, and political parties through their doctrines, principles, and structures that discriminate against women" – were also identified as major obstacles for advancing women's development in a recent review of Vanuatu's national machinery for women, supported by AusAID and UN WOMEN. Lack of political will and leadership to advance gender equality and women's empowerment were also identified as challenges (DOWA 2011: 11).

Specific aspects of women's low status that were highlighted by the UN Committee on the Elimination of Discrimination Against Women were: the use of custom fines in cases of rape which either substitute for or lessen the punishment of offenders; the under-representation of women at all levels in public and political life (including Parliament, the judiciary, and appointed decision making bodies, particularly in the education sector); citizenship rights; unequal access to higher levels of education; wage gaps and occupational segregation by sex (including low numbers of female teachers in secondary and higher education); lack of access to affordable health care for women; high rates of teenage pregnancy; unequal access to property, land and inheritance by women; the lower legal age of marriage for women (16 years) compared to men (18 years); lack of access to justice, particularly in rural and remote areas; the portrayal of women in the media; and the persistence of violence against women (CEDAW 2007: 4).

Another issue that has been raised at international forums (such as the UN Committee on the Elimination of Discrimination Against Women), as well as in several Vanuatu reports, is the impact of bride price on women's status (for example, CEDAW 2007; Tor and Toka 2004; and DOWA 2007). These reports point out that bride price to a woman's family has often been used to justify violence against women and poor treatment by husbands and in-laws. In the words of a UN Human Rights Council report, "this practice effectively puts a commercial value on women, leading to an often heard excuse that 'because I have paid for her, I can do whatever I want with her' ... Despite the revocation of 80,000 Vatu minimum bride price by the Malvatumauri (Council of Chiefs) in 2006, the practice of bride price is still widespread" (UN General Assembly 2009b: 5).

The Vanuatu Government has made several commitments to eliminating gender disparities in education through various Ministry of Education planning and policy documents, including the "Gender Equity in Education Policy, 2005–2015" (Ministry of Education 2005; and Ministry of Education 2010). A recent review of gender equity in education found that some gains had been made in reducing gender disparities in access to formal education, particularly at the primary and secondary school levels where enrolments of boys and girls are now about equal and in proportion to the age-related population (Ministry of Education 2010). Overall, literacy rates are the same for young men and women aged 15 to 24 (94%); this shows that the gender gap is reducing, with overall adult literacy rates estimated by the World Bank at 84% for men and 80% for women (World Bank 2011).

However, progress has been slow in some areas. Although girls' secondary school enrolments increased at a faster rate than boys over the last 10 years, the review concluded that girls are still under-represented in tertiary education (47% female) and vocational and technical education (44% female), particularly in rural training centres (25% female). Women are under-represented as teachers in secondary schools (38% female) and as principals (29% and 11% respectively in primary and secondary schools), although women make up 55% of primary school teachers and more than 90% of pre-school teachers. While there is an incomplete picture regarding curriculum and subject choice by sex, the data that is available shows that males and females tend to study gender stereotyped subjects, and that a gender perspective has not yet been systematically included throughout the formal school curriculum (Ministry of Education 2010).

Women were also under-represented as recipients of scholarships to study overseas at tertiary level: from 1999 to 2009 about 40% of applicants and awardees were female (Ministry of Education 2010: 7). In addition, following their overseas education women are not employed at the same rate as men: a recent tracer study found that only 26% of women were employed compared with 74% of men who received overseas tertiary education (Ministry of Education 2010: 7, 58).

A similar picture emerges in formal sector employment, where about one-third of employees are women and the remainder are men; women are mainly employed in occupations such as waitressing, nursing and accounting (VNSO 2006). In 2009, women were 38% of government sector employees but only 17% of were senior officials or managers (Ministry of Education 2010: 62). Similarly, the 2007 agricultural census found that 31% of paid workers in the agricultural sector were female, compared with 69% of men, but women only received 22% of the total remuneration. Only 17% of women employed in the agricultural sector are managers or executives, compared with 35% of men (VNSO 2008: 87, 89). The agricultural census provided no breakdown on the gender division of labour for subsistence agriculture or fishing, although 65% of household income comes from these activities, and anecdotal evidence indicates that women play a key role in subsistence production (VNSO 2008).

Vanuatu has made commitments to advancing the status of women in political governance (Republic of Vanuatu 2006). However, progress has been very slow: only 5 women have ever been elected to

national parliament (which amounts to 1.4% of all Members of Parliament) and currently there is only 1 woman among the 52 Members. Women have made up 4.3% of all municipal councillors in urban areas, but less than 1% of all provincial government councillors (DOWA 2010: 13-15).

Improving maternal health and reducing child mortality is identified as one of the major challenges facing Vanuatu in the Government's 2009 Universal Periodic Report to the United Nations Human Rights Council (UN General Assembly 2009a: 16). Vanuatu is one of the few countries in the world that has more men than women: the 2009 national census found that 49% of the population of Vanuatu is female, with a sex ratio of 104 males to every 100 females; this compares with a sex ratio of 106 from the previous census (VNSO 2009: 8; Republic of Vanuatu 2004:11). Although the sex ratio is improving, such differences are usually seen as an indicator of very low status of women. Contraceptive use is low by regional standards (estimates range from 24% to 38%). Birth rates have reduced from 4.5 births per women in 2000 to 3.9 in 2009; and births by adolescent women 19 years or under have reduced from 58 to 44 per thousand over the same period. In 2000, about 88% of women had a skilled birth attendant on hand during delivery, but this had reduced to 74% in 2007.⁶ The Ministry of Health Multiple Indicator Cluster Survey found that 24% of women were married before the age of 18, and 13% of young women currently aged 15 to 19 are already married or living in a de facto union; for 32% of these young women, their husbands are older than them by 10 years or more (Ministry of Health 2008: vi). While some data show progress in health indicators, it is clear that serious gender inequalities remain, including overwork, poor nutrition and poor access to health services.



⁶ Health data used in this paragraph is taken from the World Bank (Genderstats website accessed May 2011) and the Ministry of Health 2008 Vanuatu Multiple Indicator Cluster Survey.

CHAPTER 2: RESEARCH OBJECTIVES AND METHODOLOGY

2.1 BACKGROUND TO THE RESEARCH

The purpose of VWC's research program is to strengthen VWC's service delivery and work in all areas – counselling, community awareness and education, training, and legal advocacy. This survey is VWC's first major research activity. Accordingly, VWC's first step in developing the research design was to undertake a comprehensive scan of other research that had been done on violence against women and children in Vanuatu, the Pacific region and internationally, to ensure that the best methodology was chosen to collect high quality and reliable data. This was documented in a background paper (VWC 2007) that included a review of the methodologies used by other agencies; a summary of the lessons learned in the region and internationally on conducting population-based research into violence against women; and key ethical and sampling considerations. VWC established a Research Consultative Committee which included the Vanuatu National Statistics Office (VNSO), the Department of Women's Affairs (DOWA)/the Ministry of Justice and Social Welfare, the Ministry of Health (MOH) and key civil society organisations.

VWC chose the World Health Organisation (WHO) methodology for the research because it is scientifically sound, well-tested and based on extensive experience and learning about research on violence against women. WHO undertook a definitive multi-country study on women's health and domestic violence against women in 10 countries, including Samoa (WHO 2005). Since then, many other countries have used or adapted the WHO methodology including Pacific island countries, such as Solomon Islands (SPC 2009), Kiribati (SPC 2010), and Fiji (forthcoming).⁷ Extensive technical support was provided by WHO throughout the process, including the provision of training and data processing manuals that were adapted by VWC, and advice on sampling and other matters.

Studies in other countries included qualitative research to assist with adaptation of the WHO questionnaire to local conditions. This was not necessary in the Vanuatu context. Sufficient qualitative documentation was available to adapt the WHO survey instrument – from research undertaken by other agencies⁸, and from the rich information that VWC has gathered through its work over many years, including through annual program design, monitoring and evaluation workshops and annual trainings and meetings with VWC's network of branches and rural committees against violence against women (CAVAWs).

Samoa was the only country in the WHO multi-country study that surveyed men as well as women (SPC 2003). This was rejected by the WHO for other study sites due to the substantial additional resources required (WHO 2007: 22). For ethical and safety reasons, it is essential to have a different location and different sampling framework to interview men; it is also necessary to have an additional survey instrument. Although it was intended that either men or women could answer the household questionnaire, the major research tool was the individual women's questionnaire. Including a separate questionnaire and separate sampling framework to interview men about their experiences would have significantly increased the cost of the research and VWC opted not to include men in this survey.

VWC took a participatory approach to the adaptation of the WHO methodology, which ensured its relevance to the Vanuatu context. All aspects of the research design were workshopped with selected

⁷ Other countries in the WHO multi-country study were: Bangladesh, Brazil, Peru, Thailand, Tanzania, Ethiopia, Japan, Namibia, and Serbia and Montenegro (WHO 2005: 19). Since the multi-country study, the WHO methodology has been used in Chile, China, Indonesia, New Zealand, the Maldives and Turkey (WHO 2007; Fulu 2007; and Jansen et al 2009).

⁸ For example, Tor and Toka 2004; Pacific Children's Program 2004; and Foundation of the Peoples of the South Pacific Vanuatu 2005.

VWC staff, Project Officers from the VWC Branches (Sanma Counselling Centre and Tafea Counselling Centre), and with representatives from rural CAVAWs, some of whom were also involved in the Ministry of Health (MOH) Multiple Indicator Cluster Survey.

2.2 RESEARCH OBJECTIVES AND QUESTIONS

The aim of the survey was to conduct a population-based study to provide a reliable benchmark of the prevalence and incidence of violence against women in Vanuatu, and on attitudes to violence including: health and other effects of violence on women and children; risk and protective factors in the family and the community; coping strategies of women; and the implications for prevention and support services. Research questions are listed below.⁹

Prevalence and incidence

1. What is the prevalence of physical abuse of women since the age of 15 years, and what is the frequency of such abuse as reported by these women?
2. What is the prevalence and frequency that women report being forced to have sex against their will? At what age(s) did this occur, and who are the main perpetrators?
3. What is the prevalence and frequency that women are physically or sexually abused by a current or former intimate partner?
4. To what extent does violence occur during pregnancy?

Effects of violence against women on women victims/survivors

5. How does domestic violence impact on women's lives, including their access to education, ability to work and provide for their families, mobility and interaction with their communities?
6. How does intimate partner violence impact on women's physical, mental and reproductive health and women's use of health services?

Effects of violence against women on children

7. To what extent is partner violence against women witnessed by children within the household?
8. What are the consequences of domestic violence against women for their children? Does it appear to affect factors such as school enrolment, or whether children have run away from home?

Attitudes, risks and protective factors

9. What community factors are associated with the occurrence of intimate partner violence against women? Is there an association with factors such as customary factors, levels of crime, male-to-male violence, land disputes, female membership of groups, economic inequality, or the extent to which neighbours, friends and family members intervene when violence occurs?
10. What factors in a woman's family and individual life are associated with intimate partner violence against women – such as women's access to and control of resources, whether a woman's family members, friends or community leaders have intervened, or her access to different kinds of support? To what extent are other family members aware of the abuse?
11. What individual factors are associated with men being violent towards their wives/partners – such as men having witnessed violence between their parents during their childhood; male loss of status; male violence towards other men; kava, alcohol and drug use; gambling; customary practices, or bride price?

⁹ All questions relating to men's behaviour and experiences – such as male-to-male violence, men's witnessing of violence during childhood and other aspects of men's characteristics – were asked of women respondents.

Coping strategies of women

12. What strategies do women use to minimize or end violence? Specifically, to what extent do victims/survivors retaliate against the perpetrator, leave the relationship, and seek help from family members, friends, or different support agencies?

Implications for prevention and support services

13. Are there groups (formal and informal) from whom women victims/survivors would like to receive more help – such as chiefs, church leaders and groups, VWC's network, provincial government, police, courts, health centres, and non government organisations (NGOs)?
14. Comparing the data between provinces, how do women's responses to intimate partner violence differ? What are the implications for prevention and support services?
15. Comparing the data between provinces, what does this tell us about individual, family and community factors contributing to intimate partner violence? What are the implications for prevention?

2.3 THE SURVEY QUESTIONNAIRE AND ITS ADAPTATION

VWC adapted the WHO multi-country study questionnaire (version 10) which was the outcome of an extensive process of international discussion, consultation and trialling (WHO 2007: 25-26). The English version is attached at Annex 2 and includes: an administration form; a household selection form; a household questionnaire; and an individual women's questionnaire. The household selection form was used to randomly select one individual woman aged 15 to 49 from each household, who was interviewed using the women's questionnaire. The household questionnaire included questions to assess the socio-economic status of the household, and respondents' general concerns about levels of crime, land disputes and sorcery. The head of the household (or any responsible adult if the household head was not present) was interviewed for the household questionnaire.

Adaptation of the WHO instrument for the Vanuatu context was done through several participatory workshops. The questionnaire was translated into Bislama by experienced VWC staff, and back-translated by bi-lingual staff and the research consultant. Final adaptations to the Bislama and English versions of the questionnaire were completed during the training of fieldwork teams in February 2009.¹⁰

Adaptation of the questionnaire to the local context is encouraged by WHO, but within strict limits to preserve the validity, credibility and comparability the research (WHO 2007: 35-36). Experience and research indicates that the wording, placement/context and order of questions can have an impact on the validity and reliability of data collected; thus the order of questions and the overall structure of the WHO instrument were closely adhered to, while still allowing for changes to fully reflect the Vanuatu context. Adaptations were made to the household questionnaire to assess socio-economic status; and questions were added on community concerns about land disputes and sorcery. The women's questionnaire had the following sections; adaptations by VWC are noted for each section.

Individual consent form: introduces the survey and its focus on women's lives and family relationships, assures the respondent that her answers will be confidential, and requires the interviewer to certify that the woman consents to be interviewed.

¹⁰ The final questionnaire was translated into French by a professional translator, but this was not used during the survey.

Section 1, respondent and her community: includes questions on social cohesion, the respondent's networks with family and local organisations, and characteristics of the respondent including relationship status. Additions by VWC focused on women's choice of their current husband/partner.

Section 2, general health: includes questions on physical and mental health problems during the previous month including suicidal thoughts and actions, use of medication and health services, and frequency of smoking and drinking. Adaptations by VWC included home brew and kava.

Section 3, reproductive health: includes questions on the respondent's history of pregnancy, miscarriage, contraceptive use, and husband's/partner's responses to family planning. Adaptations by VWC focused on the husband's/partner's responses to family planning.

Section 4, children: includes questions on the number of live children, the most recent pregnancy and the behaviour of children and their schooling.

Section 5, current or most recent husband/partner: includes questions on his characteristics, employment, frequency of drinking and drug use, involvement in physical fights with other men, and whether he had relationships with other women or children with other women while he was in a relationship with the respondent. Adaptations by VWC included home brew, kava and gambling.

Section 6, attitudes: includes questions on attitudes to gender roles and women's human rights, situations where a man may have "good reason" for physical violence against his wife/partner, and attitudes to women's sexual autonomy. Adaptations by VWC focused on cultural practices (taboos on women touching food during menstruation, the custom of swapping or exchanging girls for marriage, bride price), expectations related to pregnancy, and additional questions on situations where a man may have "good reason" for hitting his wife (such as for discipline or educating her), and where a woman may be justified in refusing sex.

Section 7, respondent and her partner: includes a request for permission to continue the questionnaire; questions on the respondent's communication patterns with her partner, and her experiences of controlling behaviours by the husband/partner, and emotional, physical and sexual violence, including violence during pregnancy. Additions by VWC included specific forms of control and abuse known to occur due to anecdotal evidence.

Section 8, injuries: includes questions on the frequency, type and severity of injuries resulting from physical violence by a husband/partner, and the use of health services for these injuries. Additions by VWC included specific types of injuries known to occur due to partner violence (removal of spleen), and permanent disability caused by intimate partner violence.

Section 9, impact and coping: includes questions on the situations that trigger violence by husbands/partners, whether children witnessed the violence, the association between physical violence and rape, whether women retaliated and the impact of this, her view of the impact of the violence on her physical and spiritual well-being and work, and any actions she took to tell anyone about the violence or seek help (including leaving home), and the reasons for doing so or not doing so. Additions by VWC included whether children were also beaten, whether women took their children when they left home and the reasons why/why not; and contextual adaptations of responses relating to women's reasons for seeking help or not doing so.

Section 10, other experiences: includes questions on women's experiences of physical and sexual violence by people other than husbands/partners since the age of 15, child sexual assault, age and

experience of the first sexual experience, and whether there was a history of violence towards mothers in her or her husband's/partner's family.

Section 11, financial autonomy: includes questions on ownership of assets, control over her own income, and capacity to support herself and her family in an emergency. Additions by VWC were whether she could raise enough money to pay back bride price on her own.

Section 12, completion of interview: includes 2 scripted endings depending on whether women disclosed violence, a question on how they felt after the interview, and an opportunity for anonymous reporting of child sexual abuse using a face card (Box 2.2).

2.4 OPERATIONAL DEFINITIONS USED IN THE SURVEY

Eligible and ever-partnered women

Some sections of the women's questionnaire were asked of all eligible women, some were asked of "ever-partnered" women, and others were asked only of those women who had disclosed violence by their husbands or partners. Eligible women were those aged between 15 and 49 years who lived in the household. This included visitors, friends and other relatives if they slept in the household for the past 4 weeks, or domestic workers ("house-girls") if they slept 5 nights a week or more in the house. Only 1 eligible woman was interviewed per household; in households with more than 1 eligible woman or girl, the respondent was selected randomly. In households with no eligible women, only the household questionnaire was completed and no individual woman's interview was done.

Ever-partnered women are those who could potentially be at risk of experiencing violence by a husband or partner. This was broadly defined as women and girls who were ever in an intimate sexual relationship with a man. This includes women who were ever legally married, those who ever lived with a male partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who ever had an intimate relationship with a man they were dating.

Violence against women

Violence against women and girls is defined in the UN Declaration on the Elimination of Violence against Women as occurring in three domains: the family, the community, and violence perpetrated or condoned by the State. This includes any act of violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion, arbitrary deprivation of liberty, battering, sexual abuse of female children, marital rape, and traditional practices harmful to women (UN General Assembly 1993).

This survey focused on physical, sexual and emotional violence by husbands or intimate partners, coercive and controlling behaviours by husbands/partners, physical and sexual violence perpetrated by people other than husbands/partners since the age of 15, and child sexual abuse before the age of 15. The specific acts used to define each of these types of violence are summarised in Box 2.1. For each act of physical, sexual or emotional abuse by a husband/partner, the respondent was asked whether it occurred in the previous 12 months, or before the previous 12 months. Respondents were also asked how frequently the violent and abusive acts had occurred: once, a few times or many times.

Box 2.1: Operational definitions of violence against women and girls

<p>Physical violence by a husband/partner</p> <ul style="list-style-type: none"> • Slapped or had something thrown at her that could hurt her • Pushed or shoved, or had her hair pulled • Hit with a fist or something else that could hurt her • Kicked, dragged, or beaten up • Choked or burnt on purpose • Threatened to use a knife, piece of wood, iron, axe, gun or other weapon against her • Actually used a knife, piece of wood, iron, axe, gun or other weapon against her <p>Sexual violence by a husband/partner</p> <ul style="list-style-type: none"> • Physically forced to have sexual intercourse when she did not want to • Had sexual intercourse when she did not want to because she was afraid of what her husband/partner might do • Forced to do something sexual that she found degrading or humiliating <p>Emotional abuse by a husband/partner</p> <ul style="list-style-type: none"> • Insulted or made to feel bad about herself • Belittled or humiliated in front of her parents or family • Belittled or humiliated in front of other people • He did things to scare or intimidate her on purpose (e.g. by yelling or smashing things) • He threatened to hurt her or someone she cared about 	<p>Controlling behaviours by a husband/partner</p> <ul style="list-style-type: none"> • Tries to keep her from seeing her friends • Tries to restrict contact with her family of birth • Insists on knowing where she is at all times • Ignores her or treats her indifferently • Gets angry if she speaks with another man • Is often suspicious that she is unfaithful • Expects her to ask his permission before seeking health care for herself • Expects her to ask his permission before doing anything <p>Physical violence during pregnancy</p> <ul style="list-style-type: none"> • Slapped, hit, beaten, punched or kicked or hit/beaten with anything while pregnant • Slapped, hit, beaten, punched or kicked in the stomach while pregnant, or hit with any other thing in the stomach, such as wood, iron or pipe • Penetrated the vagina against her will with a hand or object while pregnant, in order to harm her or her baby <p>Physical violence by non-partners (over 15 years)</p> <ul style="list-style-type: none"> • Beaten or physically mistreated in any way <p>Sexual violence by non-partners (over 15 years)</p> <ul style="list-style-type: none"> • Forced to have sex or to perform a sexual act when she did not want to <p>Sexual violence before the age of 15</p> <ul style="list-style-type: none"> • Ever touched sexually or made to do something sexual when she did not want to
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Child sexual abuse

This is a difficult topic to explore in a questionnaire because of the highly sensitive nature of childhood sexual abuse and the shame and trauma associated with it, which results in considerable under-reporting of the problem. Three different ways of exploring this topic were used. First, in section 10 (question 1003a), respondents were asked whether anyone ever touched them sexually, or made them do something sexual that they did not want to before the age of 15 years. Then respondents were asked their age when they first had sex, and whether their first sexual experience was forced, coerced or by choice (questions 1004-1005). Finally, at the end of each interview, each respondent was handed a card with 2 pictures of a sad and happy face (Box 2.2) which allowed them to report on this topic anonymously (question 1201). The respondent was asked to mark the sad face if someone ever touched her sexually or made her do something sexual against her will before the age of 15 years; and to mark the happy face if this did not happen to her. Respondents were asked to seal this card in an envelope before handing it back to the interviewer, enabling her to keep her response secret. After the completion of the interview, the sealed envelope was stapled to the respondent's questionnaire and the questionnaire code was written on the envelope to allow responses to be accurately recorded during data entry.

Box 2.2: Face card used for reporting of child sexual assault



WHO found that that this combination of methods helps ensure that a more complete estimate of the prevalence of childhood sexual abuse is obtained. In the multi-country study, anonymous reporting did not always encourage the most reporting: some women reported childhood sexual abuse during the interview but did not disclose it anonymously, and some did the opposite. Because of this, the combined prevalence (obtained if a positive response was given to either the interview question or the face card) is used as the most accurate estimate (WHO 2005: 50; WHO 2007: 29-30).

2.5 DESIGN OF THE SURVEY SAMPLE

From the outset, VWC took the decision to have 8 survey sites including each of Vanuatu's 6 provinces and both urban areas: Torba, Sanma, Penama, Malampa, Shefa and Tafea provinces, and the urban areas of Port Vila and Luganville. The aim was to get reliable rural provincial and urban estimates of the prevalence of violence against women. Due to the inaccessibility of some islands and the high air, boat and ground travel costs involved, this approach was more resource-intensive than that used in the WHO multi-country study. The rationale for this approach was that different language groups and provinces might not be convinced that violence against women is a problem in their community, due to variations in customary practices, unless there was a nationally representative sample. There was also a strong belief among community leaders that violence only or mainly occurred in urban areas, or in some provinces or islands.

VNSO technical expertise was used to design the survey sample and ensure that it was nationally representative with reliable estimates from the 8 survey sites. A target sample of 3,000 households was chosen. This was inflated by 25% to allow for possible non-response, due to the highly sensitive nature of the survey content, giving a total sample of 3750. The sample was designed to provide similar levels of accuracy and reliability in the data from each site and this determined the number of households selected from each site.

A 2-stage approach was used to generate the sample design. The first stage involved the selection of enumeration areas, using “probability proportional to size” sampling technique.¹¹ This was based on the number of households expected in each enumeration area, using the recently conducted Agriculture Census household listing (VNSO 2008a; VNSO 2008).¹² During this stage, 234 enumeration areas were selected from 55 area council areas across Vanuatu’s 6 provinces and 2 urban areas. The number of households included in this first stage of selection was estimated to be 24,000.¹³

Household listers were selected jointly by VWC and VNSO from VWC’s pool of trained male advocates and VNSO’s pool of household listers from previous surveys. Household listers were trained by VNSO staff for 1 week in February 2009. Following the household listing, data was entered by data processors and VNSO used systematic random sampling techniques to select households from each of the enumeration areas in the 8 survey sites to yield the total sample of 3750 households. Table 3.3 in Chapter 3 shows the breakdown of households from each of the 8 survey locations, and the response rates for the household and women’s questionnaires. Annex 5 is a list of islands included in the survey by province.

At this time of the sample design, the estimated number of households in the country was 45,317. The 2009 national census conducted later in 2009 found 47,373 households. Using the national census data, the proportion of households sampled was 7.9%; using the data available at the time from the agricultural census, the proportion sampled was 8.3% (VNSO 2008a; and VNSO 2009).

2.6 FIELDWORK, DATA PROCESSING AND QUALITY CONTROL

Interviewer selection and training

Lessons learned on conducting population-based surveys on violence against women show that the selection of interviewers can have an impact on whether respondents are comfortable to talk about their experiences of violence. For example, women may be reluctant to disclose abuse to young women or women from their local area. Marital status, non-judgemental attitudes and interpersonal skills can have a significant effect on whether women feel comfortable to disclose violence. Training, supervision in the field, monitoring and ongoing support are essential to achieve valid findings (Ellsberg and Heise 2005; VWC 2007: 4). WHO guidelines also highlighted the following important skills for interviewers: ability to interact with all types of people; maturity; skill at building rapport; and experience in dealing with sensitive issues (WHO 2007: 38). Given the complexity of the questionnaire, VWC selection criteria also required interviewers to have been educated above primary level.

VWC’s network of island-based CAVAWs provided an excellent resource from which to select interviewers, field editors and supervisors for the fieldwork.¹⁴ CAVAW members had already received training on violence against women from VWC and many had also been trained in Suva by the Fiji Women’s Crisis Centre at their month-long regional training program on basic counselling and community education skills. Many CAVAW members have been working to address the problems of violence in their local areas for many years. The vast majority of the 65 interviewers were CAVAW members; in Port Vila and Luganville, women who were not CAVAW members were also chosen who met the criteria listed above.

¹¹ This sampling technique ensures that households in larger provinces have the same probability of getting into the sample as those from smaller households. It is commonly used to generate a representative and random sample when different sampling units (in this case the 6 provinces and 2 urban sites) vary considerably in size (McGinn 2004: 1).

¹² The November 2009 national census for Vanuatu was done after VWC’s survey.

¹³ Information taken from “Selected areas” (Excel worksheet developed by Benuel Lenge), VNSO, February 2009.

¹⁴ The roles of field editors and supervisors are explained below in the section below on quality control procedures.

In total, 65 women were trained and 51 were selected to participate as field team members in the study. Each team included a field supervisor, field editor and either 4 or 5 interviewers, depending on the province and the number of households to be interviewed (Annex 3 lists the research team members).

Training of the fieldwork team was held over 4 weeks in February/March 2009, while the data entry for the household listing and generation of the random sample was done. WHO's standard 3-week training program was adapted for Vanuatu's circumstances. The training was conducted by VWC's research consultant. WHO provided course materials for the training which were adapted and translated by VWC. These included: a detailed question-by-question manual explaining the questionnaire; a procedural manual for interviewers; and a manual for use by field supervisors and editors. The bulk of the training was done in Bislama, as well as English and French (to a much lesser extent).

The training content covered the following: a refresher on gender and violence and women; interviewing techniques; ethical and safety considerations; a detailed question-by-question review of the questionnaire; and extensive practice administering the questionnaire during 3-way roleplays.¹⁵ The in-depth review of each question during plenary and roleplay sessions assisted team members to understand each question and its purpose, and contributed to the final adaptation of the Bislama questionnaire.

Supervisors and editors were selected from the pool of trainees in the middle of the third week of training, and were provided with specialised training for 5 days while interviewers continued their roleplay practice of administering the questionnaire. Training for the supervisors and editors focused on: their responsibilities for preparing and organising the fieldwork, including financial management; the management and monitoring of the fieldwork teams; quality control procedures; practice with editing the questionnaires in the field; protocols for ensuring the safety of all team members; and protocols for responding to requests for assistance from women interviewed, the provision of follow-up counselling and for responding where a risk of suicide was identified. VNSO provided a briefing at the end of the training on the enumeration areas, maps and household lists.

A pilot of the fieldwork had originally been planned for the third week of the training. This was cancelled because the largest of the 3 villages on Efate identified for the pilot had a recent death and it was not appropriate to visit for this reason. The size and layout of the remaining 2 villages raised ethical and safety concerns and to follow WHO ethical and safety guidelines, very few interviewers would have had an opportunity to practice their skills. The pilot was originally planned to fulfil 2 objectives. The first was to test the questionnaire. However, the questionnaire had already been very well-tested internationally including in Melanesian countries. The Bislama translation was thoroughly tested and discussed (question by question) during the training of fieldworkers, with a number of modifications made to clarify certain questions. Given that most fieldworkers came from rural and remote areas from all around the country, this was a very good test of the questionnaire.

The second objective of the pilot was to give the fieldworkers real-life experience at approaching households and interviewing. Other strategies were put in place to address this objective. One was to simulate a pilot for several days, with participants interviewing women from outside their provinces. These questionnaires were collected and edited/checked during the supervisor's and editor's training. Other strategies were put in place for the first few weeks of the fieldwork, including interviewers working in pairs, and supervisors and editors accompanying interviewers to increase their confidence and skill.

¹⁵ Three-way roleplays include participants playing the roles of interviewer, respondent and observer; following the roleplay, constructive feedback is provided by the observer and respondent to improve the interviewer's skills.



The fieldwork

Letters were sent by VWC to the six Provincial Governments informing them in advance of the research and the fieldwork schedule. After the household listing and the final selection of enumeration areas by VNSO, relevant Area Secretaries were also informed by letter. All members of the fieldwork team carried letters of introduction at all times.

The survey started in the second week of March immediately following the training. Five Teams (Torba, Shefa, Port Vila, Tafea and Luganville) completed their fieldwork in eight weeks. The remaining teams completed interviews by May 2009. Following the fieldwork, supervisors and editors met in Port Vila during VWC's annual CAVAW training for a de-briefing.

All the teams faced logistical challenges, as well as difficulties related to the very sensitive nature of the survey and the fact that VWC is widely known for its work to address violence against women (these issues are discussed in chapter 3). Logistical difficulties included inaccessible locations, bad weather and very rough road and sea conditions, all of which delayed the implementation of the survey in some areas. In urban areas, some households could not even be approached because of pet dogs. Most provinces found that some of the stickers used to identify houses during the household listing had been removed and this made it impossible to locate the selected households. As a result of all these factors, 131 households were not able to be located and this reduced the total number of households sampled from 3750 to 3619.

There were also difficulties with language in some areas where respondents could not speak Bislama, particularly on Tanna, which meant that no data could be collected from 37 households. There were 103 cases where household heads refused to participate (Wasi 2009). In some areas there was suspicion about the survey, or a lack of understanding, and in some cases it was assumed that households were chosen because VWC knew that wives were being beaten, or that the women themselves had approached VWC. The team in Torba province was out of contact during most of the fieldwork because all telephone communications were not functioning. Nevertheless, these and other difficulties were successfully overcome. The overall response rate was very high and a testament to the persistence and dedication of the fieldwork team.

Trained counsellors were included in all provincial rural survey teams in case women requested urgent or immediate help, or were at risk of suicide. In Port Vila and Luganville, such cases were referred immediately to VWC and the Sanma Counselling Centre (SCC), and this was also the case in Tanna where enumeration areas were close to the Tafea Counselling Centre (TCC). In rural areas, women were referred to the nearest CAVAW. VWC prepared a brochure on the services available by the VWC network that was offered to all respondents at the end of the interview. The vast majority of women accepted the brochure; there were only a handful of cases where women refused to take it, and in these cases they said it was because they were scared if their husbands found out (Wasi 2009).



Quality control procedures

The WHO methodology included several standardised procedures and formats for quality control during fieldwork (WHO 2007: 40-41). These included:

- Close supervision of each interviewer during fieldwork. For example, supervisors were instructed to observe the beginning of a proportion of the interviews. In addition, the VWC teams were encouraged to work in pairs wherever this was needed, particularly in the first few weeks of the fieldwork. Supervisors were encouraged to accompany some interviewers in the first week to enable them to gain more confidence, and continue their learning.
- Random checks of some households by the supervisor, without warning, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the interview.
- Continuous monitoring of each interviewer by field supervisors using a standard format that included performance indicators such as response rate, number of completed interviews and rate of identification of physical violence.
- Review of all completed questionnaires by the field editor in each team to identify inconsistencies and skipped questions, thus enabling gaps or errors to be noted and corrected before the team moved on to another enumeration area. VWC instructed field supervisors to hold daily meetings to de-brief; in these meetings, errors and gaps were to be discussed to enable ongoing learning within each team.
- Questionnaires were edited at the VWC office before data entry.
- Visits to most of the field teams by the VWC Research Officer to identify and resolve issues and provide support.

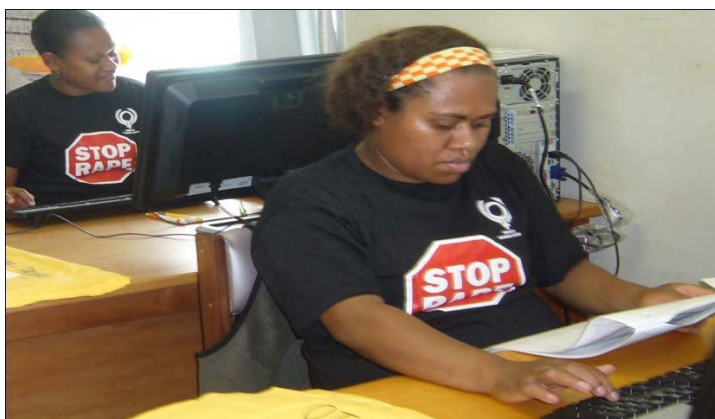


Data entry, tabulation and analysis

Quality control mechanisms were also applied during data entry. The data entry screen was set up by VNSO on CPro software so that automatic consistency checks were incorporated into the data entry system. VNSO trained data processors and provided ongoing technical assistance and support during the data entry. All questionnaires were entered twice by the data processors to verify that data was entered correctly. VNSO combined data entry files and cleaned the data files before tabulations of findings were done.

Table formats for this report were developed jointly by the VWC Research Officer and research consultant. VNSO provided ongoing technical support through the tabulation phase including transferring the data from CPro to SPSS data analysis software. Technical support for the development of initial tables was provided by VNSO and 2 consultant statisticians, who also did the analysis of statistical associations including the uni-variable and multi-variable logistic regression analysis described in chapter 10. To ensure quality and accuracy of the tabulated data, each table submitted by the consultant statisticians was checked by the VWC research consultant.

A workshop was held in Port Vila with VWC, Branch and Fiji Women's Crisis Centre staff and the VWC research consultant in January 2011 to analyse all the data. This was an additional opportunity for a quality control check of the tables and charts included in this report. The analysis and recommendations in the following chapters is based on the discussion at this workshop.



2.7 ETHICAL AND SAFETY CONSIDERATIONS

Research on violence against women is different in several ways from other quantitative research because of the ethical issues posed, and the potentially threatening and traumatic nature of the subject matter to both respondents and interviewers (Ellsberg and Heise: 35-45). A scientifically unsound or invalid research design is unethical because any research on violence against women poses safety risks to the women interviewed and fieldworkers. Privacy and confidentiality are needed when interviewing women about violence against women, to ensure the safety of women and researchers, and to ensure the validity of the findings by minimising the risk of under-reporting.

WHO's guidelines on ethical and safety guided the development and implementation of the research (WHO 2007: 36-37). VWC's implementation of these guidelines is summarised below:

- Safety of the research team and respondents was given the highest priority and stressed throughout the training of the fieldwork team. It also guided the development of the research design. For example, the title of the research was consistently referred to as the "National Survey on Women's Lives and Family Relationships".
- Interviewers were instructed to read the questions exactly as they were written on the questionnaire. The WHO questionnaire was designed to minimize the under-reporting of violence by not using any loaded terms such as "violence", "abuse" or "rape", and this guideline was closely adhered to in adapting and translating the questionnaire. International lessons learned indicates that describing specific acts of violence and then asking women if they have experienced them yields the most valid and reliable data.
- Several strategies were used to ensure confidentiality to protect women's safety and the quality of the data. All fieldwork team members signed a confidentiality agreement as part of their contract. A number code was used to identify individual questionnaires; no names or addresses were recorded on the questionnaire. The training of interviewers stressed the importance of conducting interviews in private, and several strategies were used successfully in the field to ensure that privacy was maintained, including conducting interviews in pairs where necessary to avoid interruptions by children or relatives. As recommended by WHO, a dummy questionnaire was distributed to interviewers, who were instructed to use this in case of interruptions, or to terminate the interview if necessary.
- The research team was carefully selected from a pool of women who had previous training on the importance of confidentiality and on issues related to violence against women; and they received intensive training which included attention to ethical and safety issues.
- Protocols were in place to refer women who requested assistance to the VWC network for immediate or follow-up assistance as required.
- Steps were taken to minimise distress to respondents. These included intensive training on interview techniques, and strict adherence to consent procedures and safety protocols.

2.8 STRENGTHS AND LIMITATIONS OF THE RESEARCH DESIGN

Adapting the WHO methodology ensured that VWC used international best practice in the research design. As a result, the findings are robust and reliable with the most accurate estimates possible of prevalence of violence against women. However, with this type of research design, it is not possible to "prove" that violence causes the various health problems and other impacts described in the following chapters. Nevertheless, it is certainly possible to identify statistically significant associations between violence and the various impacts described, and to do so with full confidence.

Any survey based on self-reporting has some possibility of bias associated with respondents' memory of events and incidents. However, lessons learned on research on violence against women indicate

that any recall bias would tend to result in an under-estimate of the prevalence of violence, rather than an over-estimate (WHO 2005: 23). The findings presented in chapter 6 on health impacts support this international experience. (Chapter 3 discusses other aspect that may impact on the likely accuracy of the survey findings.)

The decision to select only 1 woman per household introduces bias because it means that women living in households with more than 1 woman are under-represented. The WHO multi-country study tested the degree of this bias by weighting their main prevalence outcomes to compensate for differences in the number of eligible women per household; the results showed no significant differences in prevalence rates and the chapters below use the international standard for calculating rates of prevalence recommended by WHO (WHO 2005: 28).

Finally, one important strength of the research design was the nationally representative sample that provides reliable estimates of prevalence for each of Vanuatu's 6 provinces and 2 urban areas, in addition to national prevalence rates.

CHAPTER 3: SURVEY RESPONSE RATES AND CHARACTERISTICS OF RESPONDENTS

Response Rates

Despite the sensitive nature of the questionnaire, there were high response rates. A total of 3619 households were sampled; 3281 of these were occupied, and the remainder were either vacant for an extended period or destroyed. Of these 3281 households, 3141 completed the household questionnaire which is a response rate of 96%; only 3% of households refused, and in 1% of households the residents spoke a different language and were unable to be interviewed for this reason (Table 3.1).

Table 3.1: Household responses, whole of Vanuatu

		Number	%
Household results	Household interview completed	3141	87%
	Household refused	103	3%
	Household empty/destroyed/vacant for an extended period	338	9%
	Household members speaking unknown language	37	1%
	Total households included in the sample	3619	100%
Household response rate: complete household interviews / households sampled – households destroyed or vacant	Household refused	103	3%
	Household members speaking unknown language	37	1%
	Household interview completed	3141	96%
	Total households available in the sample	3281	100%

Overall, 2337 women completed the women's questionnaire from a total of 2520 households with eligible women. This is a response rate of 93%; only 1% of women refused to do the interview and in the remaining 6% the interview was postponed and unable to be rescheduled, or the woman selected to be interviewed was incapacitated (Table 3.2).

Table 3.2: Responses to the women's questionnaire, whole of Vanuatu

		Number	%
Results from the women's questionnaire	Individual women's interview completed	2337	74%
	Individual women's interview refused	29	1%
	Individual woman incapacitated or interview postponed	154	5%
	No eligible woman in the household	621	20%
	Total	3141	100%
Individual response rate: complete individual interviews / households with eligible women	Individual women's interview refused	29	1%
	Individual women's interview postponed or woman incapacitated	154	6%
	Individual women's interview completed	2337	93%
	Total women available to be interviewed	2520	100%

As discussed in chapter 2, the survey sample was designed to ensure a representative national sample including all 6 provinces and the 2 urban areas of Port Vila and Luganville. The survey sample included several islands from each province. There were no significant differences in response rates by households or individual women between provinces or urban areas. In total, 12% of the women who completed the survey were from Port Vila, 11% from Luganville, 12% from Torba, 15% from Sanma, 13% from Penama, 14% from Malampa, 11% from Shefa and 11% from Tafea (Table 3.3).

Table 3.3: Response rates by location

HH Results	Port Vila		Luganville		Torba		Sanma		Penama		Malampa		Shefa		Tafea		Total Vanuatu	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
HH sampled	425	100%	393	100%	383	100%	476	100%	493	100%	504	100%	456	100%	489	100%	3619	100%
HH empty / destroyed /not found/not accessible	36	8%	50	13%	17	4%	49	10%	38	8%	39	8%	57	13%	52	11%	338	9%
HH unknown language	1	0%	2	1%	0	0%	0	0%	0	0%	0	0%	0	0%	34	7%	37	1%
HH interview refused	16	4%	26	7%	16	4%	8	2%	9	2%	1	0%	21	5%	6	1%	103	3%
HH interview completed	372	88%	315	80%	350	91%	419	88%	446	90%	464	92%	378	83%	397	81%	3141	87%
Location % of completed HH interviews (N = 3141)																		
		12%		10%		11%		13%		14%		15%		12%		13%		100%
Individual women's questionnaire (number and percentage of households with completed household questionnaires, N = 3141)																		
HH no eligible woman	58	16%	25	8%	62	18%	48	11%	147	33%	124	27%	83	22%	74	19%	621	20%
HH eligible woman refused	3	1%	2	1%	0	0%	5	1%	2	0%	5	1%	5	1%	7	2%	29	1%
HH eligible woman partly completed	2	1%	2	1%	0	0%	1	0%	0	0%	0	0%	6	2%	0	0%	11	0%
HH eligible woman incapacitated	21	6%	18	6%	1	0%	12	3%	3	1%	17	4%	19	5%	52	13%	143	5%
Woman's interview completed	288	77%	268	85%	287	82%	353	84%	294	66%	318	69%	265	70%	264	66%	2337	74%
Location % of completed women's interviews (N = 2337)																		
		12%		11%		12%		15%		13%		14%		11%		11%		100%

Of the 3141 households that completed the household questionnaire, 20% of respondents told interviewers that there were no eligible women aged 15-49 years living in the household. Two provinces (Penama and Malampa) had somewhat higher proportions of households without eligible women than other locations (Table 3.3). These findings are similar to those from the 2007 Ministry of Health (MOH) Multiple Indicator Cluster Survey (MICS), which found that around 15% of households nationally had no women aged 15-49 years, and Penama, Malampa and Sanma were the three provinces that had the highest percentages of households with no women at all in this age group (MOH 2008: 8, 12). The MICS survey concluded that a higher proportion of young women aged 15-19 were found to be living away from home due to work or study (MOH 2008: 9), but this is equally likely to affect most rural areas. Moreover, although the national census reports that there are more men than women in Vanuatu with a sex ratio of 104 men for every 100 women, it also found that the overall proportion of women in Malampa and Penama was almost 50%, whereas other provinces (Sanma, Shefa and Torba) had less than 50% women (VNSO 2009: 8). Given that two well-designed national surveys have similar findings regarding high numbers of households reporting no women aged 15-49 in some provinces, this is worthy of further research and analysis.¹⁶

Accuracy of Findings on the Prevalence of Violence Against Women

The figures included in this report should be seen as minimum estimates of the prevalence of violence against women in Vanuatu. On the one hand, the WHO methodology was carefully pre-tested and refined in many countries before its adaptation for Vanuatu. The high quality of the survey instrument and the intensive training provided to interviewers helped to minimise bias in the implementation of the survey. These factors increase the likelihood of women reporting their experiences honestly.

Nevertheless, there are several factors that may have decreased the likelihood of women disclosing their experiences of violence. All survey teams reported that they found it difficult to ensure total privacy when conducting the interviews. Although several effective strategies were used to distract other family members, overcrowding in urban areas made it difficult at times, and all teams reported that it was easier to talk to women when their husbands or partners were not at home. Although VWC made every effort to keep the content of the questionnaire confidential in line with WHO ethical guidelines to protect the safety of women, VWC is recognised throughout the country for its work to address violence against women, and CAVAW members are also known for their work to address this issue in their home islands. Although the vast majority of Chiefs granted permission for the survey to go ahead without any difficulty, there was one village (on Pentecost) where the Chief refused permission, a few instances where attempts were made to dissuade Chiefs from granting permission, and a few cases where teams or interviewers were threatened verbally or with weapons. There were also several incidents where male household heads, or the women randomly selected for interview, wrongly assumed that their household was selected because it was known that women were experiencing violence (Wasi 2009). (As explained in chapter 2, all households and all women were selected randomly, or by chance, with no prior knowledge of their status in relation to violence against women.) For all these reasons, any disclosure-related bias is likely to result in under-estimation of the prevalence and severity of violence, and certainly not over-estimation. This was also the conclusion of the WHO from its multi-country study (WHO 2005: 23).

¹⁶ There are several possible explanations for the high number of households with no women aged 15-49 in these provinces. For example, it could be indicative of: higher maternal mortality and lower status of women including a high work burden; higher numbers of women leaving these provinces for work, study or marriage; or misinformation regarding the number of women and their ages by initial respondents (frequently men) due to misunderstandings about the way national surveys are used, or because they are reluctant to give permission for interviewers to talk to women living in their households. The latter explanation may be the most reasonable, given that the 2009 national census data showed roughly equal numbers of women overall in Malampa and Penama (VNSO 2009: 8).

How Respondents Felt After the Interview

When asked how they felt at the end of the interview, 83% of all women said that they felt good or better, 16% felt the same, and only 2% felt bad or worse. Women who experienced physical or sexual violence by their husband/partner appreciated the opportunity to talk about it during the survey, with 87% reporting that they felt good or better, 11% who felt the same, and 2% who felt worse (Table 3.4). This positive response was echoed during a debriefing with the VWC field teams, who felt that the survey was a step forward for the women of Vanuatu, despite the sadness of hearing so many stories about women living with severe and repeated violence (Wasi 2009). For many of these women (43%, see Table 9.1), this was the first time that they had told anyone about the violence. This is a testament to the skill and sensitivity of VWC's interviewers, most of whom are members of VWC's island-based CAVAWs. Based on comments from respondents, the field teams were confident that they had helped many women, just by providing them with an opportunity to talk about their experiences, particularly those who had never spoken to anyone before about the violence. All respondents were offered a brochure on VWC's services at the end of the interview. Most accepted it; only a few refused the brochure and this was due to fear that their husbands/partners would discover it (Wasi 2009).

Table 3.4: How respondents felt after the interview (number and percentage of all respondents, N = 2337)

	Experienced physical and/or sexual violence by husband/partner		All respondents	
	Number	%	Number	%
Good/better	1083	87%	1929	83%
Same/no difference	133	11%	364	16%
Bad/worse	22	2%	43	2%
No answer	1	-	1	-
Total	1239	100%	2337	100%

Note: Percentage of all respondents does not add to 100% due to rounding.

This positive response to the survey was also found in the WHO's multi-country study (WHO 2005) and in the more recent studies undertaken by the Secretariat of the Pacific Community (SPC) in the Solomon Islands (SPC 2009) and Kiribati (SPC 2010). The WHO reported that the overwhelming impression gathered by interviewers across all countries was that "women were not only willing to talk about their experiences of violence, but were often deeply grateful for the opportunity to tell their stories in private to a non-judgemental and empathetic person" (WHO 2005: 23).

Characteristics of Households

Thirty percent of respondents nationally said that the household was headed by a woman, 70% by a man, and less than 1% was headed jointly by a man and woman. The breakdown between urban and rural areas shows substantial differences from the national average with only 15% of urban households headed by women, compared with 35% in rural areas (Table 3.5).

Table 3.5: Household characteristics, sex of household head by urban and rural area

Sex of Household Head	Both female and male		Female		Male		Total households	
	Number	%	Number	%	Number	%	Number	%
Urban households	0	0%	105	15%	580	85%	685	100%
Rural households	5	0.2%	850	35%	1598	65%	2453	100%
Total Vanuatu	5	0.2%	955	30%	2178	70%	3138	100%

This finding contrasts with both the 2007 MICS (which reported that 92% of households were male-headed and only 8 percent female-headed (MOH 2007: xvii, 8), and with the 2007 agricultural census

which found 93% of agricultural households headed by men (VNSO 2008: 23). The reason for these differences in findings is unclear.¹⁷

The average size of the household throughout Vanuatu was about 5 persons (Table 3.6). This is consistent with both the 2007 MICS (MOH 2008: 9), the agricultural census, and the 2009 national census which identified 4.8 as the average household size (VNSO 2009: 8; VNSO 2008: 23).

Socio-economic status was classified by combining respondents' answers to 4 questions on household assets into a single overall measure. These included the main source of drinking water, the type of toilet used by household members, household possessions, and ownership of transport-related assets by any member of the household.¹⁸ The VWC survey classified households into 3 rankings of socio-economic status: 46% of households were classified as low, 41% were medium, and 13% were high. As expected, fewer rural households were classified as having high socio-economic status (5%) than urban households (43%, Table 3.6). Annex 4 summarises the ranking system for socio-economic status.

Table 3.6: Household characteristics, mean size of household and socio-economic status

Location	Mean size of household (N = 3140)	Socio-economic status of households (N = 2712)					
		Low		Medium		High	
	Number	Number	%	Number	%	Number	%
Port Vila	5.00	33	10%	134	40%	171	51%
Luganville	5.61	49	22%	108	48%	69	31%
Torba	4.93	187	59%	128	40%	3	1%
Sanma	5.18	220	59%	142	38%	11	3%
Penama	4.67	288	65%	146	33%	9	2%
Malampa	4.82	230	64%	127	35%	4	1%
Shefa	4.92	103	33%	134	43%	73	24%
Tafea	6.12	144	42%	189	55%	10	3%
Total Urban		82	15%	242	43%	240	43%
Total Rural		1172	55%	866	40%	110	5%
Whole of Vanuatu	5.14	1254	46%	1108	41%	350	13%

Note: Of the 3141 respondents who completed the household questionnaire, socio-economic status was classified for 2712 (86%) due to the combination of indicators used, and the need to have answers to all questions used as indicators.

Characteristics of Women Respondents

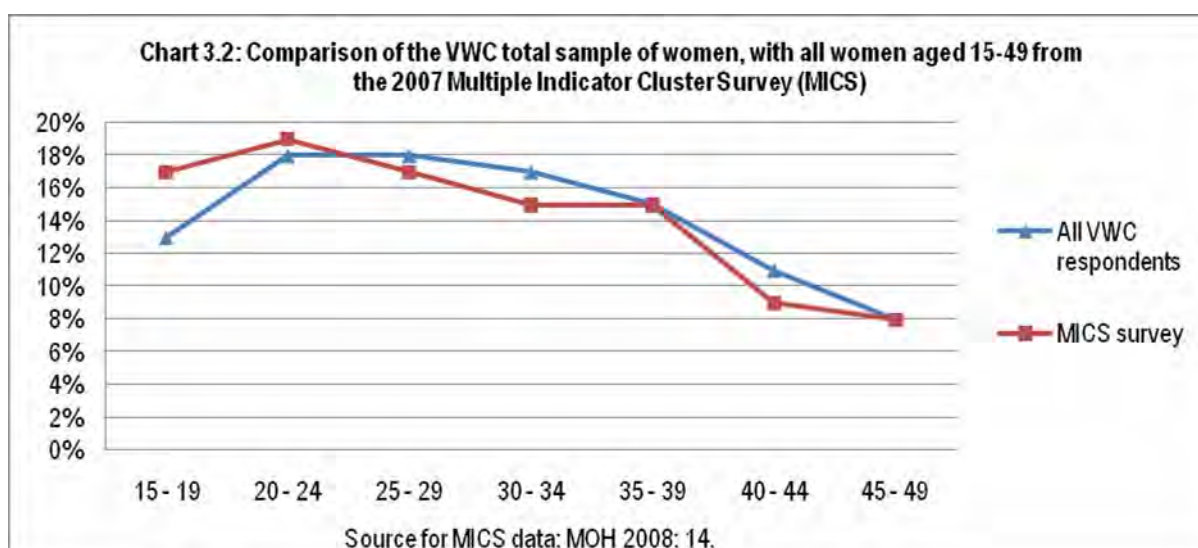
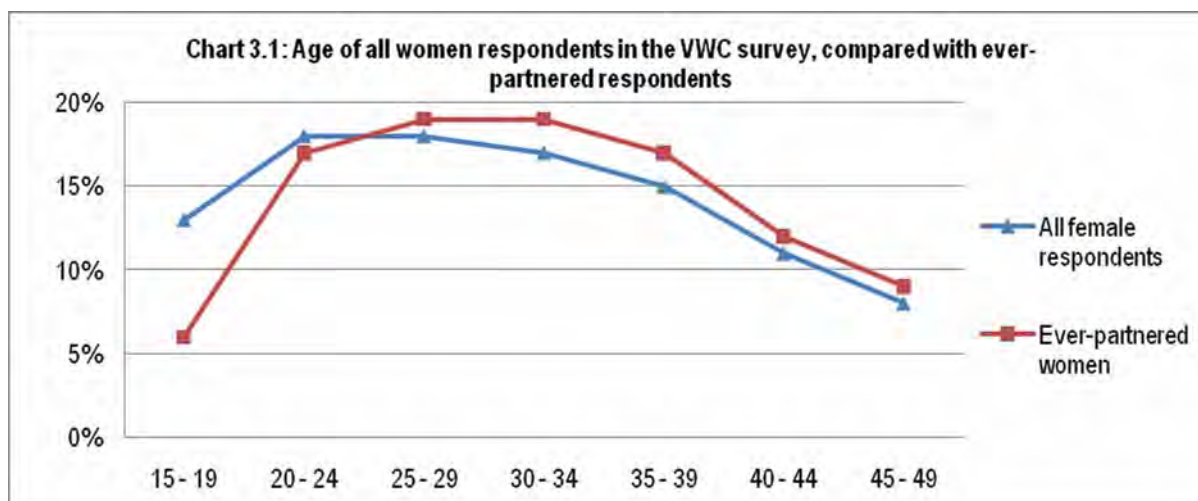
Age of respondents

Women aged 25-39 were 50% of the sample of respondents, women aged 15-24 made up 31%, and those aged from 40-49 were 19% of the respondents (Chart 3.1 and Table 3.7). The lower numbers of women over 40 years of age is due to the demographic profile of Vanuatu's total female population. Chart 3.1 compares the percentage of ever-partnered women in each age group with the total sample of all women. As expected, this shows that 15-19 year-old women are far less likely to have ever had a husband or intimate partner compared with women in the older age groups.

¹⁷ All the MICS respondents were women, whereas in the VWC survey about 58% of respondents to this question were female and the remainder were male, due to the placement of this question at the beginning of the questionnaire before individual women respondents were selected. The MICS survey did not provide any urban/rural breakdown regarding the sex of the household head; the agricultural census focused only on agricultural households and no data was provided on the sex of the respondent. The sampling strategies used in all 3 surveys were different: the MICS sample included 53% of respondents from rural areas and 47% from urban areas (MOH 2007: 8), where there is a substantially lower proportion of households headed by women. In the VWC survey, 78% of respondents were from rural areas and 22% from urban areas.

¹⁸ These indicators are very similar to those used by the MICS which identified wealth index quintiles (MOH 2009: 14).

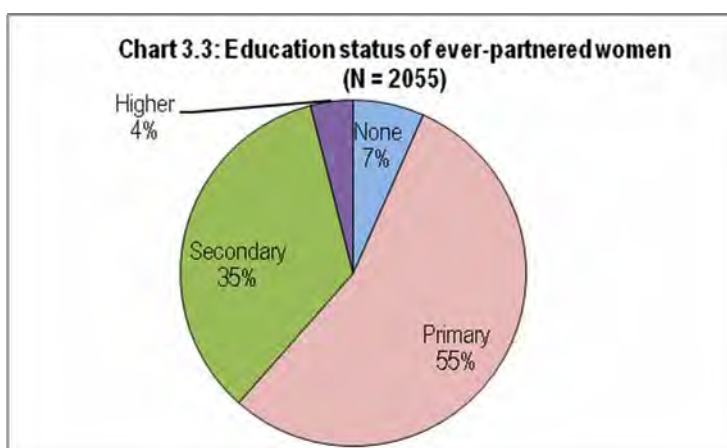
Chart 3.2 compares the total sample of women in the VWC survey with the MICS, which recorded the numbers of all women aged 15-49 in each household sampled (MOH 2008: 14). This shows that younger women are somewhat under-represented in the VWC survey compared with the total population. This has been the case for all country surveys that have used the WHO methodology and is due to the fact that (for ethical and safety reasons) only one eligible woman per household is randomly selected to participate in the interview. Consequently, women from households with fewer eligible women were more likely to be selected than women from households where there were many women in the eligible age range. This has affected the age distribution of respondents because women in the middle age groups from 25-39 were somewhat more likely to have fewer eligible women in the same household – because any daughters were more likely to be under 15 years and therefore too young; and their mothers would more frequently be too old to be eligible to participate in the survey.¹⁹



¹⁹ In order to assess the degree of bias that might have been introduced by using the selection criterion of one woman per household, the WHO and other country studies compared prevalence estimates for violence with age-weighted estimates, taking into account the number of eligible women in each household. In all cases these estimates were not significantly different. Unweighted estimates have been used for prevalence rates for all forms of violence against women in this report, in other country reports from the Pacific region, and in the WHO multi-country study (WHO 2005; SPC 2009; SPC 2010).

Table 3.7: Characteristics of respondents

Age	Total Vanuatu			
	All female respondents		Ever-Partnered	
	Number	%	Number	%
15 - 19	313	13%	118	6%
20 - 24	414	18%	359	17%
25 - 29	415	18%	400	19%
30 - 34	402	17%	395	19%
35 - 39	352	15%	350	17%
40 - 44	250	11%	248	12%
45 - 49	191	8%	190	9%
Total	2337	100%	2060	100%
Education				
None	148	6%	137	7%
Primary	1217	52%	1133	55%
Secondary	879	38%	712	35%
Higher	87	4%	73	4%
Total	2331	100%	2055	100%
Literacy				
Yes	2156	92%	1893	92%
No	178	8%	164	8%
Don't know	2	0%	2	0%
Total	2336	100%	2059	100%
Employment and income generation				
Not working for cash	473	20%	350	17%
Working for cash	1838	80%	1688	83%
Total	2311	100%	2038	100%
Relationship status				
Never partnered	266	11%		
Currently married	1418	61%	1418	69%
Currently living with a man, not married	492	21%	492	24%
Currently regular partner, living apart	116	5%	116	6%
Formerly married, now separated / divorced	17	1%	17	1%
Formerly living with a man, now separated	17	1%	17	1%
Currently no man, widowed	4	0.2%	4	0.2%
Formerly dating	5	0.2%	5	0.2%
Status unknown	2	0.1%		
Total	2337	100%	2069	100%



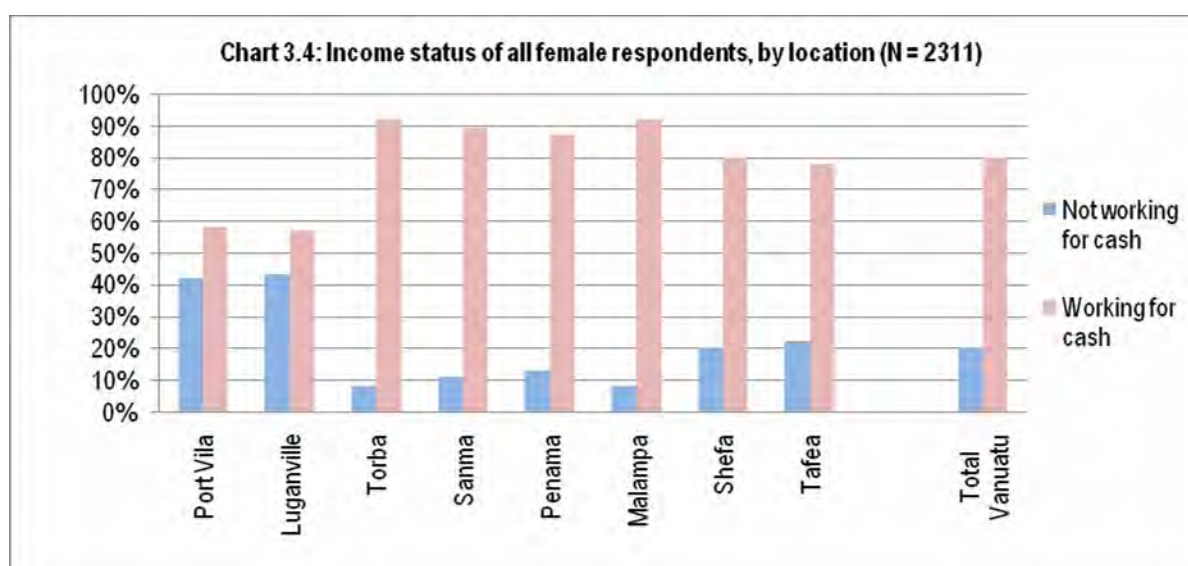
Education of respondents

When asked whether they could read and write, 92% of women said yes, and 8% said no. Of the total sample of women respondents, 4% had some tertiary education, 38% had attended secondary school, 52% had attended primary school and the remaining 6% said that they had never attended school. The education levels of ever-partnered respondents were very similar (Table 3.7 and Chart 3.3).

There were substantial variations in literacy and the level of education achieved by women in some provinces. Torba and Tafea provinces each had 14% of women reporting that they had never attended school, and in Sanma 10% of women had never attended school. These provinces also had less women reporting that they had attended secondary and tertiary education, particularly in Torba where only 21% of respondents had attended secondary school. Literacy levels were also considerably lower than the national average in these three provinces with 18% of all respondents reporting that they could neither read nor write in Torba, 17% in Tafea, and 11% in Sanma (Table 3.8).²⁰

Employment and income generation status of respondents

The results show that 80% of women earn money by themselves, and 20% do not. The proportion of ever-partnered women who work for cash is slightly higher than the national average at 83% (Table 3.7). Women living in urban areas are much less likely to be earning money by themselves than those in rural areas – only 58% of women in Port Vila and 57% in Luganville are earning their own income, compared with the national average of 80% (Table 3.8 and Chart 3.4). This difference is probably due to the importance of informal sector trading for those women who do earn their own cash: 74% of women earn their income from selling, marketing or trading; whereas only 34% have formal sector employment (Table 3.9 and chart 3.5).



Relationship status of respondents

Sixty-one percent of women were currently married, 21% were living with a man, and 5% currently had a regular partner although they were living apart. Only 1% of women were previously married and were currently divorced or separated, and another 1% had previously lived with a man but were now separated. Less than 1% of respondents were widowed or had previously been in an intimate dating relationship with a partner. Eleven percent of respondents had never been married or had a sexual relationship with a boyfriend (Table 3.7 and Chart 3.6).

²⁰ Literacy rates reported here are based on women's own self-assessment of their reading and writing capacity (see question 109 of the questionnaire in Annex 2, which asked women "Can you read or write?").

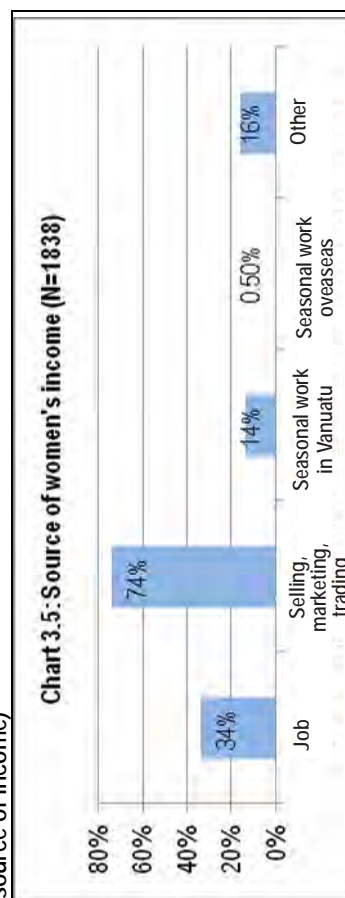
Table 3.8: Characteristics of all female respondents, by location

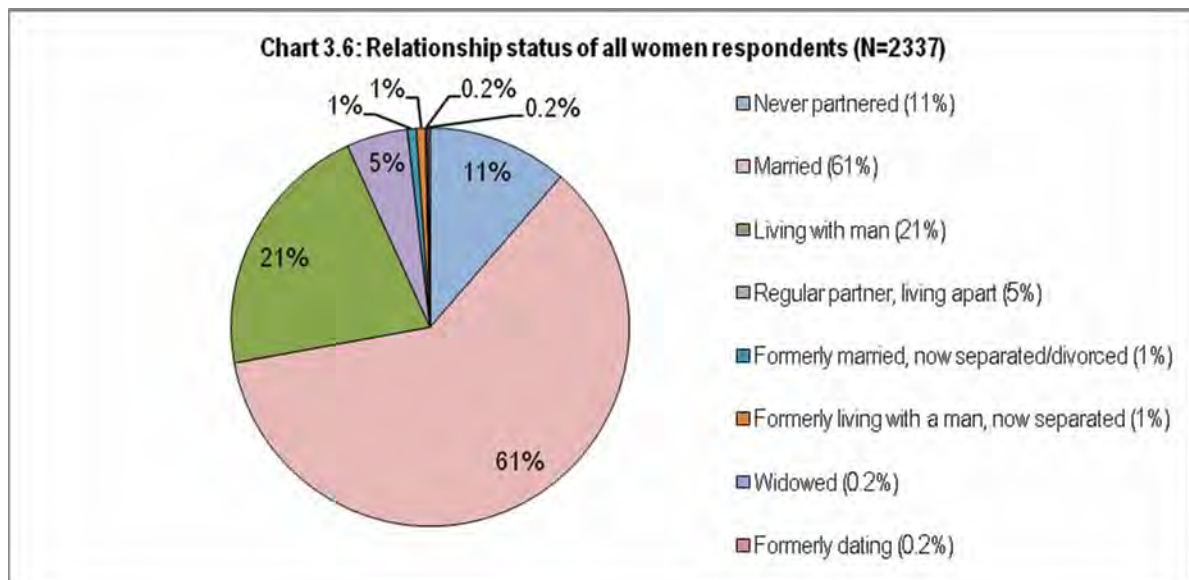
Education	Port Vila		Luganville		Torba		Sanma		Penama		Malampa		Shefa		Tafea		Total Vanuatu	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
None	7	2%	4	1%	41	14%	36	10%	13	4%	4	1%	7	3%	36	14%	148	6%
Primary	86	30%	100	37%	183	64%	196	56%	167	57%	191	60%	154	58%	140	53%	1217	52%
Secondary	161	56%	151	57%	59	21%	120	34%	98	33%	109	34%	95	36%	86	33%	879	38%
Higher	33	11%	12	4%	4	1%	0	0%	15	5%	12	4%	9	3%	2	1%	87	4%
Total	287	100%	267	100%	287	100%	352	100%	293	100%	316	100%	265	100%	264	81%	2331	100%
Literacy																		
Yes	281	98%	264	99%	235	82%	314	89%	276	94%	312	98%	257	97%	217	83%	2156	92%
No	6	2%	4	1%	52	18%	39	11%	18	6%	5	2%	8	3%	46	17%	178	8%
Don't Know	1	0%	0	0%	0	0%	0	0%	0	0%	1	0%	0	0%	0	0%	2	0%
Total	288	100%	268	100%	287	100%	353	100%	294	100%	318	100%	265	100%	263	100%	2336	100%
Employment																		
Not working for cash	122	42%	115	43%	23	8%	40	11%	36	13%	26	8%	54	20%	57	22%	473	20%
Working for cash	166	58%	153	57%	264	92%	308	89%	237	87%	292	92%	211	80%	207	78%	1838	80%
Total	288	100%	268	100%	287	100%	348	100%	273	100%	318	100%	265	100%	264	100%	2311	100%

Table 3.9: Source of income generation (number and percentage of women earning money, by source of income)

Source of income	Number	% of all respondents (N=2311)	% of women earning income (N=1838)
Job	626	27%	34%
Selling, marketing, trading	1366	59%	74%
Seasonal work in Vanuatu	252	11%	14%
Seasonal work overseas	9	0.4%	0.5%
Other	287	12%	16%

Note: percentages do not add to 100% because respondents could choose more than one income-generation option.





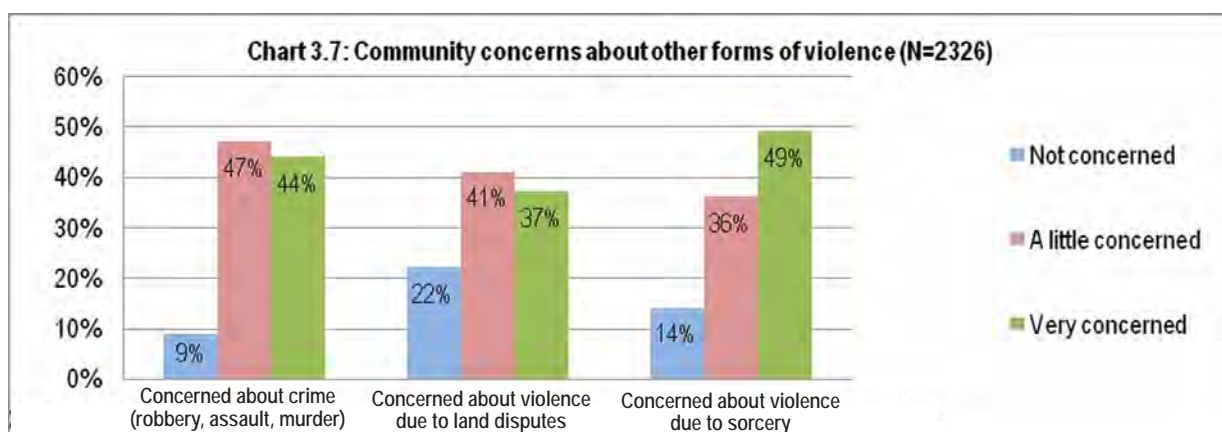
Community Concerns

The household questionnaire – which was answered by about 58% women and 42% men – asked a series of questions to gauge levels of community concern about other forms of violence. This provides an important context for the analysis of community responses and attitudes to domestic violence. The findings show that 44% of respondents were very concerned about levels of crime, 37% about violence due to land disputes, and 49% about violence due to sorcery. The vast majority of respondents were either a little or very concerned about all these problems (Table 3.10).

Table 3.10: Community concerns about other forms of violence (number and percentage of all male and female respondents who answered the household questionnaire, N = 2326)

Issue	Not concerned		A little concerned		Very concerned		Total Number
	Number	%	Number	%	Number	%	
Concerned about levels of crime (robbery, assault, murder)	202	9%	1104	47%	1020	44%	2326
Concerned about violence due to land disputes	505	22%	963	41%	858	37%	2326
Concerned about violence due to sorcery	332	14%	844	36%	1149	49%	2326

Note: This table presents findings from questions 8 to 9(d) of the household questionnaire which could be answered by either women or men. Respondents included about 58% women and 42% men.



CHAPTER 4: VIOLENCE AGAINST WOMEN BY HUSBANDS AND INTIMATE PARTNERS

Summary of main findings on prevalence

- Three in 5 women (60%) who have ever been in a relationship have experienced either physical or sexual violence or both by a husband or intimate partner.
- More than 2 in 3 ever-partnered women (68%) have been emotionally abused by their husband or intimate partner.
- Rates of emotional, physical and sexual violence against women by husbands/partners are higher in rural areas than in urban areas. Nevertheless, there are very high rates of all forms of violence against women across all provinces, islands, age groups, education levels, and religions.
- Areas where the Vanuatu Women's Centre (VWC) has been most active have lower rates of physical and sexual violence by husbands/partners than areas where VWC has been less active.
- There is a significant overlap between emotional, physical and sexual violence with the majority of women reporting that they experienced multiple forms of violence by their husbands/partners.
- Women who experience physical or sexual violence are far more likely to be subjected to controlling behaviours by their husbands/partners. These controlling behaviours directly undermine women's access to health care and their economic and social development and rights.
- For the majority of women living with physical violence by their husband/partner, the violence happens many times and is often severe, including being punched, kicked, dragged, beaten up, choked, burned, or having a weapon used against them.

Summary of main findings on attitudes

- Many women agree with several statements that undermine women's rights and gender equality.
- Three in 5 women (60%) agree with at least one justification for a man to beat his wife; 37% do not agree with any reasons for physical violence by a husband/partner.
- More than half of the women interviewed (53%) believe that if bride price is paid, a woman becomes the husband's property; and almost 1 in 3 (32%) believe that the payment of bride price justifies physical violence.
- More than 1 in 3 (36%) believe it is all right for a girl to be swapped or exchanged for marriage.
- Most women (78%) have a strong sense of sexual autonomy and believe that a woman has the right to refuse sex with her husband if she doesn't feel like it. However, about 1 in 5 women do not believe that a woman has the right to refuse sex in a range of different situations.
- The issue of whether or not bride price has been paid introduces uncertainty in many women's minds about their right to refuse sex with their husband/partner.

Section 4.1 covers the national prevalence of each form of violence against women by their husbands/partners, including physical and sexual violence and emotional abuse, and the types of control that men exert over their wives and partners. It presents findings according to women's location, age, education level, socio-economic status, and religion. It also reports in detail on the specific acts of violence that women experience, and how often. This is followed by section 4.2 which presents findings on women's attitudes to gender power relations and violence against women.

4.1 PREVALENCE AND TYPES OF VIOLENCE AGAINST WOMEN

Of all the women who were interviewed, 2061 between the ages of 15 and 49 have ever been married or had an intimate sexual relationship with a boyfriend. This includes all women respondents who have ever been legally married, those who have ever lived with a male partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who had an intimate relationship with a man they were dating.

In order to measure the prevalence rates of physical, sexual and emotional violence, women were asked whether they had ever experienced specific acts of violence and emotional abuse by their husband/partner (see section 7 of the questionnaire in Annex 2). The calculation of national prevalence rates follows the international standard used by the WHO. National prevalence is the number of women who have ever experienced at least 1 act of a specific type of violence by her husband/partner, at least once in her life. This is expressed as a percentage of the number of ever-partnered women in the sample (2061).²¹

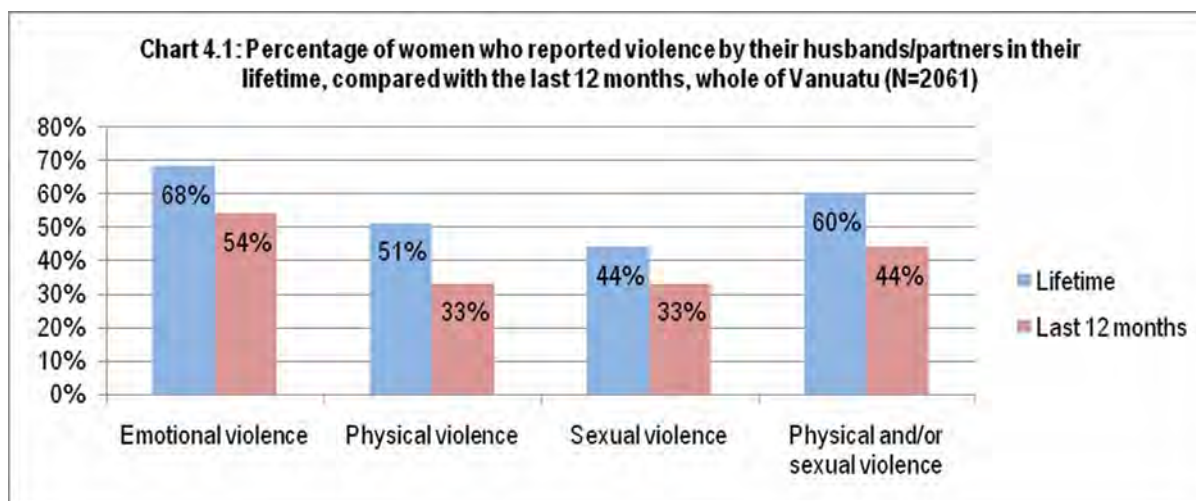
Prevalence of physical, sexual and emotional violence against women by husbands/partners

The findings show very high rates of violence against women by husbands/partners. Overall, 60% of ever-partnered women experienced physical and/or sexual violence by their husband/partner in their lifetime, and 44% suffered from either or both of these forms of violence in the last 12 months. Comparing the prevalence of those who experienced violence in their lifetime with the last 12 months reinforces the ongoing nature of the problem and demonstrates that most women tend to continue to experience all forms of violence throughout their lifetime (Table 4.1 and Chart 4.1).

- Over half of ever-partnered women (51%) experienced some type of physical violence in their lifetime, and 1 in 3 (33%) were physically abused in the last 12 months.
- Sexual violence was only slightly less common, with 44% of ever-partnered women experiencing it in their lifetime, and 1 in 3 (33%) suffering from some type of sexual abuse by their husband/partner in the last 12 months.
- Emotional violence was the most prevalent, with 68% of women (more than 2 in every 3) experiencing it in their lifetime, and over half (54%) in the last 12 months.

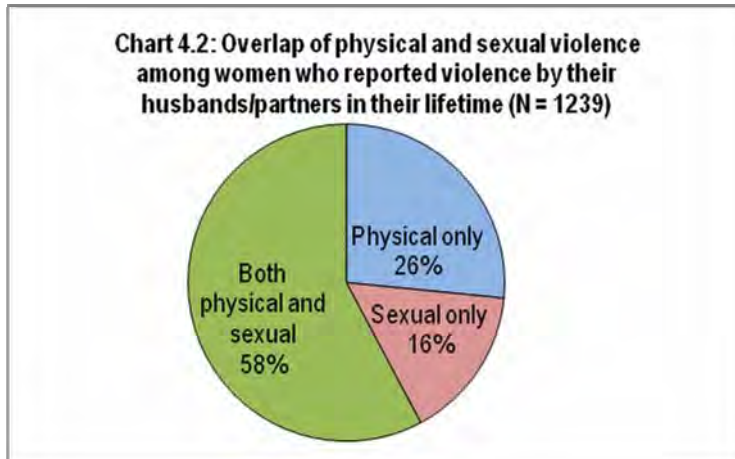
Table 4.1: Prevalence of violence against women by husbands/partners (number and percentage of ever-partnered women who experienced violence in their lifetime or in the last 12 months, N = 2061)

	Emotional		Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%	Number	%
Lifetime	1404	68%	1045	51%	910	44%	1239	60%
Last 12 months	1111	54%	691	33%	678	33%	899	44%



²¹ Table 3.7 show that there were 2069 ever-partnered women in the sample; 2061 is used as the common denominator for calculating prevalence rates because data were missing for several questions for 8 of these respondents.

Chart 4.2 shows the overlap of physical and sexual violence among the 1239 women who said that they had ever experienced violence by a husband/partner in their lifetime. This shows that the majority of women (58%) experienced both physical and sexual violence by their husband/partner; 16% experienced only sexual violence; and 26% experienced only physical violence. This finding is important because most women only report physical violence by their husbands/partners to authorities, and anecdotal evidence suggests that most women who apply for Family Protection Orders (FPOs) do so only on the grounds of physical violence.



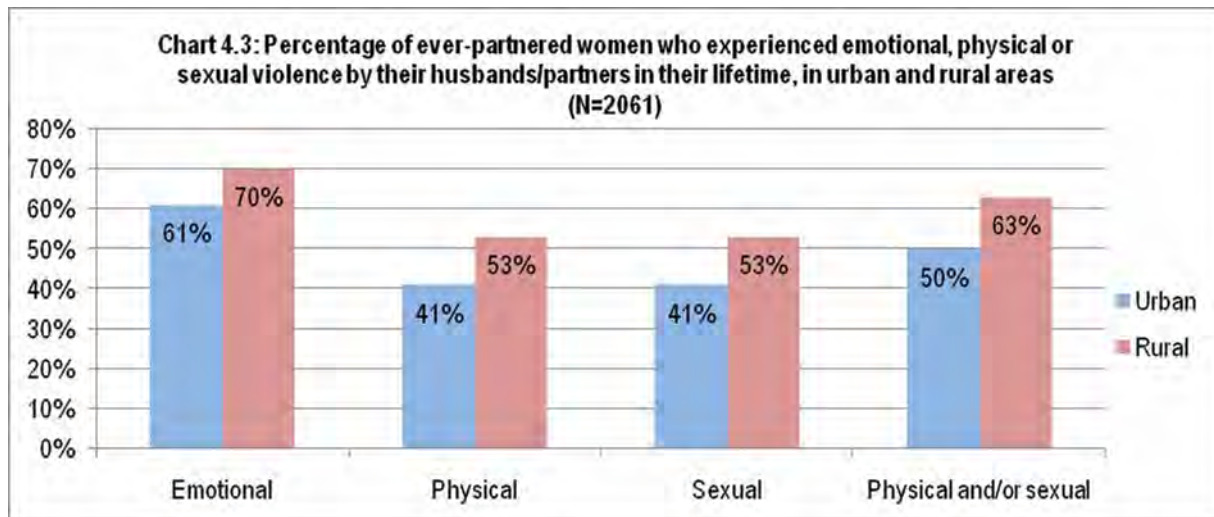
All provinces and both urban and rural areas have high rates of violence against women. However, urban areas tend to have somewhat lower rates than rural areas. Of all the ever-partnered respondents interviewed who live in urban areas, 50% have experienced physical and/or sexual violence in their lifetime; this compares with 63% of all the ever-partnered respondents interviewed who live in rural areas (Table 4.2 and Chart 4.3). Some

government and community leaders have expressed the view that violence against women mainly occurs in urban areas; the findings show very clearly that this is a myth.

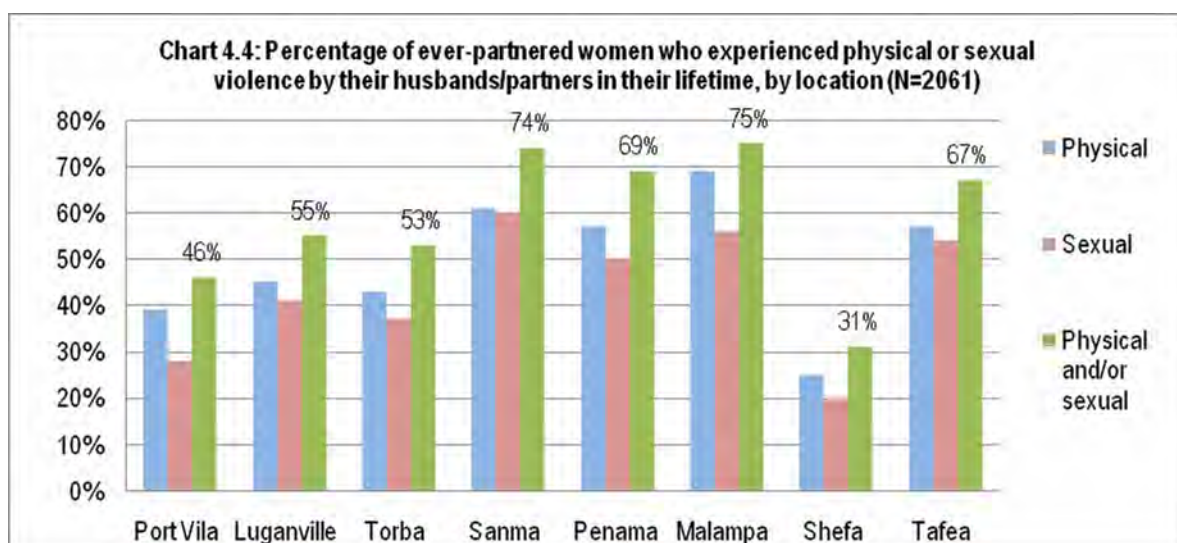
Table 4.2: Lifetime prevalence of emotional, physical and sexual violence against women by husbands/partners, by location (number and percentage of ever-partnered women who experienced violence in their lifetime, N = 2061)

Location	Emotional		Physical		Sexual		Physical and/or sexual	
	number	%	Number	%	Number	%	Number	%
Port Vila	137	57%	94	39%	67	28%	111	46%
Luganville	133	67%	89	45%	81	41%	110	55%
Torba	182	68%	115	43%	100	37%	142	53%
Sanma	254	78%	201	61%	191	60%	242	74%
Penama	209	77%	156	57%	137	50%	188	69%
Malampa	228	80%	196	69%	160	56%	214	75%
Shefa	106	46%	58	25%	45	20%	72	31%
Tafea	155	65%	136	57%	129	54%	160	67%
Total Urban	270	61%	183	41%	148	34%	221	50%
Total Rural	1134	70%	862	53%	762	47%	1018	63%
Total Vanuatu	1404	68%	1045	51%	910	44%	1239	60%

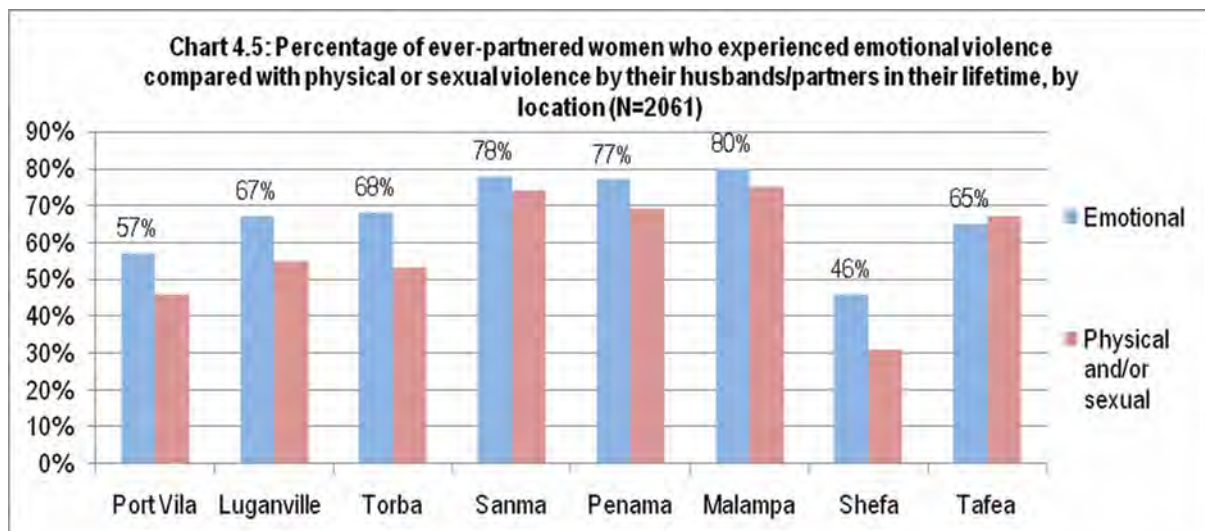
Note: urban prevalence is calculated as the number of ever-partnered women who experienced each type of violence, as a percentage of the total number of ever-partnered women interviewed who live in urban areas. Similarly, rural prevalence is the number of ever-partnered women who experienced each type of violence, as a percentage of the total number of ever-partnered women interviewed who live in urban areas.



Locations where VWC has been most active since its establishment in 1992 have significantly lower rates of physical and sexual violence by husbands/partners than areas where VWC has been less active. For example, Port Vila has 46% of women reporting physical and/or sexual violence compared with the national rate of 60%. Shefa province, where VWC has had regular mobile counselling and community education activities over many years, has the lowest rates of physical and/or sexual violence at 31%. Luganville, where the Sanma Counselling Centre has been working since 1995, also has substantially lower rates of physical and/or sexual violence (55%) compared with Sanma (74%) as a whole. The areas where VWC and its network of CAVAWs have been least active include the remotest parts of Sanma province and most of Malampa province where the prevalence of violence against women is highest (75% of ever-partnered women in Malampa and 74% in Sanma) (Table 4.2 and Chart 4.4). Multivariable risk factor analysis (see chapter 10) confirms that differences in prevalence between these locations and the national rate is statistically significant (P value of 0.04).



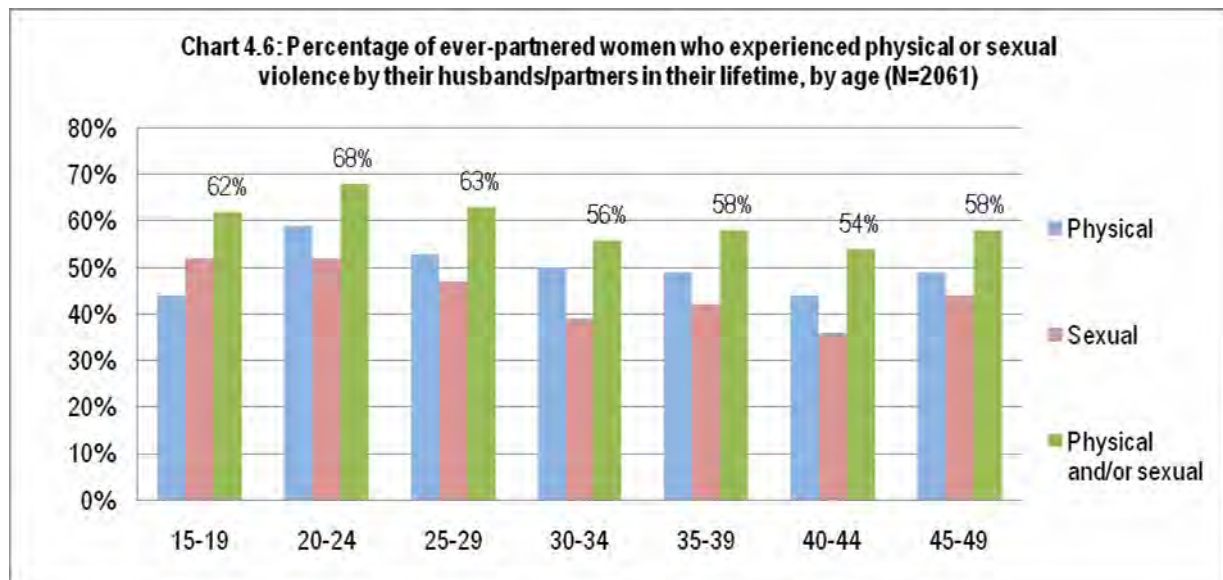
One of the most important findings is the extremely high rates of emotional violence against women by their husbands/partners throughout Vanuatu (see Box 2.1 for the types of actions that classify as emotional violence). Overall, the percentage of women experiencing emotional violence in rural areas (70%) is somewhat higher than in urban areas (61%); and the rates range from 46% in Shefa province (a little less than half of all women in a relationship) to a high of 80% in Malampa province (4 women in every 5). Rates of emotional violence are higher than the rates of physical or sexual violence in all locations except for Tafea province (Table 4.2 and Charts 4.3 and 4.5).



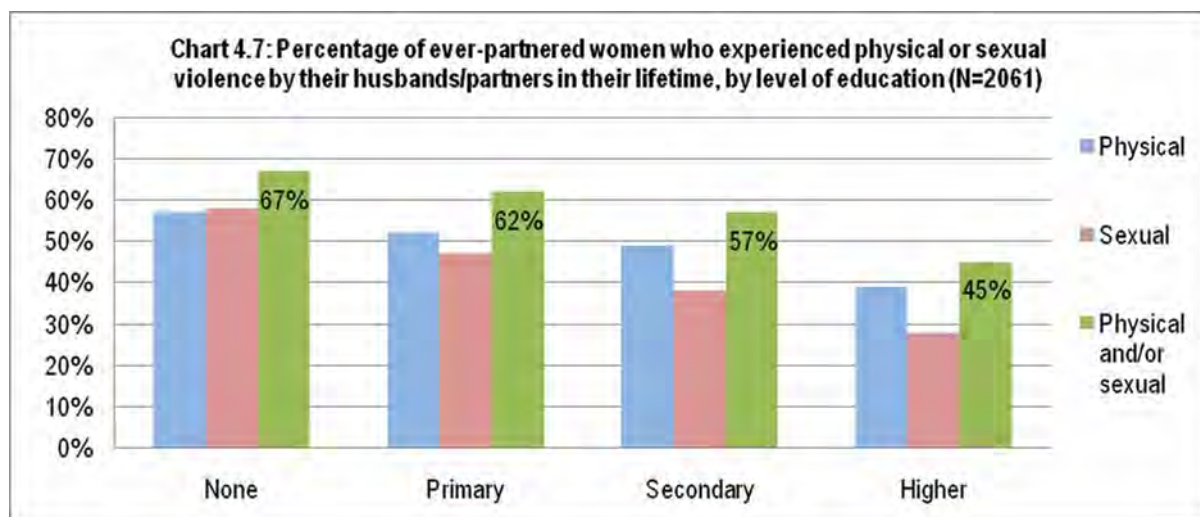
Physical and/or sexual violence by husbands/partners affects women of all ages and education levels, and from all socio-economic groups. There are variations between the rates of physical and/or sexual violence experienced by women in different age groups, with younger women at somewhat higher risk than older women. Nevertheless, these differences were not found to be statistically significant after applying multi-variable analysis (see chapter 10). However, young women aged 15-19 are the only age group where the prevalence of sexual violence by husbands/partners is higher than physical violence – 44% of young women in this age group experience physical violence and 52% experience sexual violence. This compares with national rates of 51% for physical violence and 44% for sexual violence by husbands/partners (Table 4.3 and Chart 4.6).

Table 4.3: Lifetime prevalence of physical and sexual violence by husbands/partners by woman's age, education and socio-economic status (number and percentage of ever-partnered women, N = 2061)

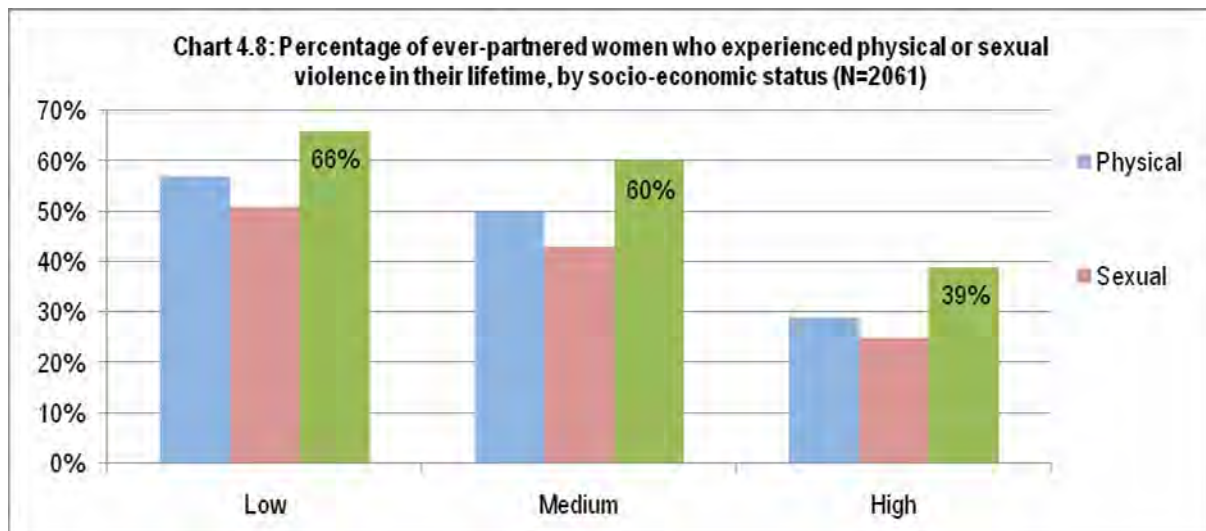
Woman's age group	Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%
15-19	51	44%	61	52%	73	62%
20-24	214	59%	188	52%	246	68%
25-29	212	53%	188	47%	253	63%
30-34	197	50%	155	39%	220	56%
35-39	170	49%	147	42%	203	58%
40-44	109	44%	89	36%	135	54%
45-49	92	49%	82	44%	109	58%
Woman's education level	Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%
None	77	57%	78	58%	91	67%
Primary	593	52%	538	47%	709	62%
Secondary	345	49%	272	38%	405	57%
Higher	29	39%	21	28%	33	45%
Socio-economic status	Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%
Low	531	57%	471	51%	616	66%
Medium	421	50%	359	43%	502	60%
High	66	29%	57	25%	88	39%



Overall, the prevalence of physical and sexual violence by husbands/partners is somewhat less for women with a higher education – 45% of women who have attended tertiary education said that they experienced either physical or sexual violence or both. This compares with 67% for women with no education, 62% for primary education and 57% for secondary education. These differences were statistically significant when applying a uni-variable analysis (with a P value of 0.002); however after controlling for all other variables in the multi-variable analysis, education did not emerge as a statistically significant risk factor (see chapter 10). Furthermore, although lower than the national rate of 60%, the prevalence of violence for women with tertiary education is still very high, with almost half of these women experiencing either physical or sexual violence or both (Table 4.3 and Chart 4.7).



Similarly, the prevalence of physical and sexual violence by husbands/partners is substantially less for women from households with high socio-economic status (39%), compared to those with low (66%) or medium (60%) socio-economic status. These differences were statistically significant in both the uni-variable and multi-variable analysis (with P values of less than 0.001 and 0.028 respectively, see chapter 10). Higher education was also found to be closely related to higher socio-economic status (Table 4.3 and Chart 4.8).



Finally, the findings show that women from all religions experience physical and/or sexual violence by their husbands/partners. Although there are some variations between the prevalence rates between religions, these are minor and not statistically significant; all religions have prevalence rates close to the national rate of 60% (Table 4.4). These findings should not be used to argue that women from any one religion are more or less likely to experience intimate partner violence than women from any other religion.

Table 4.4: Lifetime experience of physical and/or sexual partner violence by religion (number and percentage of ever-partnered women reporting physical and/or sexual violence for each religion)

Religion	Experienced physical or sexual partner violence (N=1239)		Never experienced physical and/or sexual partner violence (N=822)		Total ever-partnered women for each religion (N=2061)	
	Number	%*	Number	%*	Number	%*
Anglican	234	60%	155	40%	389	100%
Assemblies of God	68	56%	53	44%	121	100%
Apostolic	35	61%	22	39%	57	100%
Catholic	186	69%	85	31%	271	100%
Church of Christ	48	64%	27	36%	75	100%
Other	189	53%	169	47%	358	100%
Presbyterian	299	60%	201	40%	500	100%
Seventh Day Adventist	171	62%	105	38%	276	100%
No answer/no religion	9	64%	5	35%	14	100%
Total	1239	60%	822	40%	2061	100%

* Percentages are based on the proportion of women in each religion.

Note: variations in prevalence between religions are minor and not statistically significant; the findings from this table cannot be used to argue that women from any one religion are more or less likely to experience intimate partner violence than women from any other religion.

Prevalence, frequency and severity of specific acts of physical and sexual violence

Physical violence

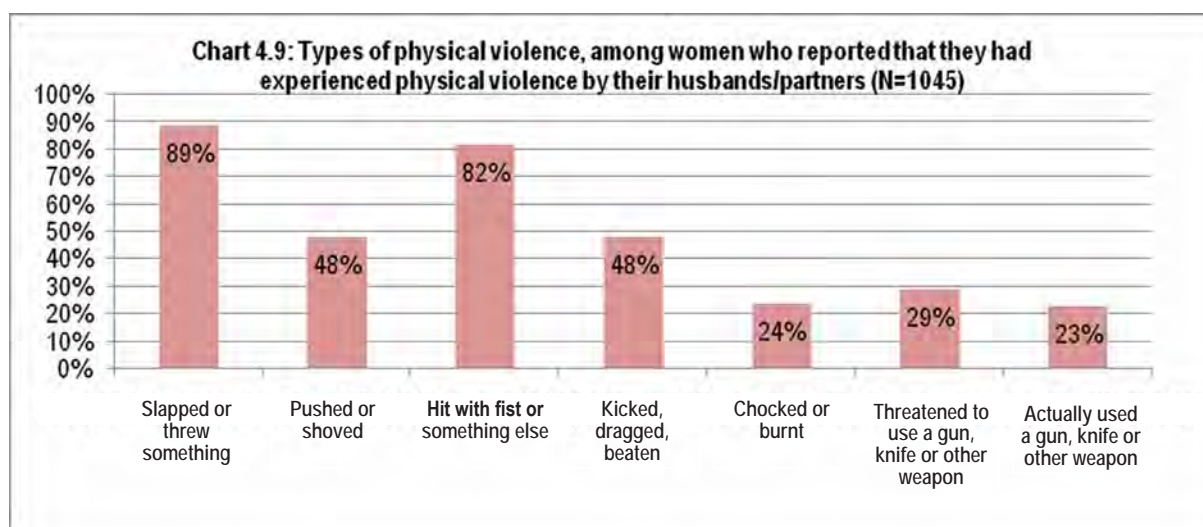
The most common types of physical violence are being slapped or having something thrown at them (45% of all ever-partnered women), and being hit with a fist or something else (42%) by their husband/partner. Almost 1 in 4 women (24%) have been pushed or shoved, or have been kicked, dragged or beaten repeatedly. The number of women who have experienced extremely severe forms of violence is a very worrying finding. More than 1 in 10 (12%) have been choked or burnt on purpose by

their husband/partner, or have had a weapon used against them (11%) such as a knife, iron bar, piece of wood, an axe or a gun. The fact that 15% of ever-partnered women have been threatened with a weapon provides an insight into the extreme degree of control and power that some men exert over their wives and partners (Table 4.5).

Table 4.5: Types of physical violence by husbands/partners in a woman's lifetime (number and percentage of ever-partnered women interviewed [N = 2061], compared with percentage of those who reported physical violence [N = 1045])

Types of physical violence	Number	% of total ever-partnered women (N=2061)	% of ever-partnered women who experienced physical violence (N=1045)
Slapped or threw something	925	45%	89%
Pushed or shoved	501	24%	48%
Hit with a fist or something else	858	42%	82%
Kicked, dragged, beaten up	498	24%	48%
Choked or burnt on purpose	251	12%	24%
Threatened to use a weapon	299	15%	29%
Actually used a weapon	239	11%	23%

Table 4.5 also provides the percentages of women experiencing each specific type of physical violence, among the 1045 ever-partnered women who reported that they had experienced any one act of physical violence in their lifetime. These figures provide a stark insight into these women's lives and demonstrate that many women are experiencing multiple types of physical violence: 82% of the women who do suffer from violence by their husbands/partners have been hit with a fist or something else, and almost half (48%) have been kicked, dragged or beaten up. Almost 1 in 4 have been choked or burnt on purpose (24%), 29% have been threatened with a weapon, and 23% have actually had a weapon used against them by their husbands/partners (Table 4.5 and Chart 4.9).



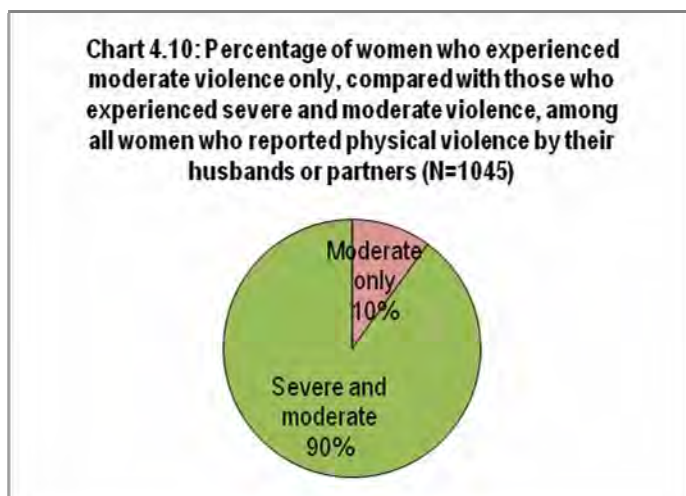
Some community members and leaders believe that women who experience domestic violence are only occasionally hit, and that in most cases the violence is minor – one view that has often been expressed to VWC is that the violence was “just a slap”. The data clearly shows that these beliefs are myths. Of all the ever-partnered women in the survey (2061), 46% have experienced the most severe types of violence, and 5% have experienced “moderate” violence only (Table 4.6). The WHO and other country studies typically define “moderate” violence as including slapping, pushing, shoving and having something thrown at them, whereas all other forms of physical violence are categorised as “severe”

(WHO 2005: 15, 30). While all forms of violence may cause short-term or permanent injury, those categorised as severe are very likely to do so in the vast majority of cases.

Table 4.6: Severity of physical violence experienced by ever-partnered women by their husbands/partners (number and percentage of ever-partnered women [N=2061], and percentage of those who reported any type of physical violence [N=1045])

	Number	% of ever-partnered women (N=2061)	% of women who reported physical violence (N=1045)
No physical violence	1016	49%	0%
Moderate physical violence only	101	5%	10%
Severe and moderate physical violence	944	46%	90%

Note: for the purposes of this table, "moderate" violence includes slapping, pushing or shoving only; "severe" physical violence includes all the other types of violence listed in Tables 4.5 and 4.7 and in Chart 4.9.



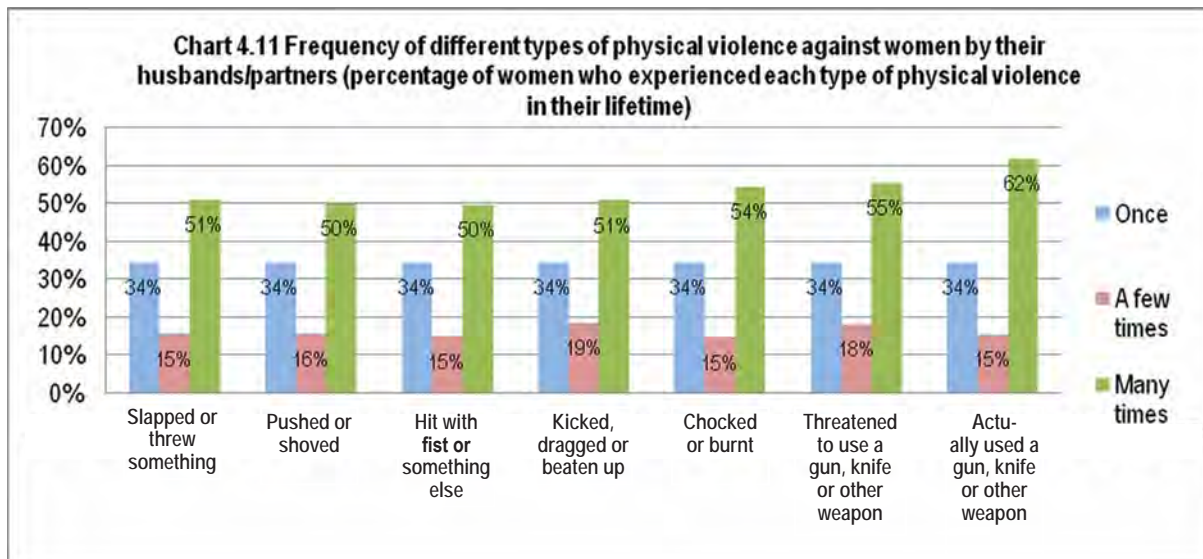
When we consider the 1045 women who have experienced any form of physical violence, 90% of them have been subjected to the most severe forms of violence and very few (10%) have only experienced slapping, pushing and shoving (Table 4.6 and Chart 4.10). One positive finding is that for about 1 in 3 women, each act of physical violence is a once in a lifetime event (Table 4.7 and Chart 4.11). However the majority – between 50% and 62% – have experienced each type of violence many times. This is the case for even the most

severe types of physical violence, such as being kicked, dragged or beaten repeatedly, choking and burning, and having a weapon used against them (Table 4.7 and Chart 4.11).

Table 4.7: Frequency of physical violence experienced by women (percentage of women who experienced each type of physical violence by their husband/partner in their lifetime)

Types of physical violence	Once		A few times		Many times		Total	
	Number	%	Number	%	Number	%	Number	%
Slapped or threw something	304	34%	140	15%	461	51%	905	100%
Pushed or shoved	169	34%	76	16%	245	50%	490	100%
Hit with a fist or something else	300	36%	125	15%	418	50%	843	100%
Kicked, dragged, beaten	149	31%	90	19%	247	51%	486	100%
Choked or burnt on purpose	77	31%	36	15%	134	54%	247	100%
Threatened to use a gun, knife or weapon	78	27%	53	18%	162	55%	293	100%
Actually used a gun, knife or other weapon	55	23%	37	15%	147	62%	239	100%

Note: the total figures for women who have experienced each type of physical violence are less than in Table 4.5 because some women did not say how frequently the violence occurred.



In summary, for most of the women who experience any type of physical violence by their husband or partner, they experience multiple types of violence, the violence is frequently severe, and they experience it many times in their life. These are important findings for policy makers, service-providers, Chiefs, family members and all individuals who may be asked for help by women living with violence.

Sexual violence

The most common form of sexual violence is rape – 39% of ever-partnered women (almost 2 in every 5 women) have been physically forced to have sex against their will by their husband/partner; and 35% have had sex because they were afraid of what their husband/partner might do. Almost 1 in 5 women (18%) have been forced to do something sexual that they felt was degrading or humiliating (Table 4.8).

Table 4.8: Types of sexual violence by husbands/partners in a woman's lifetime (number and percentage of ever-partnered women interviewed [N=2061], compared with percentage of those who reported sexual violence [N = 910])

Types of sexual violence	Number	% of ever-partnered women in Vanuatu (N=2061)	% of ever-partnered women who experienced sexual violence (N=910)
Forced to have sex	799	39%	88%
Had sex because afraid of what husband/partner might do	712	35%	78%
Forced to perform a degrading or humiliating sexual act	361	18%	40%

Of the 910 women who have experienced any of these forms of sexual violence, most have experienced more than one type (Table 4.8 and Chart 4.12). For those women who have been subjected to each type of sexual violence, almost half have experienced the abuse many times by their husband/partner (Table 4.9 and Chart 4.13). Furthermore, for many women, physical abuse is followed by rape. Of the 1045 women who have experienced physical violence by their husband/partner, 42% have been forced to have sex following the physical violence (Table 4.10 and Chart 4.14).

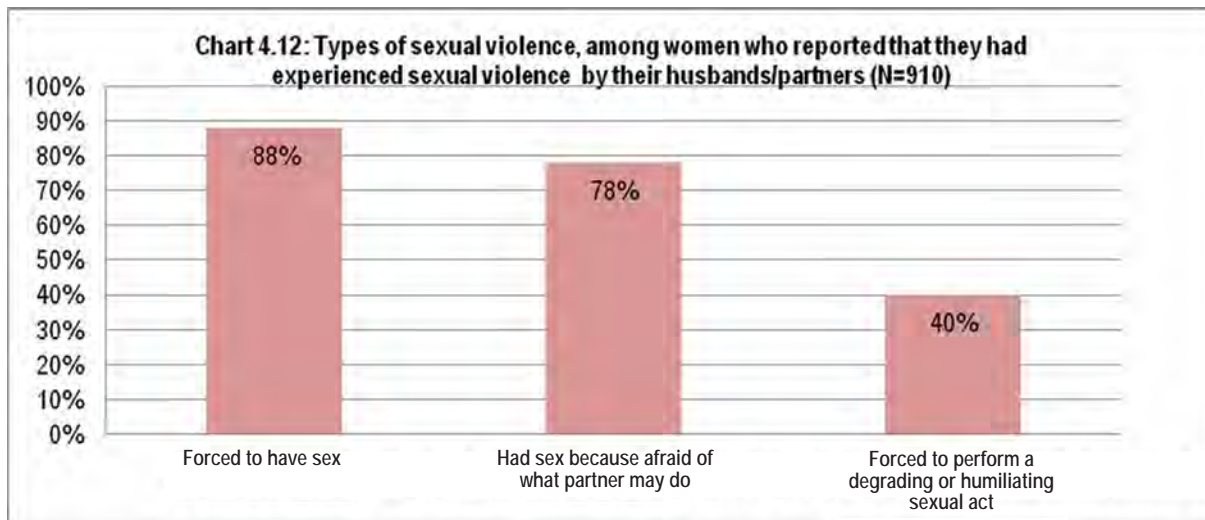


Table 4.9: Frequency of sexual violence experienced by women (percentage of women who experienced each type of physical violence in their lifetime, N=910)

Types of sexual violence	Once		A few times		Many times		Total	
	Number	%	Number	%	Number	%	Number	%
Forced to have sex	269	35%	160	21%	347	45%	776	100%
Had sex because afraid of what partner may do	248	36%	106	15%	331	48%	685	100%
Forced to perform a degrading or humiliating sexual act	123	36%	58	17%	165	48%	346	100%

Note: the total figures for women who have experienced each type of sexual violence are less than in Table 4.8 because some women did not say how frequently the violence occurred.

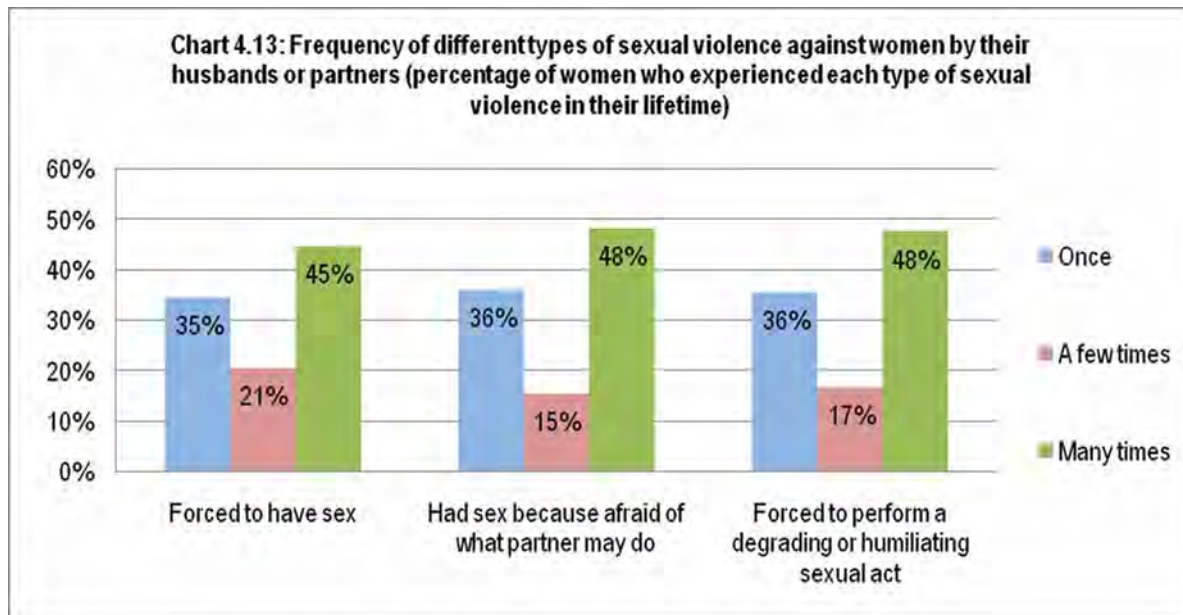
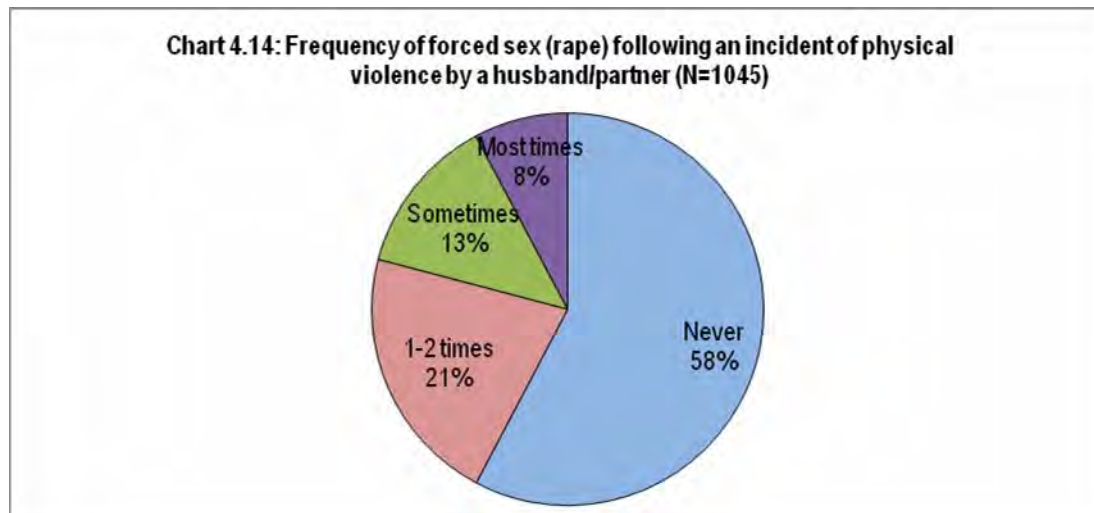


Table 4.10: Links between physical violence and forced sex (rape) by husbands/partners (number and percentage of ever-partnered women who experienced physical violence in their lifetime, N = 1045)

	Number	%
Never	594	58%
Frequency of forced sex following physical violence		
1-2 times	220	21%
Sometimes	135	13%
Many times/most of the times	80	8%
Sub-total where there was forced sex following physical violence	435	42%
No answer	16	
Total	1045	100%



Prevalence of specific types of emotional violence and controlling behaviours by husbands/partners

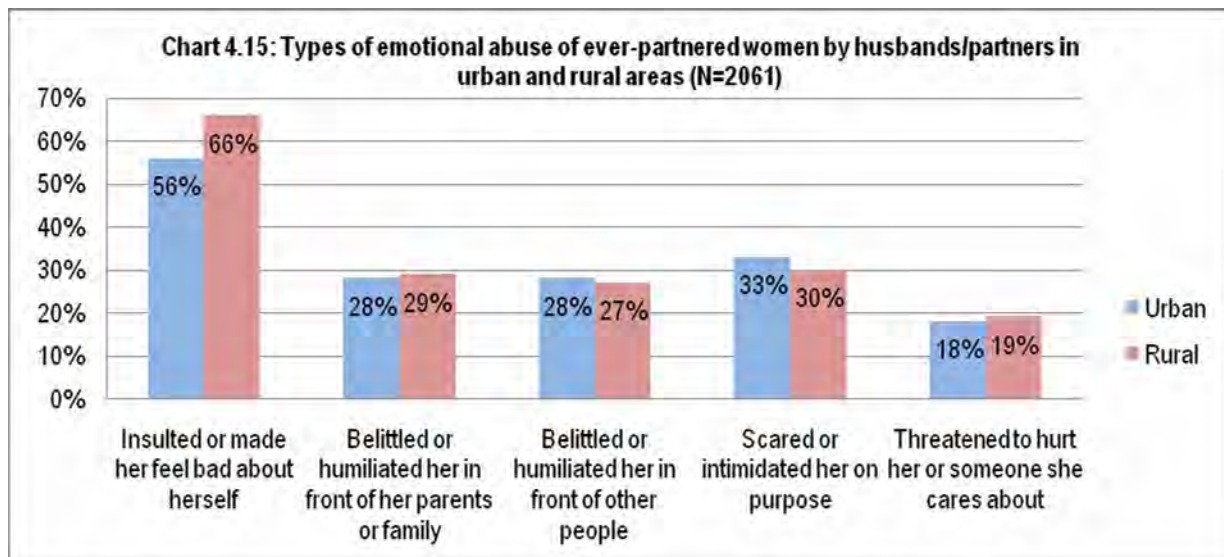
Emotional violence

The survey asked women about 5 different types of emotional abuse. Being insulted by her husband/partner or made to feel bad about herself is the most common form of emotional abuse, experienced by about 2 in every 3 ever-partnered women (64%). Being belittled or humiliated in front of her parents or family is experienced by 29% of women; and being humiliated in front of other people is experienced by 27%. About 1 in 3 women (31%) have been scared or intimidated on purpose by their husband/partner. For almost 1 in 5 women (18%), her husband/partner has threatened to hurt her or someone she cares about (Table 4.11).

Women in rural areas are somewhat more likely to be insulted or made to feel bad about themselves by their husband/partner than women in urban areas – 56% of women in urban areas have been insulted, compared with 66% in rural areas (Table 4.11 and Chart 4.15). Comparing this finding with the overall rates of emotional abuse in urban and rural areas (Table 4.2 and Chart 4.3), this difference accounts for the fact that women in rural areas experience higher rates of emotional abuse than those in urban areas. However, women in urban areas are slightly more likely than those in rural areas to be scared or intimidated on purpose by their husband/partner; for all the other types of emotional abuse, the rural and urban rates are about the same.

Table 4.11: Types of emotional abuse of women by their husbands/partners, by location (number and percentage of ever-partnered women interviewed, N = 2061)

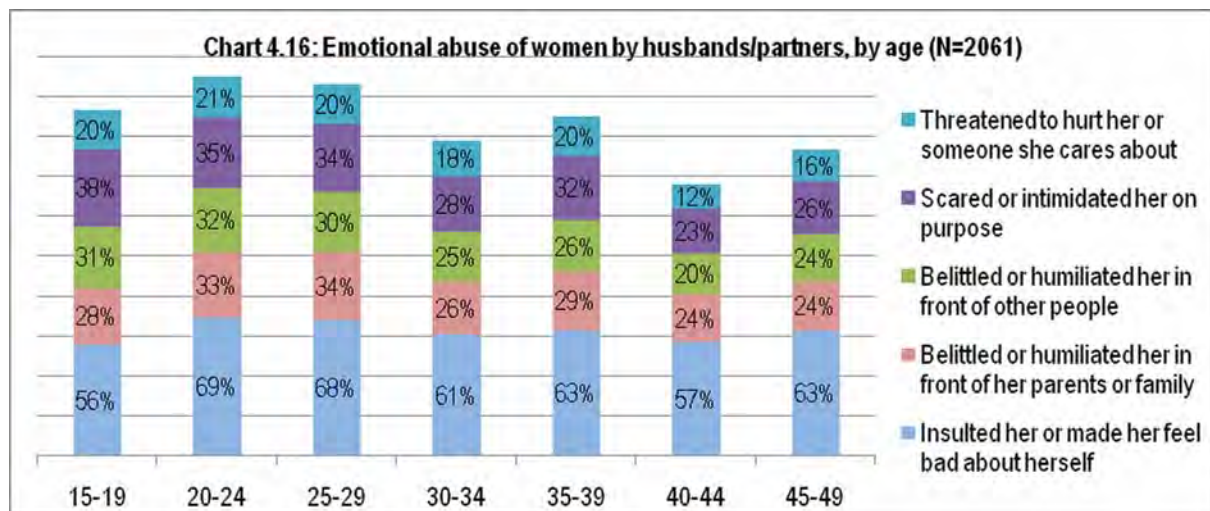
Location	Insulted her or made her feel bad about herself		Belittled or humiliated her in front of her parents/family		Belittled or humiliated her in front of other people		Scared or intimidated her on purpose		Threatened to hurt her or someone she cares about	
	Number	%	Number	%	Number	%	Number	%	Number	%
Pt Vila	118	49%	62	26%	65	27%	76	31%	41	17%
Luganville	128	64%	61	31%	59	30%	70	35%	37	19%
Torba	167	63%	59	22%	63	24%	78	29%	22	8%
Sanma	235	72%	110	34%	103	31%	114	35%	94	29%
Penama	199	73%	85	31%	79	29%	100	37%	51	19%
Malampa	222	78%	86	30%	74	26%	82	29%	48	17%
Shefa	101	44%	67	29%	46	20%	50	22%	37	16%
Tafea	139	58%	67	28%	65	27%	68	28%	48	20%
Total Urban	246	56%	123	28%	124	28%	146	33%	78	18%
Total Rural	1063	66%	474	29%	430	27%	492	30%	300	19%
Total Vanuatu	1309	64%	597	29%	554	27%	638	31%	378	18%

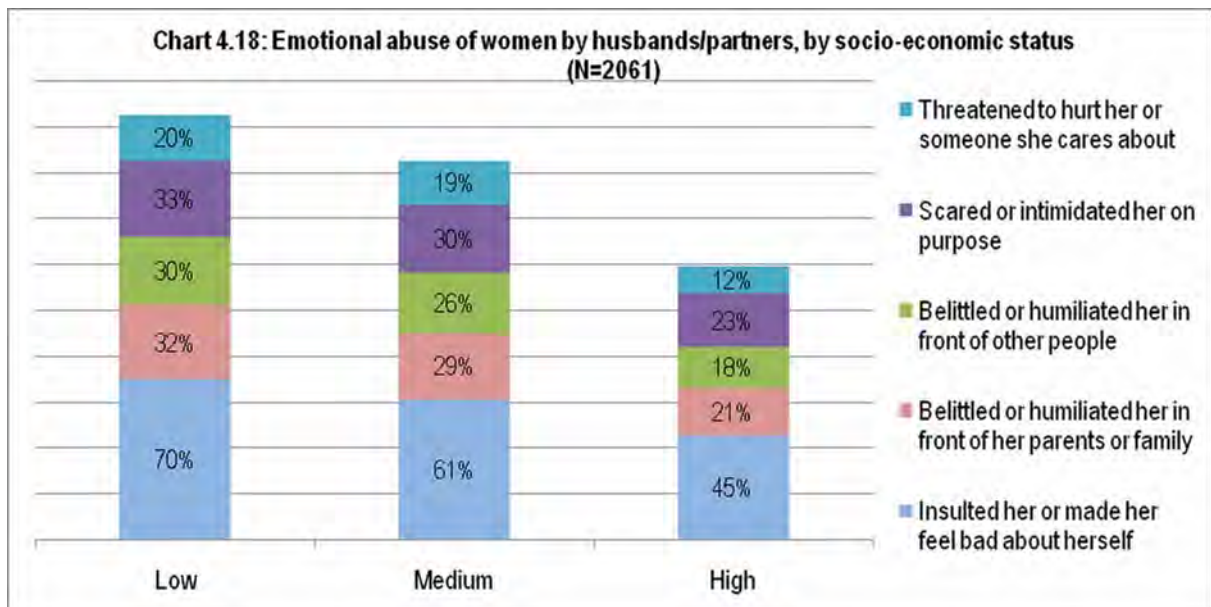
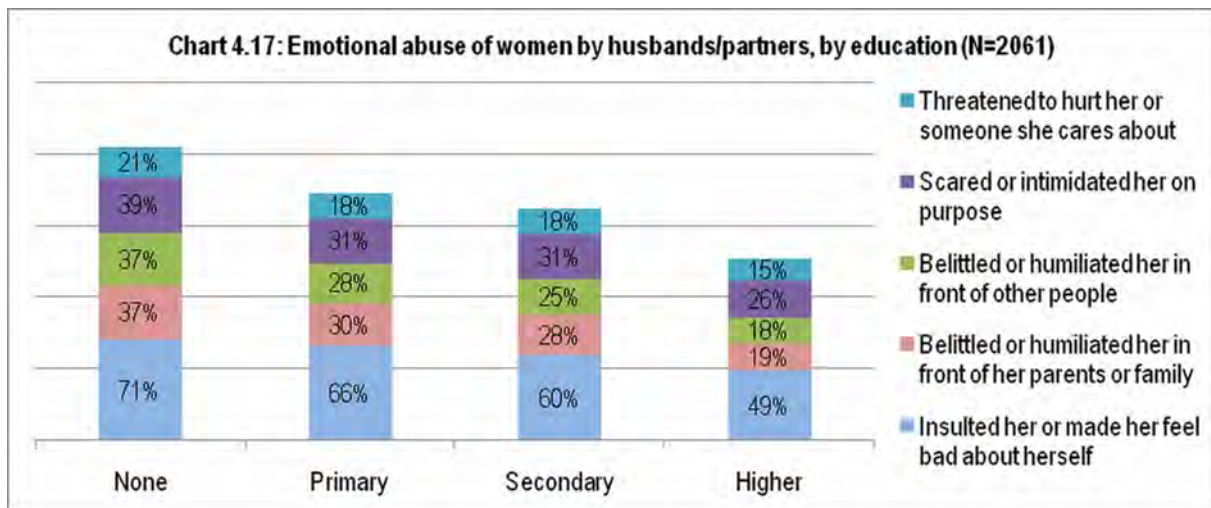


Several patterns that were observed for physical and sexual violence are also evident in women's experience of emotional abuse. Many women are experiencing multiple types of emotional abuse through their lifetime. Women of all ages, education levels and socio-economic status experience all types of emotional abuse. However, younger women are slightly more likely to experience it, although this fluctuates according to the different types of abuse (Table 4.12 and Chart 4.16). Women with higher education are less likely to experience all types of emotional abuse. In particular, 49% of women with higher education have been insulted by their husband/partner, compared with 71% of those with no education. Overall, the percentage of women experiencing emotional abuse decreases according to their level of education achieved (Table 4.12 and Chart 4.17). Similarly, women from households with a high socio-economic status are less likely to experience all types of emotional abuse, compared with those from households with medium and low socio-economic status (Table 4.12 and Chart 4.18).

Table 4.12: Types of emotional abuse of women by their husbands/partners, by age, level of education and socio-economic status (percentage of ever-partnered women interviewed, N = 2061)

	Insulted her or made her feel bad about herself	Belittled or humiliated her in front of her parents or family	Belittled or humiliated her in front of other people	Scared or intimidated her on purpose	Threatened to hurt her or someone she cares about
Age group					
15-19	56%	28%	31%	38%	20%
20-24	69%	33%	32%	35%	21%
25-29	68%	34%	30%	34%	20%
30-34	61%	26%	25%	28%	18%
35-39	63%	29%	26%	32%	20%
40-44	57%	24%	20%	23%	12%
45-49	63%	24%	24%	26%	16%
Education level					
None	71%	37%	37%	39%	21%
Primary	66%	30%	28%	31%	18%
Secondary	60%	28%	25%	31%	18%
Higher	49%	19%	18%	26%	15%
Socio-economic status					
Low	70%	32%	30%	33%	20%
Medium	61%	29%	26%	30%	19%
High	45%	21%	18%	23%	12%





Controlling behaviours

Findings on the type of control that men exert over their wives, partners and girlfriends provide important insights into the lives of women in Vanuatu, regardless of whether they experience partner violence. The survey asked questions about 8 different types of control including attempts to restrict a woman's social contact with her family, friends or other men, and the extent to which women are expected to get male permission when accessing health care or undertaking activities. The study found that 69% of ever-partnered women (more than 2 in 3) have experienced at least 1 type of controlling behaviour by their husbands/partners; and more than 1 in 4 (28%) have experienced 4 or more (Table 4.13 and Chart 4.19). The rates of controlling behaviour observed in Vanuatu are among the highest in the world where the WHO survey has been used (WHO 2005: 34-35, 182-183; SPC 2009: 65; SPC 2010: 85). This indicates that male control is a common element of many relationships in Vanuatu, whether or not a woman experiences physical or sexual partner violence. This has serious implications for women's ability to take up opportunities for social and economic development.

Table 4.13: Prevalence of ever-partnered women reporting controlling behaviours by husbands/partners, according to their experience of physical or sexual violence (number and percentage of ever-partnered women who experienced controlling behaviours in their lifetime, N = 2061)

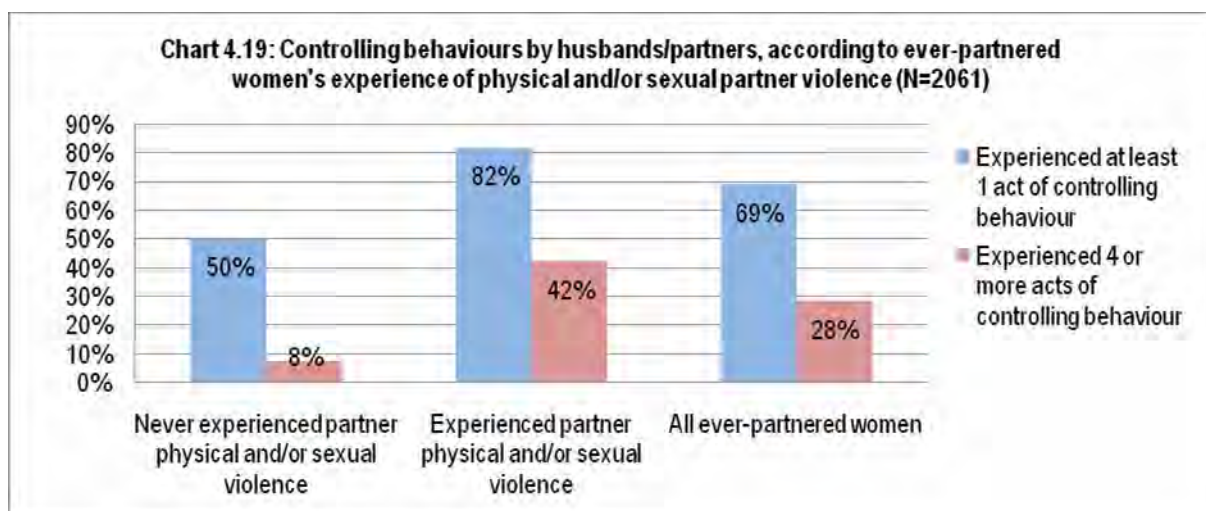
Type of control	Ever-partnered women (N = 2061)		Never experienced partner violence (N = 822)		Experienced partner violence (N = 1239)		P value*
	Number	%	Number	%	Number	%	
Keeps her from seeing friends	509	25%	84	10%	425	34%	<0.001
Restricts her contact with family	192	9%	15	2%	177	14%	<0.001
Insists on knowing where she is at all times	1079	52%	291	35%	788	64%	<0.001
Ignores her or treats indifferently	307	15%	25	3%	282	23%	<0.001
Gets angry if she speaks with another man	487	24%	49	6%	438	35%	<0.001
Often suspicious that she is unfaithful	537	26%	58	7%	479	39%	<0.001
Expects his permission before she accesses health care	837	41%	223	27%	614	50%	<0.001
Expects his permission before she does anything	988	48%	237	29%	751	61%	<0.001
Experienced at least one act of controlling behaviour	1422	69%	411	50%	1011	82%	<0.001
Experienced 4 or more acts of controlling behaviour	586	28%	63	8%	523	42%	<0.001

* P value tests the difference between "never experienced physical or sexual violence by a husband or partner" and "experienced physical or sexual violence by a husband or partner". All associations are highly statistically significant.

The most common forms of controlling behaviour for ever-partnered women are: insisting on knowing where she is at all times (52% of women); expecting her to request his permission before she does anything (48%); and expecting her to request his permission before she accesses health care (41%). The fact that 2 in 5 women are expected to ask permission before getting health care has potentially negative implications for women's and children's health. On the positive side, relatively few women are restricted from seeing their family (9% of ever-partnered women). Nevertheless, about 1 in 4 is

restricted from seeing her friends, subjected to anger if she speaks with another man, and frequently treated with suspicion regarding whether she is faithful to her husband/partner (Table 4.13).

Women who have experienced either physical or sexual partner violence are significantly more likely to experience controlling behaviours by their husbands/partners than those who have not experienced partner violence. More than 4 in 5 women (82%) who experienced partner violence also experienced at least 1 act of controlling behaviour, compared with 50% among those who never experienced violence. Furthermore, more than 2 in 5 women (42%) who have been subjected to partner violence have experienced 4 or more types of control by their husbands/partners, compared with only 8% among those who have not experienced physical or sexual violence (Table 4.13 and Chart 4.19). In fact, women who experience any form of controlling behaviour at all are significantly more likely to be living with either physical or sexual violence or both by their husband/partner (P values for all associations are less than 0.001, Table 4.13).



For those women who have experienced either physical or sexual violence or both, in 64% of cases their husbands/partners insist on knowing where they are at all times, for 61% he expects her to get his permission before she does anything, and for 50% he expects her to get his permission before she accesses health care. Moreover, for more than 1 in 3 of those women who have experienced violence, her husband/partner restricts her from seeing her friends (34%), gets angry if she speaks with another man (35%), and often suspects that she is unfaithful (39%). These figures paint a picture of a highly controlled, oppressive and intimidating environment for many women living with violence (Table 4.13). All these associations underline the strong links between violence against women and reduced opportunities for economic and social development.

Unlike other forms of violence against women (physical, sexual and emotional), urban women are more likely to experience some forms of controlling behaviour by husbands/partners than their rural sisters. This is the case for insisting on knowing where she is at all times (62% of urban women experience this behaviour compared with 50% of rural women); and for expecting his permission before she accesses health care or does anything. With other aspects of controlling behaviours, the difference in percentages between urban and rural areas is small (Table 4.14 and Chart 4.20).

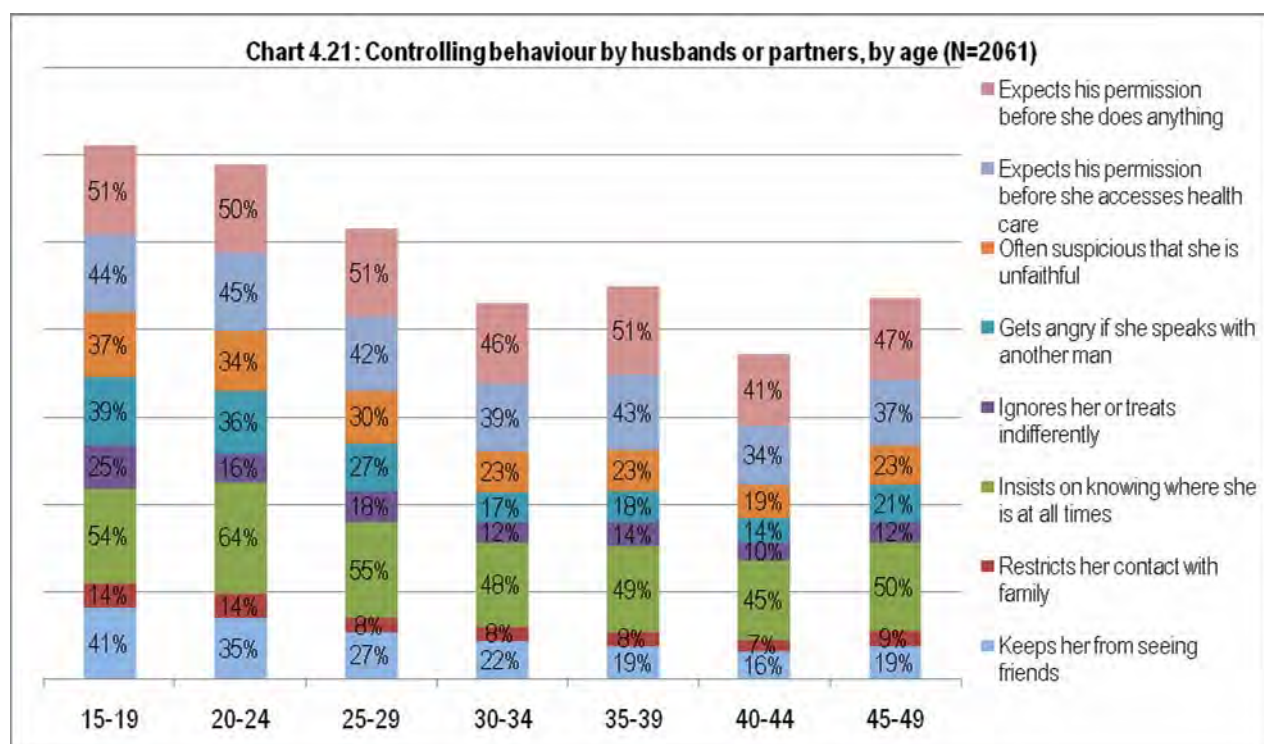
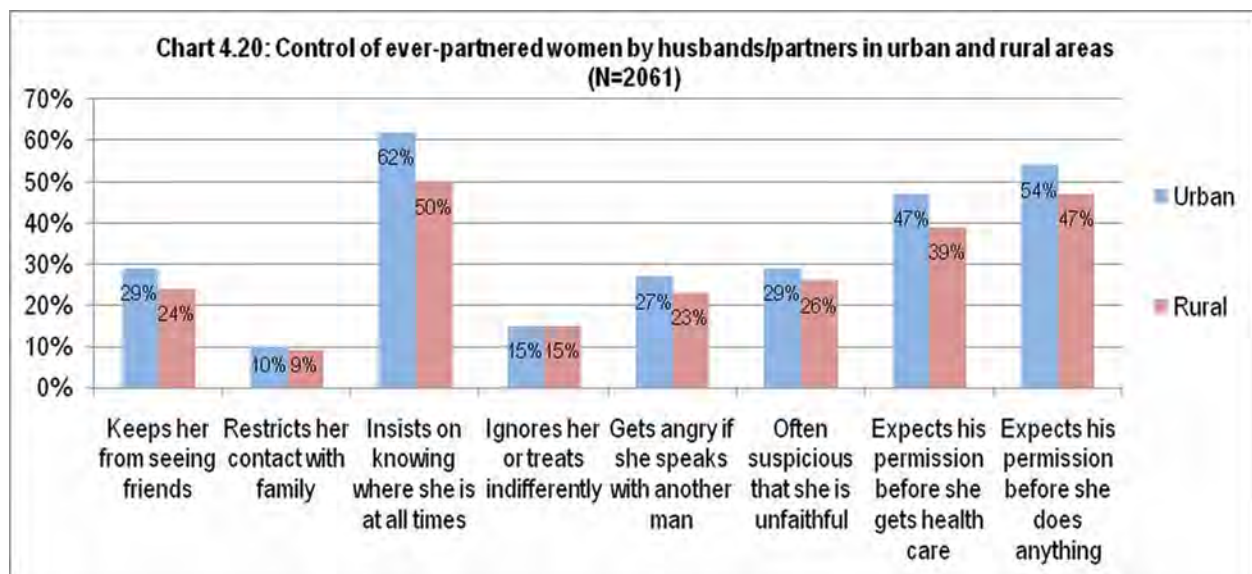
Table 4.14: Types of controlling behaviours by husbands/partners in women's lifetime, by location (percentage of ever-partnered women interviewed, N = 2061)

Characteristics of the woman	Keeps her from seeing friends	Restricts her contact with family	Insists on knowing where she is at all times	Ignores her or treats indifferently	Gets angry if she speaks with another man	Often suspicious that she is unfaithful	Expects his permission before she accesses health care	Expects his permission before she does anything
Location								
Pt Vila	28%	7%	60%	12%	26%	29%	48%	51%
Luganville	30%	13%	65%	18%	28%	29%	44%	56%
Torba	28%	7%	53%	15%	22%	29%	19%	36%
Sanma	24%	11%	57%	20%	32%	36%	53%	53%
Penama	25%	9%	57%	18%	18%	23%	53%	54%
Malampa	19%	8%	40%	10%	20%	22%	34%	55%
Shefa	15%	7%	43%	11%	17%	15%	45%	37%
Tafea	30%	13%	46%	14%	26%	24%	28%	40%
Total Urban	29%	10%	62%	15%	27%	29%	47%	54%
Total Rural	24%	9%	50%	15%	23%	26%	39%	47%
Total Vanuatu	25%	9%	52%	15%	24%	26%	41%	48%
Age group								
15-19	41%	14%	54%	25%	39%	37%	44%	51%
20-24	35%	14%	64%	16%	36%	34%	45%	50%
25-29	27%	8%	55%	18%	27%	30%	42%	51%
30-34	22%	8%	48%	12%	17%	23%	39%	46%
35-39	19%	8%	49%	14%	18%	23%	43%	51%
40-44	16%	7%	45%	10%	14%	19%	34%	41%
45-49	19%	9%	50%	12%	21%	23%	37%	47%
Education level								
None	36%	18%	50%	21%	29%	37%	39%	55%
Primary	23%	10%	52%	16%	22%	26%	44%	50%
Secondary	26%	8%	54%	13%	26%	26%	38%	45%
Higher	20%	7%	49%	9%	18%	15%	19%	41%
Socio-economic status								
Low	24%	11%	51%	17%	25%	28%	40%	50%
Medium	24%	8%	53%	14%	23%	26%	41%	47%
High	26%	7%	55%	9%	20%	22%	38%	41%

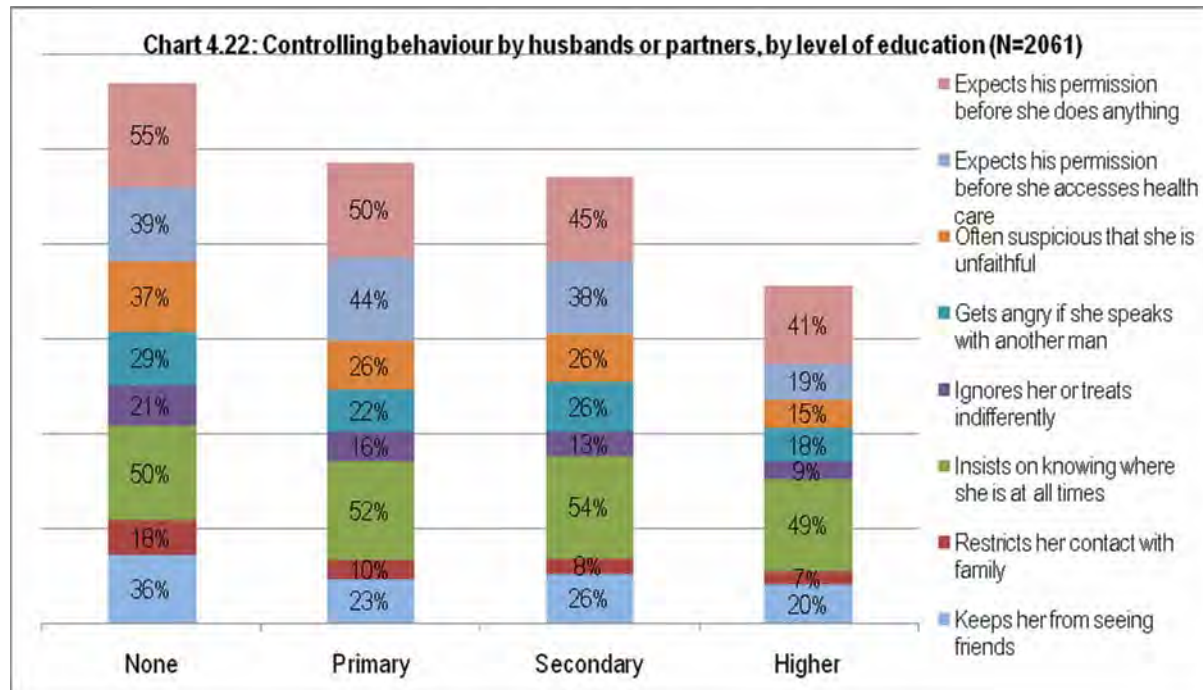
As with the other forms of violence discussed above, women of all ages, education levels and socio-economic status experience high levels of controlling behaviours. However, younger women aged 15-29 are more likely to experience some of these acts of control than older age groups. For example, a younger woman is somewhat more likely to be prevented from seeing friends and family than an older woman; and it is more likely that her husband/partner will insist on knowing where she is at all times or get angry if she speaks with another man (Table 4.14 and Chart 4.21).

Women with higher education are less likely to experience most controlling behaviours than women with secondary, primary or no education. These differences vary slightly from one type of controlling behaviour to the other: women with higher education are substantially less likely to have to ask for permission to access health care and are less often suspected of being unfaithful. However, a woman's educational status has very little impact on whether her husband/partner insists on knowing where she

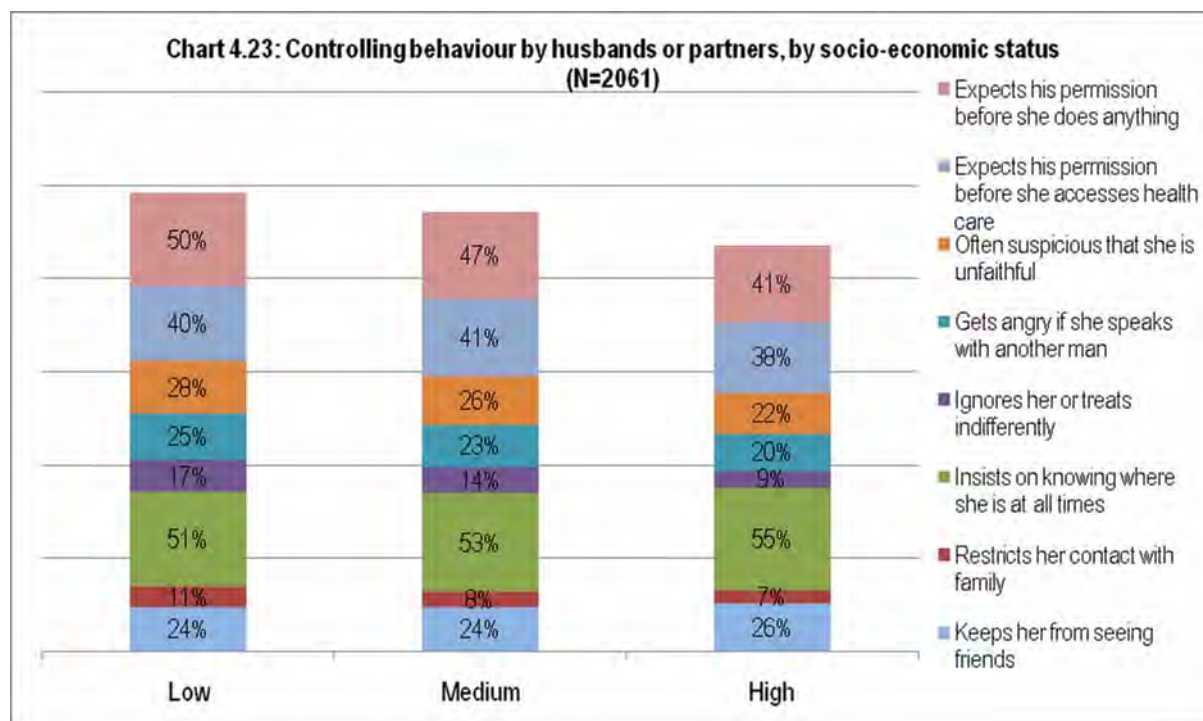
is at all times; this type of control is imposed on women regardless of their level of education (Table 4.14 and Chart 4.22).



On the other hand, women with no education are much more likely to be restricted from seeing their friends or family, more likely to be suspected of being unfaithful, and more likely to have to ask permission from their husband/partner to do anything. Social and economic development for women with no education is already limited; these controlling behaviours restrict women's opportunities even further (Table 4.14 and Chart 4.22).



Unlike other forms of violence, socio-economic status does not affect whether or not a woman will experience controlling behaviours. Although women with higher socio-economic status experience slightly less controlling behaviours, the differences for most types of control are not significant (Table 4.14 and Chart 4.23).



4.2 WOMEN'S ATTITUDES TO GENDER POWER RELATIONS AND VIOLENCE

This section presents findings on women's attitudes. Women were asked whether they agreed or disagreed with a series of statements. The first series of statements focused on gender power relations and selected customary practices; the second explored women's views on whether a man has "a good reason to hit his wife/partner" in specific situations; and the third asked about situations where a married woman can refuse to have sex with her husband (see section 6 of the questionnaire in Annex 2). All questions were asked of all 2337 respondents, including ever-partnered and never-partnered women.

Women's attitudes to gender roles, gender equality and women's rights

On several key questions relating to women's rights and gender equality, about half of the respondents agree with statements that oppose or undermine gender equality, and about half reject these statements. For example, half of the respondents (50% of the 2337 women interviewed) agreed that a "good wife" obeys her husband/partner even if she disagrees with him; 40% (2 in 5) agreed that "it is important for a man to show his wife/partner that he is the boss"; and almost half (47%) disagreed that "a woman should be able to choose her own friends, even if her husband/partner disapproves". On the positive side, compared to the answers to other questions, relatively few women (18% or slightly less than 1 in 5) agreed that "it's a wife's obligation to have sex with her husband/partner even if she doesn't feel like it" (Table 4.15 and Chart 4.24).

Another positive finding is the fact that three-quarters of respondents (74%) believe that if a man mistreats his wife/partner, then others outside the family should intervene. This is a potential protective factor for women living with violence. However, a strong risk factor that is likely to prevent women from seeking help when living with domestic violence is that more than 4 in 5 (82%) believe that family problems should only be discussed with the family (Table 4.15 and Chart 4.24).

Three questions were asked on traditional customs. Almost 3 in 5 women (58%) believe that a woman or girl should not touch food when she is menstruating. The high level of agreement with this statement is a worrying finding because it is based on a negative and discriminatory view of women and girls and their natural biological functions. A disturbing finding is the fact that over half of the respondents (53%) believe that a woman becomes a man's property if bride price is paid. The notion of a woman as property is dehumanising and opposed to basic human rights; it also severely restricts her options if she is living in a violent relationship, as so many women in Vanuatu are. Finally, more than 1 in 3 (36%) believe that it is all right for a girl or woman to be swapped or exchanged in marriage (Table 4.15 and Chart 4.24).²²

²² If a man from family A marries into family B, then family B is obliged by custom to provide a girl or woman to marry a man in family A. This is a traditional practice in Tafea province and part of Sanma province.

Table 4.15: Women's attitudes to gender roles and women's rights (number and percentage of all women respondents who agree or disagree with each statement, whole of Vanuatu, N=2337)

Statements	Agree		Disagree		Don't know / no answer	
	Number	%	Number	%	Number	%
Good wife/partner obeys husband even if she disagrees	1177	50%	1112	48%	48	2%
Family problems should only be discussed in the family	1909	82%	406	17%	22	1%
It is important for a man to show his wife/partner that he is the boss	946	40%	1328	57%	63	3%
A woman should be able to choose her own friends, even if husband / partner disapproves	1104	47%	1159	50%	74	3%
Wife has obligation to have sex with her husband / partner, even if she doesn't feel like it	426	18%	1819	78%	92	4%
If a man mistreats his wife / partner, others outside the family should intervene	1727	74%	565	24%	45	2%
A woman or girl should not touch food when she is menstruating	1361	58%	935	40%	41	2%
It is all right for a woman or girl to be swapped or exchanged for marriage	837	36%	1403	60%	97	4%
If bride price is paid, a wife becomes the husband's property	1232	53%	1024	44%	81	3%

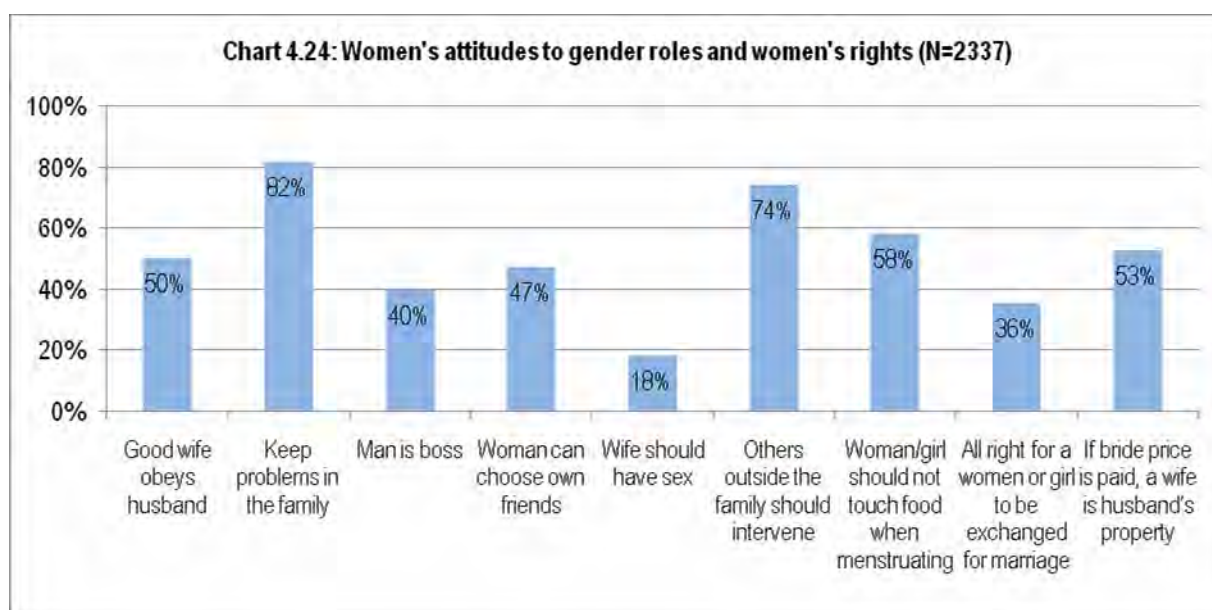


Table 4.16 shows attitudes to women's roles, gender equality and women's rights in different locations, and for different age groups, education levels and socio-economic status. For most questions, there were very few differences in attitudes between urban and rural locations. However, more women in urban areas held views that undermined women's rights on 3 issues: that a man should show his wife/partner that he is the boss (50% in urban areas compared with 38% in rural areas); that a woman becomes her husband's property if bride price is paid (62% in urban areas compared with 50% in rural areas); and negative taboos regarding menstruation (64% in urban areas compared with 57% in rural areas) (Table 4.16).

Table 4.16: Women's attitudes to gender roles and women's rights, by location, age, education and socio-economic status (number and percentage of all women respondents who agree with each statement, N=2337)

	Good wife/partner obeys her husband even if she disagrees		Family problems should only be discussed within the family		It is important for a man to show his wife/partner that he is the boss		A woman should be able to choose own friends, even if husband / partner disapproves		Wife has obligation to have sex with her husband / partner, even if she doesn't feel like it		If a man mistreats his wife / partner, others outside the family should intervene		A woman or girl should not touch food when she is menstruating		It is all right for a woman or girl to be swapped or exchanged for marriage		If bride price is paid, a wife becomes the husband's property	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Port Vila	126	44%	242	84%	120	42%	141	49%	35	12%	243	84%	145	50%	83	29%	158	55%
Luganville	159	59%	234	87%	157	59%	128	48%	51	19%	158	59%	209	78%	94	35%	186	69%
Torba	57	20%	248	86%	31	11%	175	61%	24	8%	172	60%	119	41%	49	17%	50	17%
Sanma	142	40%	268	76%	123	35%	120	34%	60	17%	231	65%	184	52%	125	35%	183	52%
Penama	176	60%	215	73%	154	52%	128	44%	93	32%	225	77%	192	65%	116	39%	196	67%
Malampa	181	57%	286	90%	123	39%	166	52%	89	28%	293	92%	172	54%	131	41%	154	48%
Shefa	185	70%	204	77%	180	68%	114	43%	46	17%	193	73%	114	43%	56	21%	160	60%
Tafea	151	57%	212	80%	58	22%	132	50%	28	11%	212	80%	226	86%	183	69%	145	55%
Total Urban	285	51%	476	86%	277	50%	269	48%	86	15%	401	72%	354	64%	177	32%	344	62%
Total Rural	892	50%	1433	80%	669	38%	835	47%	340	19%	1326	74%	1007	57%	660	37%	888	50%
Vanuatu	1177	50%	1909	82%	946	40%	1104	47%	426	18%	1727	74%	1361	58%	837	36%	1232	53%
Age group																		
15-19	146	47%	257	83%	118	38%	132	42%	33	11%	211	68%	185	59%	95	31%	148	48%
20-24	206	50%	345	83%	167	40%	203	49%	63	15%	305	74%	244	59%	150	36%	237	57%
25-29	213	51%	339	82%	178	43%	197	47%	88	21%	316	76%	249	60%	161	39%	229	55%
30-34	195	49%	326	81%	149	37%	186	46%	72	18%	294	73%	224	56%	155	39%	191	48%
35-39	189	54%	288	82%	165	47%	179	51%	78	22%	267	76%	206	59%	129	37%	203	58%
40-44	132	53%	203	81%	95	38%	129	52%	56	22%	191	76%	145	58%	81	32%	136	54%
45-49	96	51%	150	79%	74	39%	77	41%	36	19%	143	75%	107	56%	66	35%	88	46%
Education level																		
None	65	44%	120	81%	34	23%	85	57%	25	17%	96	65%	86	58%	60	41%	57	39%

	Good wife/partner obeys her husband even if she disagrees		Family problems should only be discussed within the family		It is important for a man to show his wife/partner that he is the boss		A woman should be able to choose own friends, even if husband / partner disapproves		Wife has obligation to have sex with her husband / partner, even if she doesn't feel like it		If a man mistreats his wife / partner, others outside the family should intervene		A woman or girl should not touch food when she is menstruating		It is all right for a woman or girl to be swapped or exchanged for marriage		If bride price is paid, a wife becomes the husband's property	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary	646	53%	992	82%	526	43%	578	47%	260	21%	902	74%	712	59%	475	39%	686	56%
Secondary	432	49%	723	82%	360	41%	392	45%	128	15%	657	75%	518	59%	288	33%	450	51%
Higher	29	33%	68	78%	23	26%	44	51%	10	11%	66	76%	42	48%	13	15%	36	41%
Not known	5	83%	6	100%	3	50%	5	83%	3	50%	6	100%	3	50%	1	17%	3	50%
Socio-economic status																		
Low	522	51%	825	81%	396	39%	497	49%	208	20%	748	73%	567	56%	402	39%	530	52%
Medium	474	50%	775	83%	382	41%	435	46%	168	18%	713	76%	596	63%	344	37%	505	54%
High	129	44%	235	80%	120	41%	127	43%	31	11%	211	72%	141	48%	58	20%	138	47%
Not known	52	63%	74	89%	48	58%	45	54%	19	23%	55	66%	57	69%	33	40%	59	71%

Age is not a significant factor in women's views relating to gender roles or key questions regarding women's rights. For example, younger women aged 15-29 are just as likely to agree with taboos regarding menstruation as older women; and very young women (15-19) are only slightly less likely to agree that a woman becomes the husband's property after payment of bride price. Interestingly, women aged 45-49 are the only ones substantially less likely to believe that bride price confers ownership, with 46% of women believing this compared with 53% for the total sample (Table 4.16).

Level of education and socio-economic status were not clear predictors of different attitudes to gender roles and women's rights. In most cases, women from all socio-economic groups and education levels agreed with most statements at about the same rates as the national averages. However, women with no education as well as those with higher education were somewhat less likely to believe that a man should show his wife/partner who is boss, and both these groups were less likely to believe that bride price confers ownership. Women with higher education were also less likely to agree with the menstruation taboo (48% of higher educated women agreed with the taboo, compared with 58% for all respondents), and much less likely to agree with swapping women and girls for marriage (only 15% of higher educated women agreed with this, compared with 36% for all respondents). Similarly, women from households with high socio-economic status were less likely to agree with the menstruation taboo, with swapping for marriage, and that a husband owns his wife once bride price has been paid (Table 4.16).

Women's attitudes to bride price

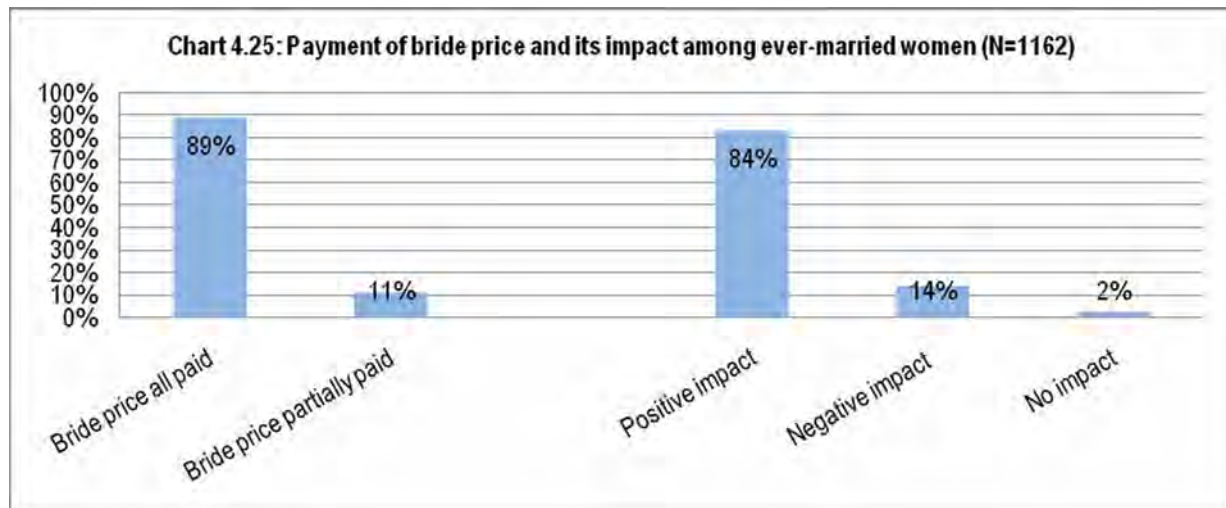
Respondents' attitudes to bride price were explored in questions on gender roles and women's rights discussed above, and in questions on attitudes to physical and sexual violence which are discussed in detail below. In addition, 3 specific questions were also asked on bride price in section 1 of the questionnaire (see Annex 2). First, women who had ever been married were asked if their marriage involved bride price. Ever-married women were defined as those who had a ceremony to formalise the union, regardless of whether it was a civil, religious or custom ceremony. Of the 1437 women who had ever been married, bride price was involved in about 4 in 5 cases (81% or 1162 women). Among the 1162 women whose marriage involved bride price, it had been fully paid in 89% of cases; in the remaining 11% it had been partially paid (Table 4.17 and Chart 4.25).

Table 4.17: Payment of bride price and women's view of the impact of bride price on how she is treated by her husband and his family (number and percentage of ever-married women, N = 1437)*

Number of ever-married women whose marriage involved bride price	Number	%
Marriage involves bride price	1162	81%
No bride price involved in the marriage	275	19%
Total	1437	100%
How much of the bride price has been paid (percentage of 1162)		
Bride price all paid	1029	89%
Bride price partially paid	127	11%
Don't know/don't remember/no answer	2	0.2%
Total	1162	100%
Impact of bride price on how she is treated by her husband and his family (percentage of 1162)		
Positive impact	971	84%
Negative impact	159	14%
No impact	24	2%
Don't know/don't remember/no answer	8	0.7%
Total	1162	100%

* Ever-married women were defined as those who had a ceremony to formalise the union, including a civil, religious or custom ceremony.

More than 4 in 5 women (84%) thought the bride price had a positive impact on how they were treated by their husband and his family; 14% thought it had a negative impact; and the remaining 2% either thought it had no impact, or they didn't answer the question (Table 4.17 and Chart 4.25). While these findings appear to suggest that bride price brings positive benefits for most women, the responses above to questions on gender roles and women's rights, and those below on attitudes to physical and sexual violence present a more complex picture; this will be discussed further below.



Women's attitudes to physical violence by husbands and intimate partners

Respondents were presented with 11 statements regarding whether a man has "a good reason to hit his wife/partner". Three in 5 women (60% of all respondents including both ever-partnered and never-partnered women) agreed with one or more justifications for physical partner violence. In contrast, less than 2 in 5 (37%) agreed with none of the reasons presented. This is a very important finding because it indicates that the majority of women condone or sanction some level of physical violence by a husband/partner (Table 4.18 and Chart 4.26). Almost 2 in 5 women (38%) believe that violence is justified if the wife is unfaithful. More than 1 in 3 (34%) believe that violence is justified in cases of disobedience, and 28% that it is justified if her husband thinks that "she needs to be disciplined, taught a lesson or educated". Almost one-third (32%) believe that it is justified if bride price has been paid (Table 4.18).

When we consider only the views of ever-partnered women, and compare women who have experienced violence with those who have not, some very strong associations can be observed. Women who agree with one or more justification for physical violence are significantly more likely to experience it (P value of less than 0.0001): 63% of women living with partner violence agree that physical violence can be justified, compared with 55% of women who have not experienced violence (Table 4.18 and Chart 4.26). In addition, a higher percentage women living with partner violence agree with each of the reasons listed. Statistically significant associations between specific justifications and the experience of violence are (Table 4.18):

- the payment of bride price – 36% of women living with violence agree that this is a good reason for a man to beat his wife, compared with 27% of those who have not experienced partner violence;
- he thinks she needs to be taught a lesson, disciplined or educated – 32% of women living with partner violence agree with this reason, compared with 23% of those who have not experienced it;
- disobedience – 37% of women living with partner violence agree with this reason, compared with 30% who have not experienced it;

- she does not complete the housework to his satisfaction – although only 21% of women living with violence agree with this justification, this compares with 13% of those who have not experienced it;
- she is unable to get pregnant – sadly, 23% of women living with violence agree with this justification, compared with 15% of those who have not experienced partner violence;
- she is living in his house or on his land – 16% of women living with violence agree with this reason, compared with 11% of those who have not experienced it; and
- she refuses to have sexual relations – although only 18% of women living with violence agree with this reason, this compares with 14% of those who have not experienced violence.

Table 4.18: Women’s attitudes to physical partner violence, according to their experience of physical or sexual violence from their husbands or partners (number and % of all women respondents who agree with each statement [N = 2337]; compared with ever-partnered women [N=2061] who have [N=1239] and have not [822] experienced partner violence)

“A man has good reason to beat his wife if:”	All women respondents (N=2337)		Never experienced physical or sexual partner violence (N=822)		Experienced physical or sexual violence (N=1239)		P value*
	Number	%	Number	% #	Number	% #	
She does not complete her housework to his satisfaction	409	18%	102	13%	255	21%	<0.0001
She disobeys him	795	34%	242	30%	453	37%	0.001
She refuses to have sexual relations with him	360	15%	109	14%	220	18%	0.008
She asks him whether he has other girlfriends	344	15%	103	13%	204	17%	0.016
He suspects that she is unfaithful	390	17%	126	16%	223	18%	0.12
He finds out that she has been unfaithful	881	38%	299	37%	463	38%	0.76
Bride price has NOT been paid	248	11%	81	10%	138	11%	0.40
Bride price HAS been paid	741	32%	217	27%	439	36%	<0.0001
She is living in his house or on his land	333	14%	87	11%	198	16%	0.001
He thinks she need to be disciplined, taught a lesson or educated	656	28%	182	23%	392	32%	<0.0001
She is unable to get pregnant	435	19%	119	15%	278	23%	<0.0001
Agreed with one or more justification above	1396	60%	448	55%	781	63%	<0.0001
Agreed with no reasons for husband hitting wife	870	37%	374	45%	458	37%	

Percentages are for the number of women who agree with that reason, as a fraction of all women who have or have not experienced physical or sexual partner violence

* P value based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual partner violence (experienced versus never experienced) and agreement with each rationale justifying physical partner violence.

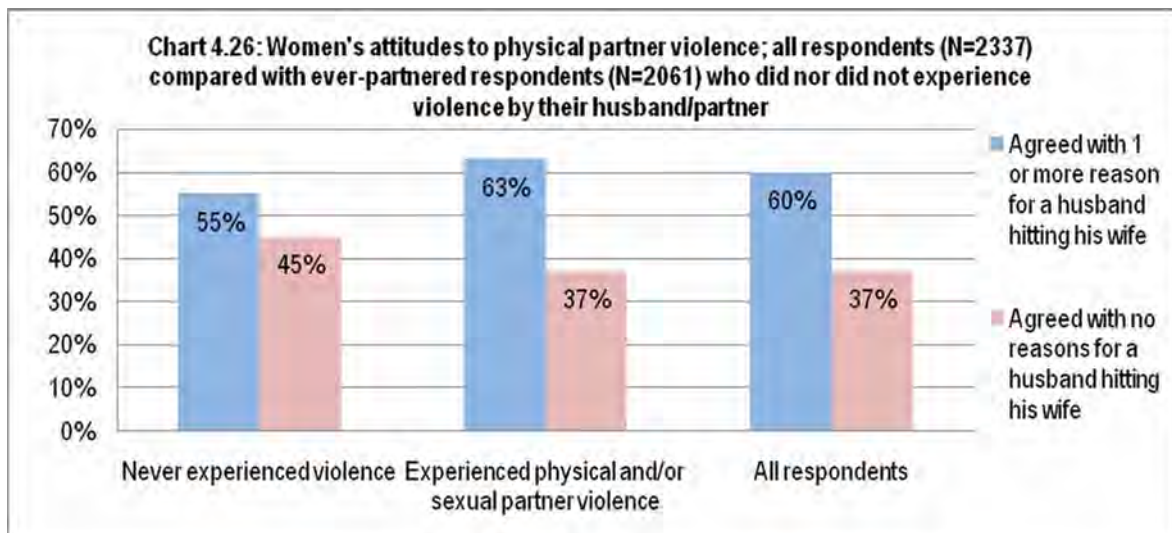
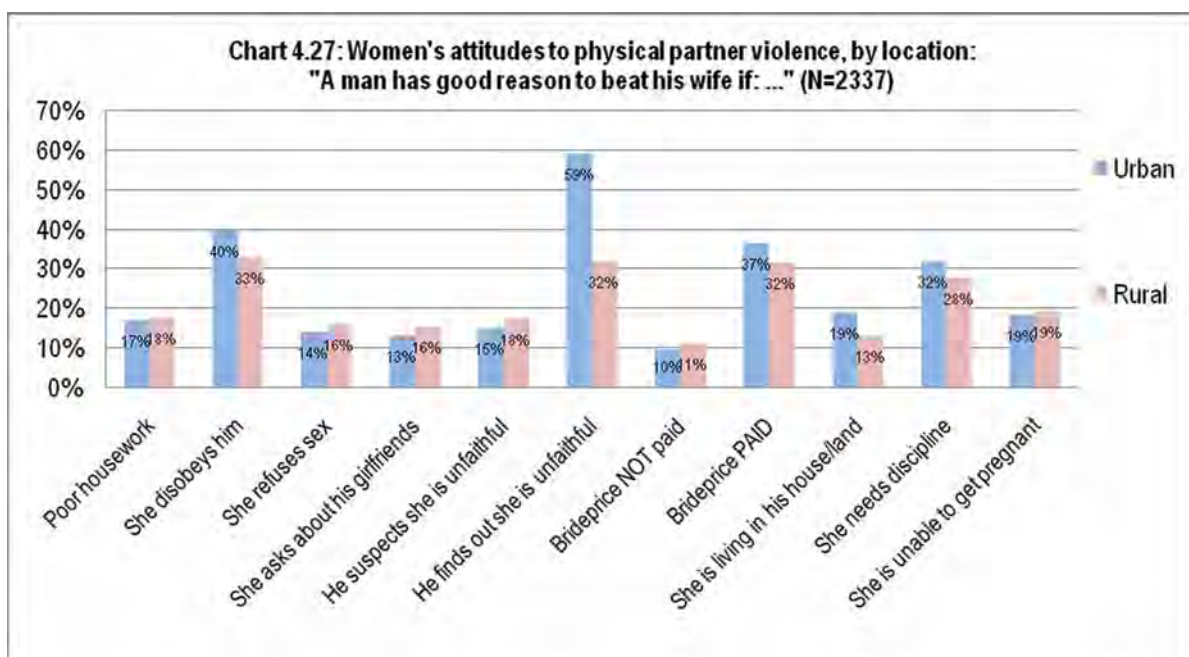


Table 4.19 shows attitudes to violence against women in different locations, and for different age groups, education levels and socio-economic status. For most of the justifications for violence against women, there are few differences in opinion between women living in urban areas compared with rural women. However, there are three justifications that more urban women agree with. These include: disobedience (40% of urban women agree with this reason compared with 33% of rural women); the need for discipline (32% of urban women agree with this reason compared with 28% of rural women); and unfaithfulness (59% of urban women agree with this reason compared with 32% of rural women) (Table 4.19 and Chart 4.27).

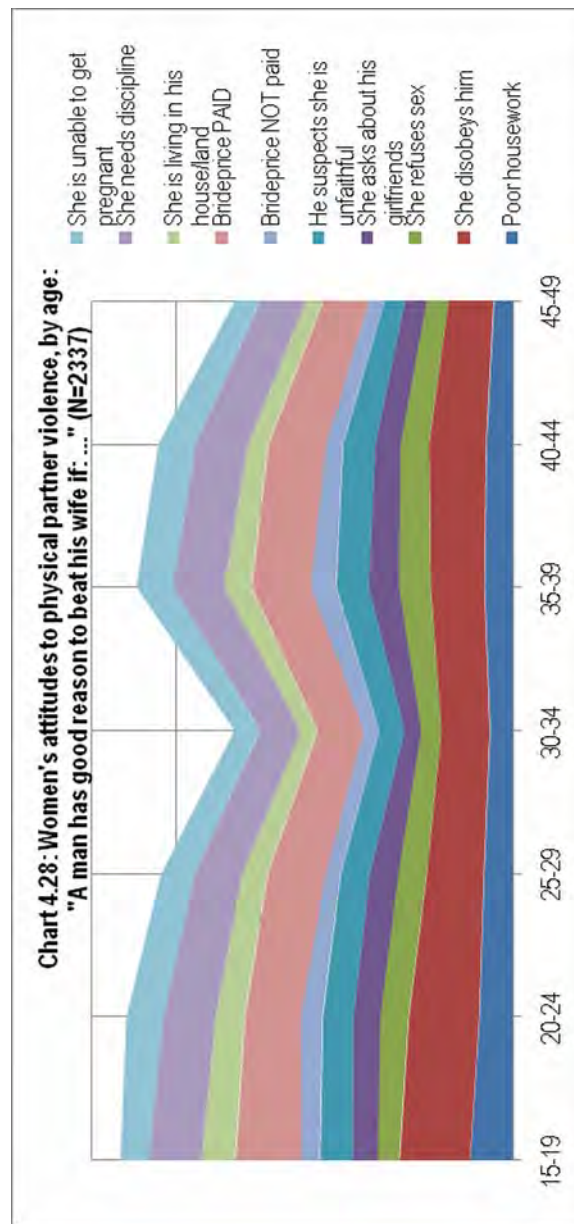


Interestingly, younger women aged 15-29 and older women aged 35-39 are somewhat more likely to agree with several of the justifications for violence than other age groups. A higher proportion of younger women believe that poor housework, disobedience, unfaithfulness, payment of bride price and living in her husband's house or on his land are good reasons for physical violence, compared with other age groups (Table 4.19 and Chart 4.28).

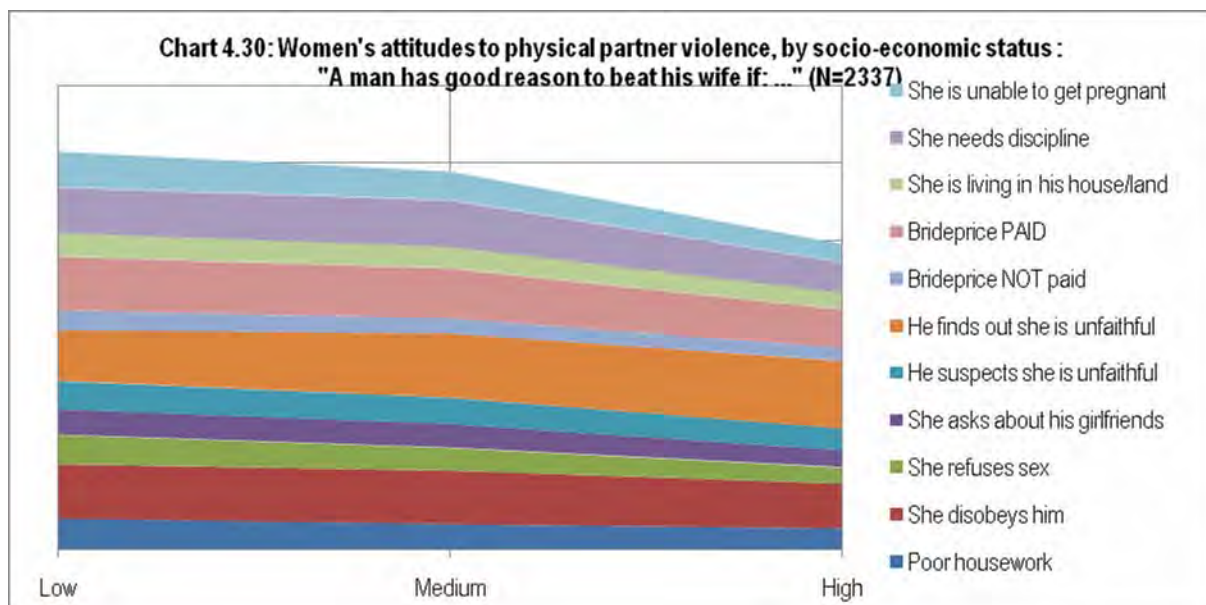
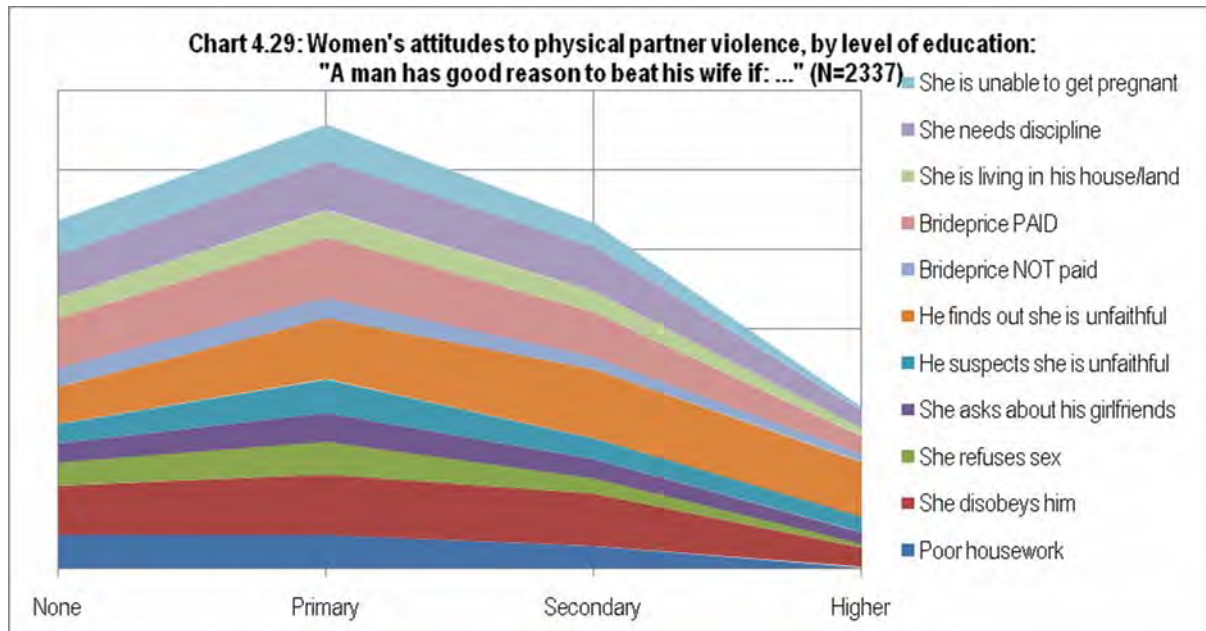
Table 4.19: Women's attitudes to physical partner violence, by location, age, level of education and socio-economic status (number and percentage of women who agree with each statement, N=2337)

"A man has good reason to beat his wife if:"	She does not complete her housework to his satisfaction		She disobeys him		She refuses to have sexual relations with him		She asks him whether he has other girlfriends		He suspects that she is unfaithful		He finds out that she has been unfaithful		Bride price has NOT been paid		Bride price HAS been paid		She is living in his house or on his land		He thinks she needs to be disciplined, taught a lesson or educated		She is unable to get pregnant	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Port Vila	53	19%	90	32%	50	18%	46	16%	66	24%	172	61%	32	11%	97	35%	53	19%	70	25%	55	20%
Luganville	39	15%	121	49%	26	10%	25	10%	14	6%	143	57%	19	8%	94	38%	47	19%	97	40%	42	17%
Torba	12	4%	20	7%	9	3%	7	2%	10	3%	19	7%	30	10%	27	9%	5	2%	17	6%	17	6%
Sanma	70	20%	131	38%	52	15%	42	12%	42	12%	104	30%	38	11%	146	44%	43	13%	102	30%	80	24%
Penama	88	30%	152	52%	80	27%	70	24%	84	29%	133	45%	34	12%	136	46%	56	19%	108	37%	78	27%
Malampa	43	14%	74	23%	58	19%	51	16%	64	20%	86	27%	45	14%	83	26%	51	16%	92	29%	63	20%
Shefa	60	23%	108	42%	56	22%	73	29%	80	31%	133	52%	37	15%	91	37%	46	18%	86	34%	70	28%
Tafea	44	17%	99	38%	29	11%	30	11%	30	11%	91	35%	13	5%	67	26%	32	12%	84	32%	30	12%
Total																						
Urban	92	17%	211	40%	76	14%	71	13%	80	15%	315	59%	51	10%	191	37%	100	19%	167	32%	97	19%
Total	317	18%	584	33%	284	16%	273	16%	310	18%	566	32%	197	11%	550	32%	233	13%	489	28%	338	19%
Rural	409	18%	795	34%	360	15%	344	15%	390	17%	881	38%	248	11%	741	32%	333	14%	656	28%	435	19%
Total Vanuatu																						
Age group																						
15-19	77	26%	125	42%	39	13%	44	15%	56	19%	133	45%	31	11%	114	39%	58	20%	92	31%	50	17%
20-24	83	20%	171	42%	70	17%	67	16%	72	18%	171	42%	51	13%	134	33%	71	17%	125	31%	91	22%
25-29	72	17%	139	34%	69	17%	69	17%	69	17%	163	40%	36	9%	135	34%	61	15%	113	28%	79	20%
30-34	55	14%	115	29%	48	12%	40	10%	58	15%	134	34%	37	9%	108	27%	41	10%	95	24%	60	15%
35-39	60	17%	111	32%	66	19%	62	18%	65	19%	134	39%	51	15%	117	35%	55	16%	103	30%	75	22%
40-44	40	16%	83	34%	43	17%	38	15%	47	19%	89	36%	25	10%	83	34%	29	12%	77	31%	53	22%
45-49	22	12%	51	27%	25	13%	24	13%	23	12%	57	30%	17	9%	50	27%	18	10%	51	27%	27	15%
Education level																						
None	30	21%	45	31%	21	15%	18	12%	18	12%	33	23%	17	12%	44	31%	19	13%	40	27%	31	22%

"A man has good reason to beat his wife if:"	She does not complete her housework to his satisfaction		She disobeys him		She refuses to have sexual relations with him		She asks him whether he has other girlfriends		He suspects that she is unfaithful		He finds out that she has been unfaithful		Bride price has NOT been paid		Bride price HAS been paid		She is living in his house or on his land		He thinks she needs to be disciplined, taught a lesson or educated		She is unable to get pregnant	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary	257	21%	458	38%	253	21%	220	18%	252	21%	451	38%	161	13%	447	38%	199	17%	371	31%	278	23%
Secondary	121	14%	281	33%	81	10%	99	12%	110	13%	363	43%	66	8%	238	28%	111	13%	234	28%	123	15%
Higher	1	1%	10	12%	3	3%	6	7%	9	10%	30	34%	4	5%	9	11%	4	5%	9	11%	2	2%
Socio-economic status																						
Low	205	20%	356	35%	192	19%	165	16%	187	18%	328	33%	128	13%	347	35%	157	16%	296	29%	227	23%
Medium	154	17%	322	35%	135	15%	142	15%	157	17%	381	41%	91	10%	292	32%	130	14%	273	30%	166	18%
High	39	14%	82	29%	29	10%	31	11%	40	14%	120	43%	23	8%	68	25%	31	11%	54	20%	32	12%
Not known	11	14%	35	44%	4	5%	6	8%	6	7%	52	65%	6	8%	34	43%	15	19%	33	42%	10	13%



A woman's level of education is the strongest predictor of differences in attitudes regarding situations where violence against women might be justified. Women with higher education are less likely to agree with any of the justifications for physical violence than women with primary or secondary education. However, women with primary education have the highest level of agreement with all the reasons given for violence (with one exception, unfaithfulness, where there is little variation in the percentage of women who see this as a good reason for physical violence). Overall, there are few differences of opinion between those with no education, and those with secondary education (Table 4.19 and Chart 4.29). In contrast, there are few differences in opinion between women from different socio-economic groups, although those with higher socio-economic status are less likely to agree that disobedience, bride price, discipline and the inability to get pregnant are reasonable justifications for physical violence (Table 4.19 and Chart 4.30).



Women's attitudes to sexual autonomy

Respondents were presented with 11 situations and asked whether a woman has the right to refuse sex with her husband for each one. Consistent with the responses on physical partner violence above (Table 4.18), the majority of women have a strong sense of their sexual autonomy. More than 4 in 5 women (81%) believe that a woman has the right to refuse sex if she does not want it. For 8 of the 11 situations, 80% or more of all respondents agreed that a woman has the right to refuse sex: when she is sick (87%); when she suspects or knows that the husband is HIV positive or that he has a sexually transmitted infection (88%); if he has sex with other women (87%) or with men (86%); and if she doesn't want to get pregnant (80%). In addition, 77% think that a woman has the right to refuse when the husband is drunk (Table 4.20).

Compared to the certainty that most women feel about their right to refuse sex in most situations, bride price introduces uncertainty and confusion. Only 60% thought that a woman has the right to refuse sex when bride price has been paid; however, 61% also thought that a woman has the right to refuse sex when bride price has not been paid (Table 4.20). The contradictory picture that emerges from these findings confirms VWC's experience when working with women living with violence – that is, many women today are unclear about whether bride price protects their rights, or undermines them.

Table 4.20: Women's attitudes on sexual autonomy (number and % of all women respondents who agree with each statement [N = 2337]; compared with ever-partnered women [N=2061] who have [N=1239] and have not [822] experienced partner violence)

A woman has the right to refuse sex with her husband if:	All women respondents (N=2337)		Never experienced physical or sexual partner violence (N=822)		Experienced physical or sexual violence (N=1239)		P value*
	Number	%	Number	% #	Number	% #	
She does not want to	1903	81%	675	84%	1024	84%	0.88
He is drunk	1801	77%	629	79%	966	80%	0.59
She is sick	2027	87%	714	87%	1091	89%	0.16
He mistreats her	1968	84%	679	85%	1077	88%	0.038
She suspects/knows that he is HIV+	2063	88%	713	87%	1119	91%	0.005
She suspects/knows that he has a sexually transmitted infection (STI)	2056	88%	714	88%	1113	91%	0.018
He has sex with other women	2027	87%	699	87%	1104	90%	0.034
He has sex with men	2010	86%	700	86%	1096	90%	0.017
She does not want to get pregnant	1862	80%	657	82%	1015	84%	0.22
Bride price has NOT been paid	1430	61%	501	65%	775	65%	0.97
Bride price HAS been paid	1392	60%	489	63%	759	63%	0.86
Agreed with at least one reason for refusing sex	2242	96%	777	95%	1211	98%	<0.0001
Agreed with none of the reasons listed above	83	4%	45	5%	28	2%	

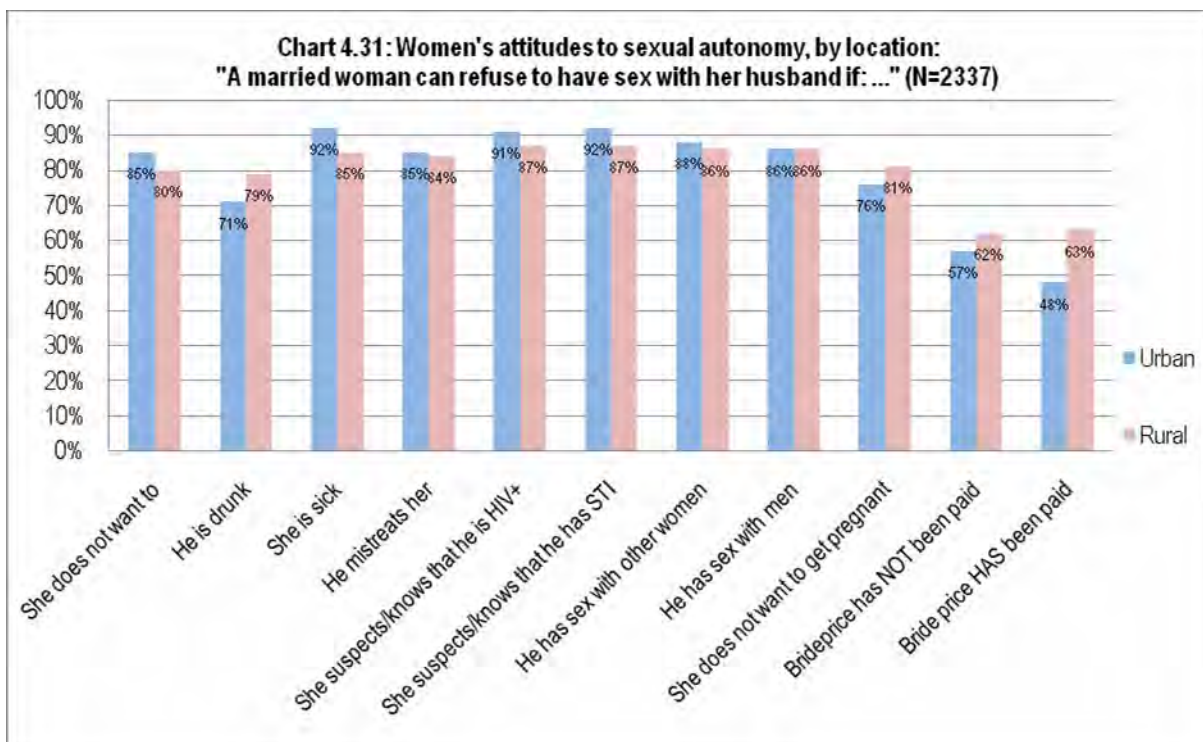
Percentages are the number of women who agree with that reason, as a fraction of all women who have or have not experienced physical or sexual partner violence.

* P value based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual partner violence (experienced versus never experienced) and agreement with each rationale justifying sexual partner violence.

Women living with partner violence are slightly more likely to agree with each statement than those who have not experienced it. In addition, there is a significant association between agreeing with at least one reason for refusing sex, and experiencing partner violence (P value of less than 0.0001). The

association between women's experience of partner violence and attitudes to refusing sex is also significant for the following situations: if her husband mistreats his wife, if he is HIV positive or has a sexually transmitted infection, or if he has sex with other female or male partners (Table 4.20).

Overall, the findings are positive with most women believing that they have the right to refuse sex in most circumstances. However, about 1 in 5 women do not think that they have the right to refuse sex; and where bride price is involved, this increases to 2 in 5. Looking at the breakdown of attitudes by location, more women in urban areas believe that a woman has the right to refuse sex in some situations (if the wife does not want to have sex, if she is sick, if he is HIV positive or has an STI, and if he has sex with other women). However, rural women were more likely to believe that they have the right to refuse sex in other situations (when he is drunk, if she doesn't want to get pregnant, and where bride price is involved) (Table 4.21 and Chart 4.31). Overall, women from Shefa province are less likely overall to believe that married women have the right to refuse sex; whereas women from Malampa, Tafea and Port Vila are more likely to agree that women have the right to refuse sex (Table 4.21 and Chart 4.32).



In contrast to the variations in attitudes observed between provinces, there is very little variation in attitudes to sexual autonomy for women from different age groups, educational levels and socio-economic status. However, younger women are slightly less likely to agree that they have a right to refuse sex than older women, and women with no education are a little less likely to agree than women with primary, secondary or higher education (Table 4.21 and Charts 4.33 – 4.35).

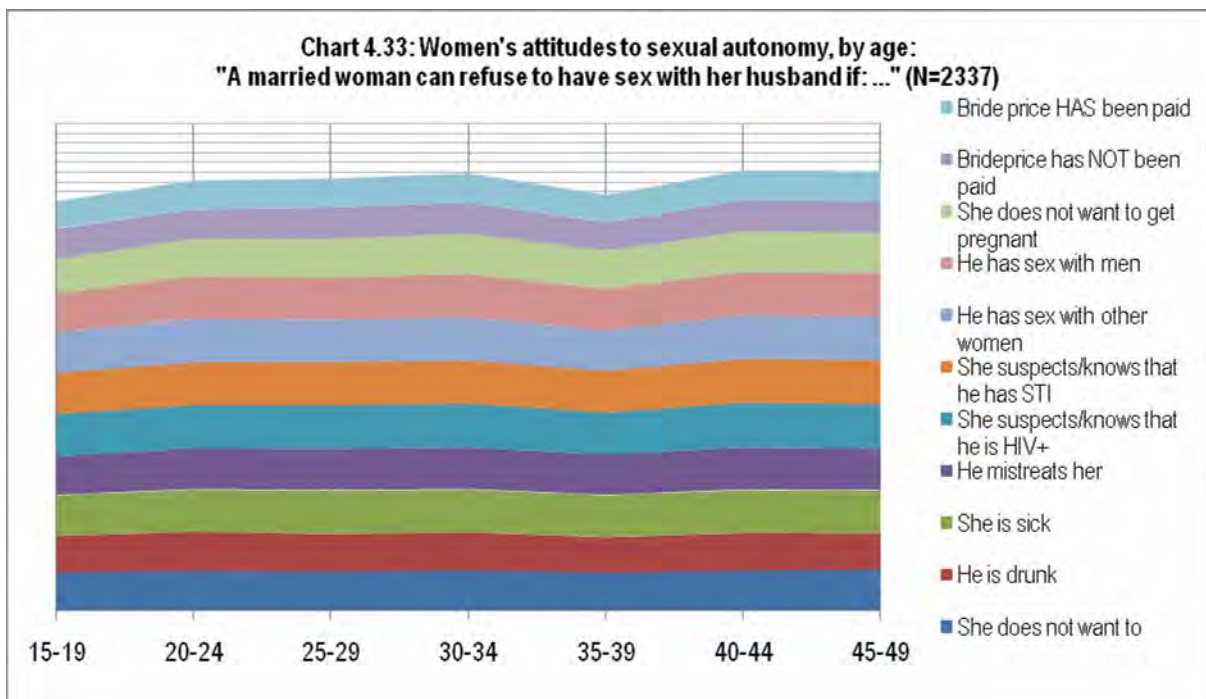
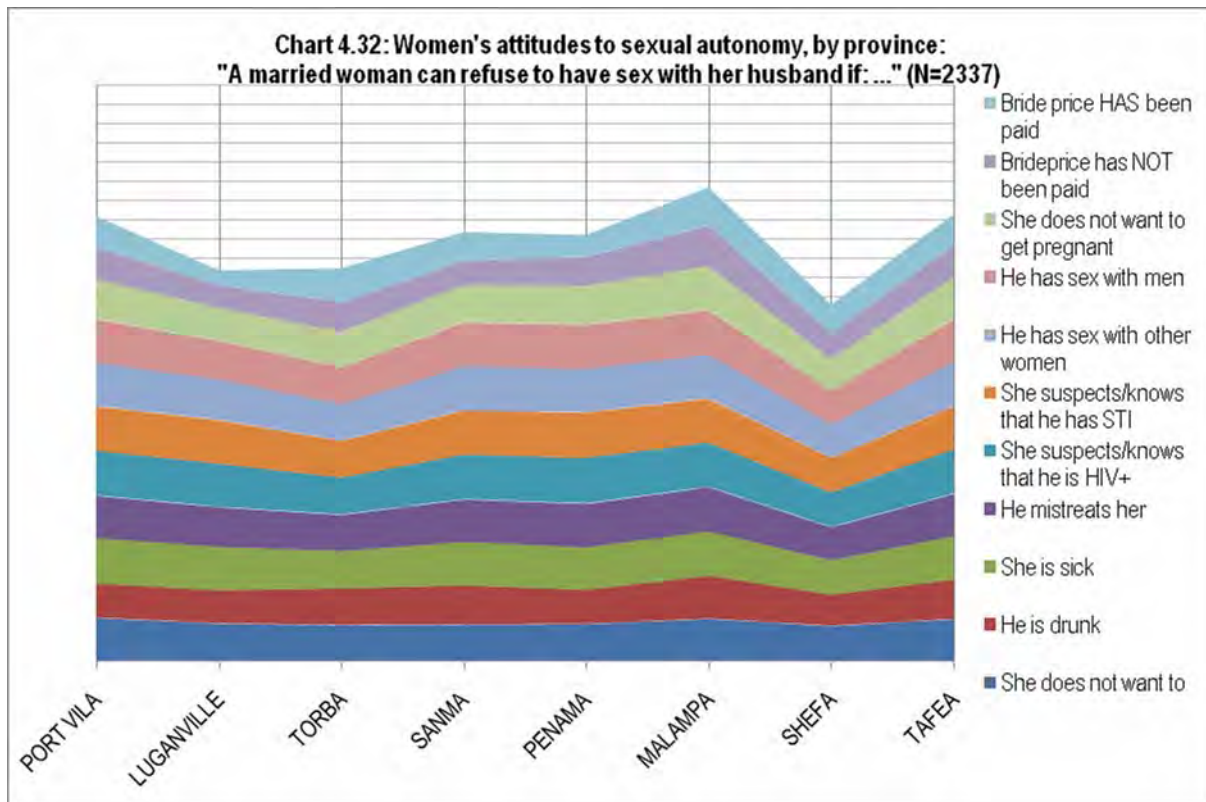
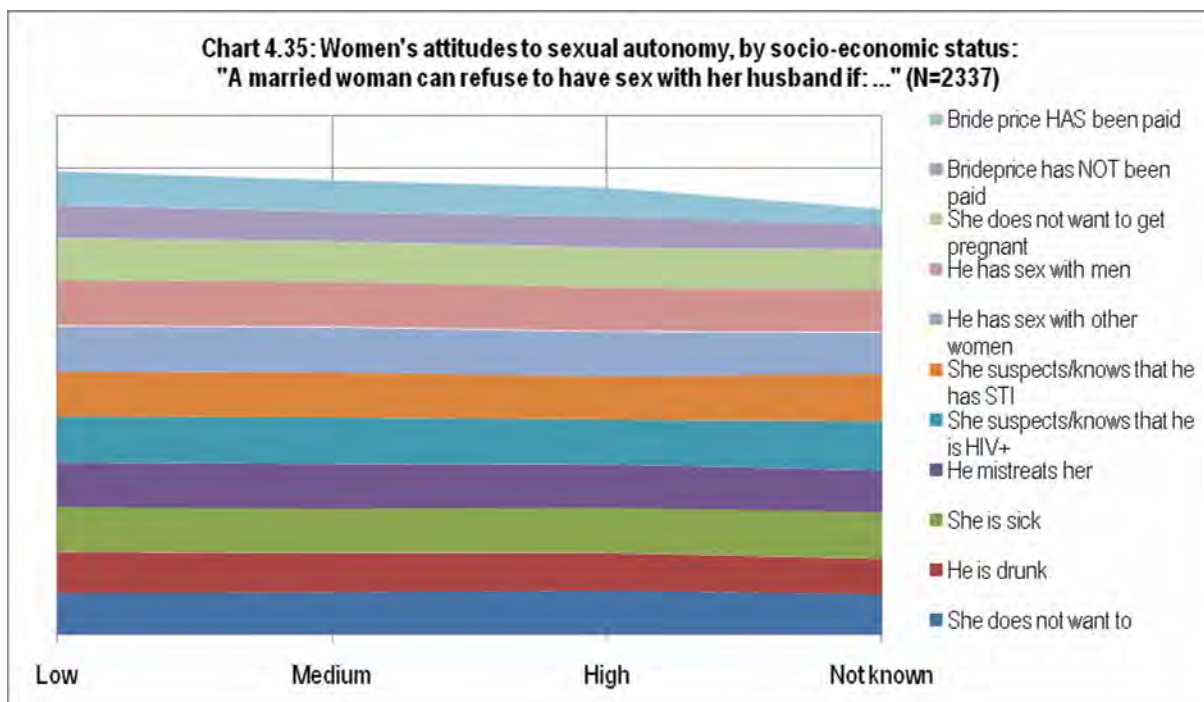
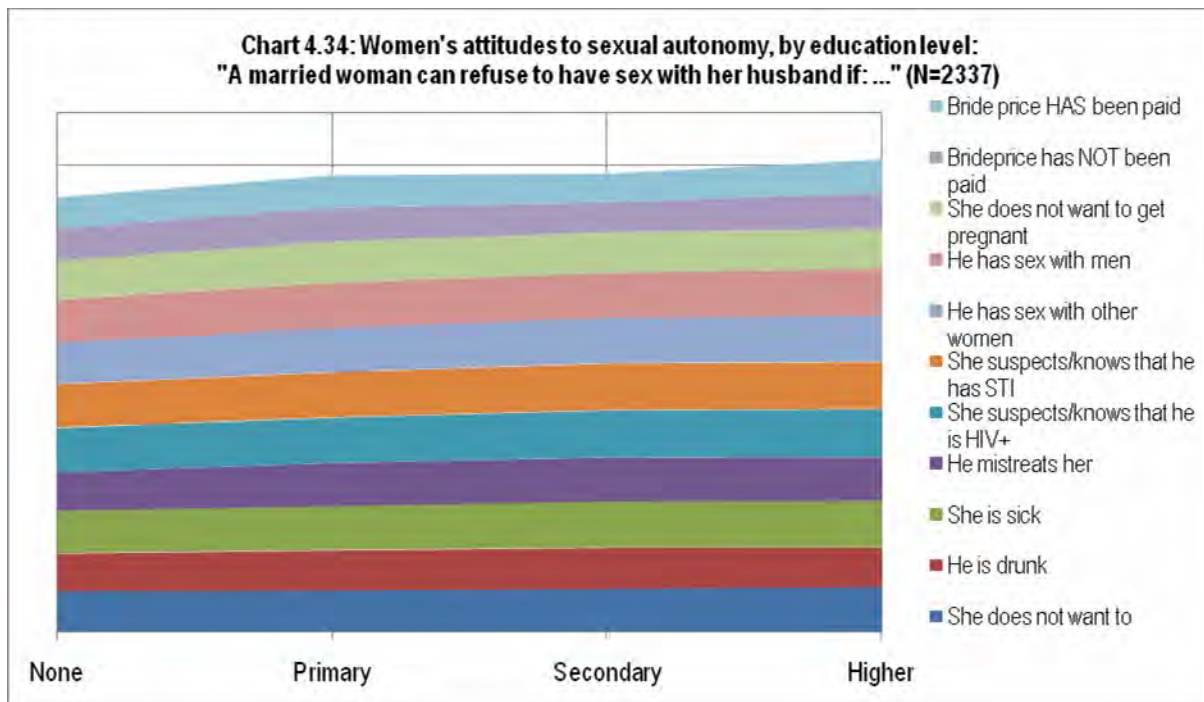


Table 4.21: Women's attitudes to sexual autonomy, by location, age, level of education and socio-economic status (number and percentage of women who agree with each statement, N=2337)

"A woman has the right to refuse sex with her husband if:"	She does not want to		He is drunk		She is sick		He mistreats her		She suspects / knows that he is HIV positive		She suspects / knows that he has an STI		He has sex with other women		He has sex with men		She does not want to get pregnant		Bride price has NOT been paid		Bride price HAS been paid	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Port Vila	261	91%	208	72%	270	94%	254	88%	267	93%	267	93%	263	91%	261	91%	238	83%	193	67%	184	64%
Luganville	213	79%	188	70%	240	90%	219	82%	240	90%	245	91%	228	85%	218	81%	186	69%	126	47%	84	31%
Torba	217	76%	221	77%	222	77%	216	75%	222	77%	222	77%	219	76%	221	77%	215	75%	175	61%	204	71%
Sanma	272	77%	290	82%	319	90%	311	88%	328	93%	323	92%	327	93%	322	91%	280	79%	178	50%	208	59%
Penama	229	78%	213	72%	260	88%	264	90%	278	95%	279	95%	268	91%	270	92%	242	82%	175	60%	132	45%
Malampa	283	89%	287	90%	292	92%	292	92%	293	92%	292	92%	294	92%	295	93%	292	92%	266	84%	252	79%
Shefa	197	74%	176	66%	187	71%	180	68%	192	72%	190	72%	185	70%	186	70%	177	67%	144	54%	159	60%
Tafea	231	88%	218	83%	237	90%	232	88%	243	92%	238	90%	243	92%	237	90%	232	88%	173	66%	169	64%
Total	474	85%	396	71%	510	92%	473	85%	507	91%	512	92%	491	88%	479	86%	424	76%	319	57%	268	48%
Total Urban	1429	80%	1405	79%	1517	85%	1495	84%	1556	87%	1544	87%	1536	86%	1531	86%	1438	81%	1111	62%	1124	63%
Total Vanuatu	1903	81%	1801	77%	2027	87%	1968	84%	2063	88%	2056	88%	2027	87%	2010	86%	1862	80%	1430	61%	1392	60%
Age group																						
15-19	245	79%	235	76%	257	83%	250	80%	267	86%	265	85%	258	83%	246	79%	224	72%	189	61%	174	56%
20-24	345	83%	330	80%	360	87%	347	84%	366	88%	364	88%	367	89%	361	87%	323	78%	243	59%	250	60%
25-29	331	80%	326	79%	368	89%	353	85%	369	89%	370	89%	362	87%	358	86%	333	80%	262	63%	250	60%
30-34	337	84%	314	78%	352	88%	345	86%	357	89%	356	89%	355	88%	354	88%	336	84%	254	63%	244	61%
35-39	276	78%	259	74%	302	86%	292	83%	303	86%	302	86%	293	83%	297	84%	282	80%	202	57%	198	56%
40-44	208	83%	194	78%	221	88%	218	87%	228	91%	226	90%	223	89%	223	89%	210	84%	158	63%	154	62%
45-49	161	85%	143	75%	167	88%	162	85%	172	91%	173	91%	169	89%	171	90%	154	81%	121	64%	121	64%
Education level																						
None	115	78%	108	73%	122	82%	111	75%	126	85%	125	84%	120	81%	121	82%	112	76%	91	61%	89	60%

"A woman has the right to refuse sex with her husband if:"	She does not want to		He is drunk		She is sick		He mistreats her		She suspects / knows that he is HIV positive		She suspects / knows that he has an STI		He has sex with other women		He has sex with men		She does not want to get pregnant		Bride price has NOT been paid		Bride price HAS been paid	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Primary	974	80%	933	77%	1038	85%	1021	84%	1060	87%	1058	87%	1048	86%	1051	86%	983	81%	774	64%	759	62%
Secondary	732	83%	691	79%	784	89%	757	86%	792	90%	788	90%	777	88%	757	86%	694	79%	502	57%	486	55%
Higher	76	87%	65	75%	78	90%	75	86%	79	91%	79	91%	78	90%	77	89%	68	78%	59	68%	56	64%
Socio-economic status																						
Low	814	80%	811	80%	886	87%	864	85%	902	88%	899	88%	885	87%	884	87%	834	82%	664	65%	638	63%
Medium	773	82%	717	76%	807	86%	796	85%	834	89%	828	88%	821	87%	809	86%	737	78%	549	58%	563	60%
High	251	85%	216	73%	259	88%	242	82%	250	85%	252	85%	255	86%	249	84%	228	77%	177	60%	165	56%
Not known	65	78%	57	69%	75	90%	66	80%	77	93%	77	93%	66	80%	68	82%	63	76%	40	48%	26	31%



4.3 DISCUSSION OF FINDINGS

The rates of all forms of violence against women by their husbands and partners in Vanuatu are alarmingly high and the findings from this research challenge some common myths and assumptions:

- All forms of violence are widespread in rural and urban areas and in all provinces and islands.
- Women of all ages, education levels, socio-economic status and religions are subjected to physical, sexual and emotional violence.
- The prevalence of physical and sexual violence is higher in rural areas than in the urban areas.

- Rates of emotional violence are even higher than physical or sexual violence.
- Domestic violence is neither minor nor occasional. Of those women living with partner violence, about 1 in 3 women experience it once in their lives; the majority experience physical and/or sexual violence several or many times; the violence continues throughout their lives; and the majority experience physical violence of the most severe kind.
- The majority of women living with violence also experience multiple forms of violence by their husbands/partners – physical, sexual and emotional, as well as controlling behaviours.

It is important for policy-makers and service-providers not to under-estimate the potential impacts on health, self-esteem, and psychological well-being of emotional violence (these impacts are discussed in chapter 6). In addition to insults and humiliation experienced by 2 in 3 ever-partnered women, for 1 in 3 it includes scaring or intimidating her on purpose, and for almost 1 in 5 it includes threatening to hurt her or someone she cares about. There are also very high rates of controlling behaviours by men over their wives and partners in Vanuatu, with more than 2 in 3 ever-partnered women being subjected to some form of control. For those women who live with partner violence, the rates of all these types of emotional violence and controlling behaviours are significantly higher.

The findings describe a situation of extreme gender inequality, with men imposing power over women in a range of very damaging ways – controlling what they do and who they see, intimidation, emotional abuse and threats, in addition to the violent acts that most people associate with “domestic violence”. This pattern of violence in intimate relationships has also been found in other countries where research has been undertaken on violence against women, including in the Pacific region (WHO 2005: 36; SPC 2009: 61; and SPC 2010: 98). In addition, the evidence does not support the view that sexual abuse is motivated by uncontrollable biological urges. On the contrary, the overlap between physical and sexual violence and the fact that physical violence is often followed by rape highlights the fact that sexual abuse is just one aspect of this wider pattern of domination and control.

This picture contrasts with the fact that most women report only physical violence to authorities such as the Police or to organisations such as VWC, despite the provisions in the Family Protection Act which also cover sexual and emotional violence. VWC’s experience is that women are ashamed to talk about other forms of domestic violence (particularly sexual abuse), or feel that they won’t be taken seriously (a view that is confirmed by the findings in chapter 9.) This complex pattern of intimidation and multiple forms of violence needs to be taken into account by all service providers, the law and justice sector, Chiefs, faith-based organisations, civil society organisations and families who are asked to help women deal with violence. For example, the web of controlling behaviours constrains women’s physical and social mobility and prevents them from finding out about their legal and human rights, reporting the violence to authorities, and telling family, friends, or community and church leaders. The findings also underline the fact that threats of violence using a weapon (experienced by 29% of women who have been physically or sexually abused), should always be treated very seriously by authorities; in many cases, VWC’s experience is that these threats are actually carried out sooner or later.

Controlling behaviours, especially when combined with other forms of violence, have both direct and indirect impacts on development – with women having to request permission before getting health care or undertaking activities, and with husbands/partners insisting on knowing where women are at all times. This type of control is not conducive to good physical or mental health; it prevents women from taking opportunities, and undermines their capacity to participate in social and economic development. With 60% of women in Vanuatu experiencing physical and/or sexual violence, and 69% experiencing some form of control by their husbands/partners, there can be no doubt that this problem is retarding national development.

Both education and socio-economic status are closely associated with each other and both are significantly associated with the experience of physical and/or sexual violence using uni-variable analysis, with rates of violence decreasing as the level of education and socio-economic status increases. Levels of emotional abuse and controlling behaviours also decline substantially as the level of education increases. Women who had secondary or higher level of education were least likely to condone physical violence. However, women with primary education were more likely to agree that physical violence was justified than those with no education; education was not a clear predictor of women's attitudes on gender roles and other aspects of women's rights.

Overall, the findings point to the enormous potential of education to help protect women from violence in intimate relationships. They also indicate that primary and secondary schools could do much more to educate both boys and girls about human rights, reinforce women's right to live without violence, and promote the view that violence is never justified in any circumstances.

The findings on attitudes provide important insights into women's views of gender equality and human rights in general, and highlight some positive beliefs and values that VWC and other stakeholders can build on to prevent domestic violence – such as women's strong sense of sexual autonomy, and the belief by most women that people outside the family should intervene if a man mistreats his wife/partner. Nevertheless, the high levels of agreement with many statements that are directly opposed to women's human rights are a disturbing finding that calls for attention from all stakeholders. Several widely-held attitudes are in direct opposition to the principles of the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), the Convention on the Rights of the Child (CRC), and the United Nations Declaration on Human Rights, in addition to the United Nations Declaration on the Elimination of Violence Against Women.

The view that woman should be obedient to their husbands/partners, and that the need for discipline or "education" are "good reasons" for physical violence highlight women's subservient role and pervasive gender inequality in Vanuatu. Other disturbing findings on attitudes that will need government and community leadership to be effectively countered are the fact that only a minority of women (1 in 3) believe that violence is never justified for any reason; and that more than 4 in 5 believe that family problems should only be discussed within the family.

The findings show that when women are asked solely about the impact of bride price (without connecting this to the experience of domestic violence), most women see it as beneficial. Bride price has a positive impact on women's identity and her sense of belonging and security in her husband's family; just as importantly, it confers a clear place for her children in his family. In most cases, if the husband takes a mistress, his wife knows that her position in his family will remain secure, because his relatives will be highly unlikely to pay the bride price a second time. The payment of bride price confers legal status and access rights to property for both her and her children; the husband's family and chiefs will say that he should stop his affair with a mistress, and if he leaves her, she will be entitled to receive maintenance for herself and the children. The payment of bride price also confers social status – as the legal wife, she has an important role to play in all custom and religious ceremonies. A mistress has none of these rights or status, and nor do her children.

However, when questions are asked about how bride price impacts on physical or sexual partner violence, over half the respondents believe a woman becomes the husband's property after payment of bride price, 1 in 3 believe that it confers the right for a man to physically abuse his wife, and there is considerable confusion surrounding a woman's sexual autonomy when bride price is involved. In summary, despite the positive aspects of bride price discussed above, it is clear that bride price does not protect women from either physical or sexual violence. On the contrary, the findings indicate that

women themselves may be confused about whether bride price confers or undermines rights in relation to their sexual autonomy and their physical safety; as a result, bride price may increase women's risk of experiencing violence. VWC staff believe that women were not traditionally seen as the property of men and that the extensive control that men have over women in intimate relationships is also not based on traditional custom.²³ This suggests the need for debate and reflection on how bride price is viewed today, and its links with various forms of violence.



MY SON

Mother anxious to have a baby son, after wedding
 An heir to the father's land and property,
 For mum's pride and future security,
 And prove motherhood to mother-in-law
 Rewarding the Bride Price, despite unfaithful father.

My Son, born into chiefly family, fed with best food,
 Carried everywhere on the aunties' back if you cried,
 Unlike your sisters and other girls in the family and village
 You are a son, a man and a future leader

My Son, clothed in best clothes
 Travelled on cars, trucks, planes and ships
 Attended best schools in the country
 Received everything a boy must have,
 But mum was treated a foreigner and slave in the family.

My Son, received all from parent, family and the community
 To prepare a leader, chief, a provider
 But mum suffered abuse during your up bringing,
 Not privileged as you, though a special mum
 My Son will you be there for me, Your Mother ?

²³ VWC Research Workshop, 19 January 2011.

CHAPTER 5: PREVALENCE OF VIOLENCE AGAINST WOMEN AND GIRLS BY PEOPLE OTHER THAN HUSBANDS OR INTIMATE PARTNERS

Summary of main findings

- More than 1 in 4 women (28%) have been physically abused since the age of 15 by someone other than a husband or intimate partner.
- One in 3 women (33%) has been sexually abused since the age of 15 by someone other than a husband or intimate partner.
- The combined national prevalence of non-partner physical and/or sexual abuse of women since the age of 15 is 48%.
- Almost 1 in 3 women (30%) was sexually abused under the age of 15 years.
- For more than 1 in 4 women (28%), their first sexual experience was forced.
- The main perpetrators of physical abuse are family members; the main perpetrators of sexual abuse are male family members and boyfriends.

This section presents findings on physical and sexual violence against women over the age of 15, by people other than husbands or intimate partners (non-partner violence). It also presents the findings on child sexual abuse of girls (sexual violence under the age of 15), including the age of first abuse and the frequency of the abuse. Finally, data is presented on women's first sexual experience.

National prevalence for non-partner violence is calculated as the number of women who experienced at least 1 act of violence in their lifetime, expressed as a percentage of the total sample of 2337 women (which includes both ever-partnered and never-partnered women).

5.1 PREVALENCE OF NON-PARTNER VIOLENCE AGAINST WOMEN

Physical and sexual abuse since the age of 15 years

The rates of physical and sexual non-partner violence against women are very high with almost 1 in 2 women (48%) having experienced either or both since the age of 15. More than 1 in 4 (28%) have experienced physical violence; 1 in 3 (33%) have experienced sexual violence; and about 20% have experienced both (Table 5.1 and Chart 5.1).

Overall, the prevalence of non-partner physical and sexual violence is higher in rural than urban areas. However, there are substantial variations in prevalence rates between locations. Port Vila (16%) and Sanma (12%) have the lowest prevalence for non-partner physical violence; Penama (22%) and Shefa (24%) have prevalence below the national rate of 28%; whereas Tafea (45%), Luganville (39%), Torba (37%) and Malampa (36%) have prevalence considerably higher than the national rate (Table 5.1 and Chart 5.1).

There is a similar pattern in the rates of sexual violence by people other than husbands or intimate partners. The rural prevalence (36%) is much higher than the urban rate (23%), but this masks substantial variation between locations. Port Vila again has one of the lowest rates (14%) along with Shefa (10%); Luganville and Tafea have prevalence of 34%, which is close to the national rate of 33%; but Torba (44%), Sanma (44%), Penama (41%), and Malampa (37%) have prevalence considerably higher than the national rate (Table 5.1 and Chart 5.1).

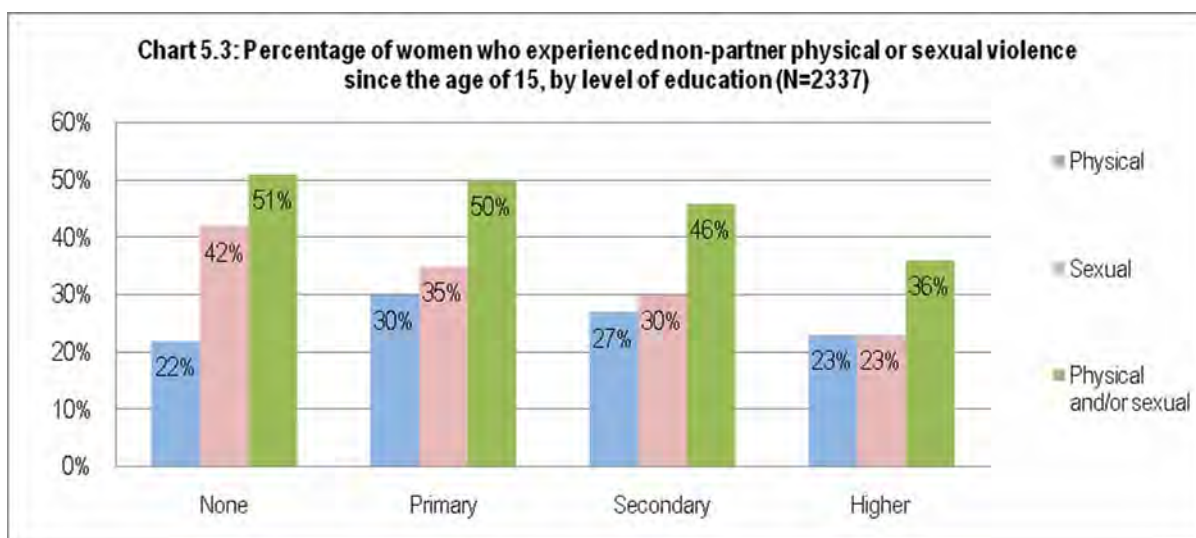
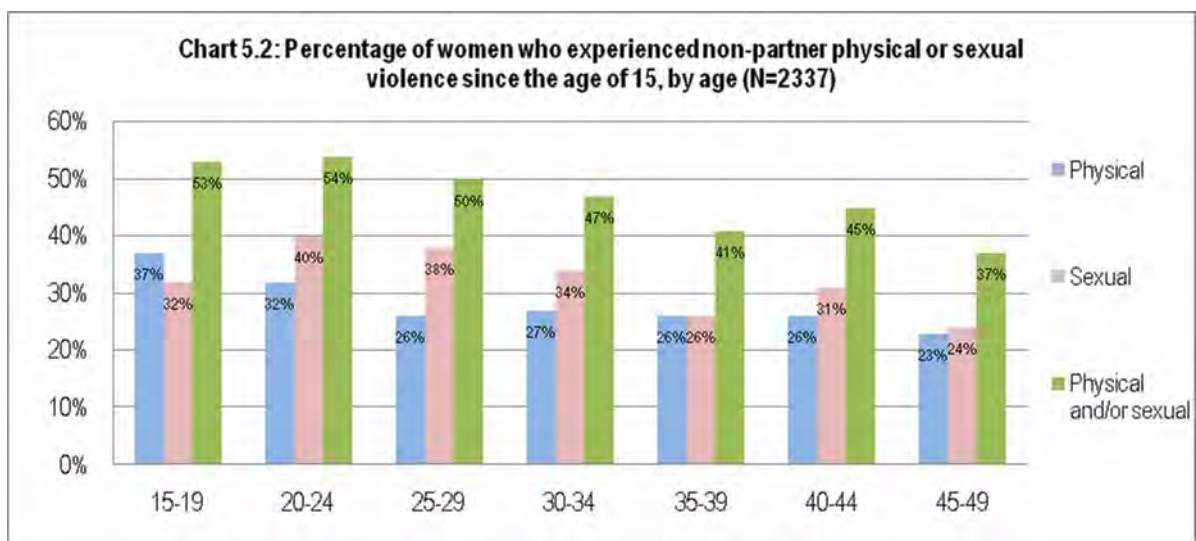
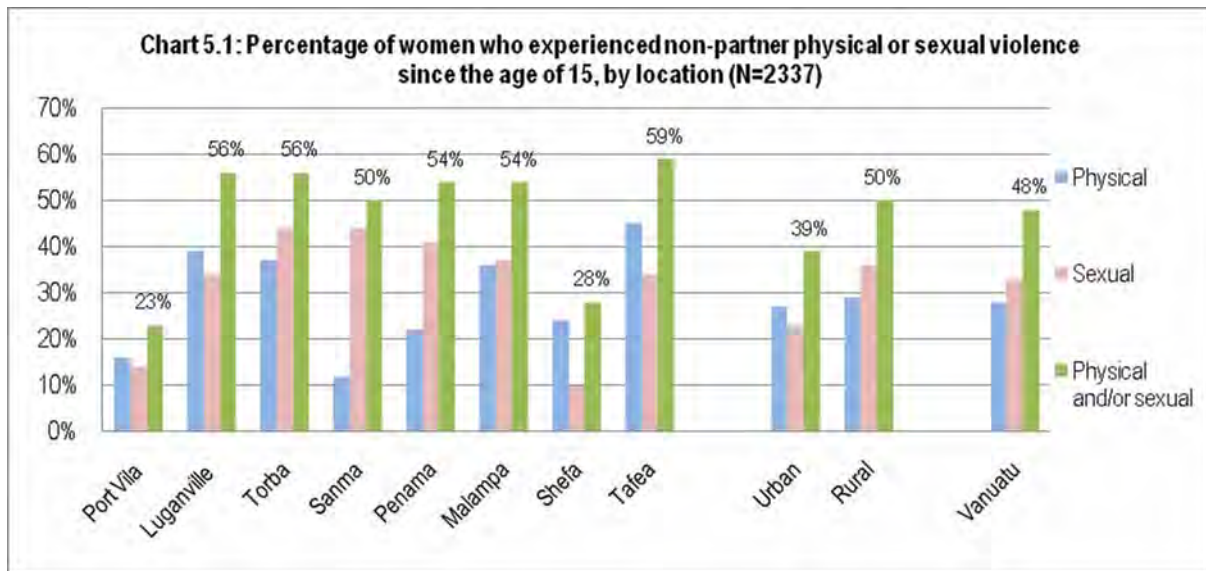
Women of all ages, education levels and socio-economic status have been physically and sexually abused by people other than their husbands/partners. Although younger women aged 15-24 are most likely to have experienced non-partner physical violence (about 1 in 3 in this age group have been

physically abused), more than 1 in 4 women aged 25-44 have been physically abused by someone other than their husband or partner, and almost 1 in 4 over aged 45-49 (Table 5.1 and Chart 5.2).

Table 5.1: Prevalence of non-partner physical and sexual violence against women over the age of 15 years, by location, age, education level and socio-economic status (number and percentage of all female respondents, N = 2337)

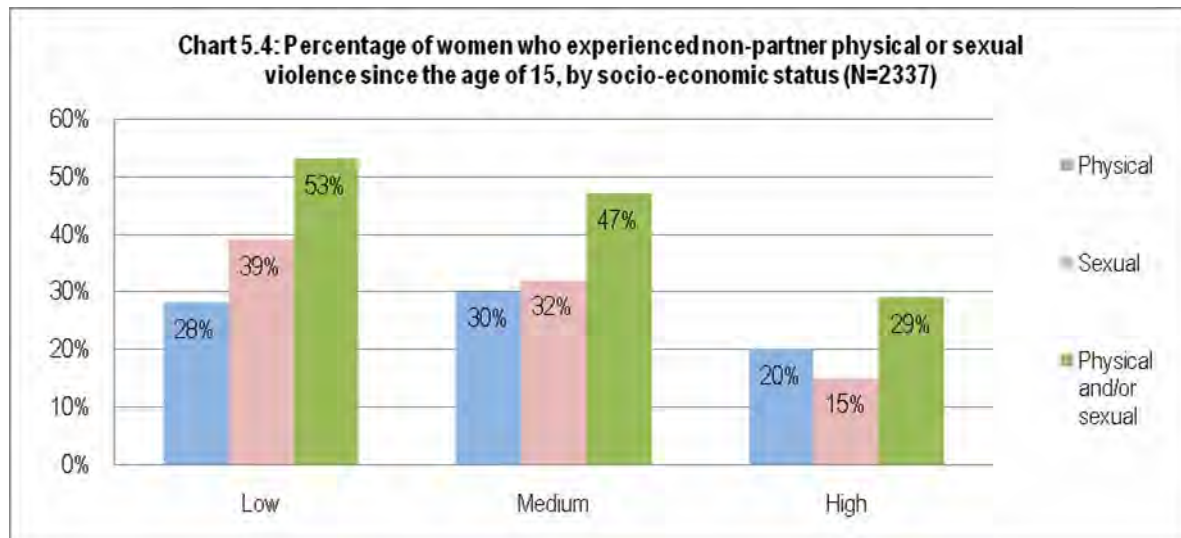
Location	Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%
Port Vila	45	16%	39	14%	66	23%
Luganville	104	39%	91	34%	149	56%
Torba	107	37%	127	44%	162	56%
Sanma	44	12%	157	44%	175	50%
Penama	65	22%	122	41%	159	54%
Malampa	115	36%	118	37%	173	54%
Shefa	64	24%	27	10%	73	28%
Tafea	119	45%	91	34%	155	59%
Total Urban	149	27%	130	23%	215	39%
Total Rural	514	29%	642	36%	897	50%
Total Vanuatu	663	28%	772	33%	1112	48%
Woman's age group						
15-19	115	37%	98	32%	164	53%
20-24	131	32%	167	40%	225	54%
25-29	109	26%	158	38%	207	50%
30-34	109	27%	136	34%	189	47%
35-39	90	26%	90	26%	143	41%
40-44	64	26%	78	31%	113	45%
45-49	44	23%	45	24%	70	37%
Woman's education level						
None	33	22%	62	42%	76	51%
Primary	368	30%	421	35%	604	50%
Secondary	241	27%	268	30%	400	46%
Higher	20	23%	20	23%	31	36%
Woman's socio-economic status						
Low	288	28%	401	39%	539	53%
Medium	280	30%	300	32%	438	47%
High	58	20%	43	15%	85	29%

Although the overall prevalence of physical and/or sexual abuse declines with increasing levels of education, there are variations within this pattern. Women with no education (22%) and higher education (23%) are least likely to experience physical abuse compared with the national rate of 28%; and those with primary education are the most likely (30%). However, the prevalence of sexual abuse declines steadily as the level of education increases: 42% of women with no education have been sexually abused by someone other than their husband/partner, compared with 35% for those with primary education, 30% with secondary education and 23% with higher education (Table 5.1 and Chart 5.3).



Because education is closely associated with socio-economic status, some similar prevalence patterns are observed with these two characteristics. Overall the prevalence of physical and/or sexual violence declines with increasing socio-economic status. However, women from households with high socio-

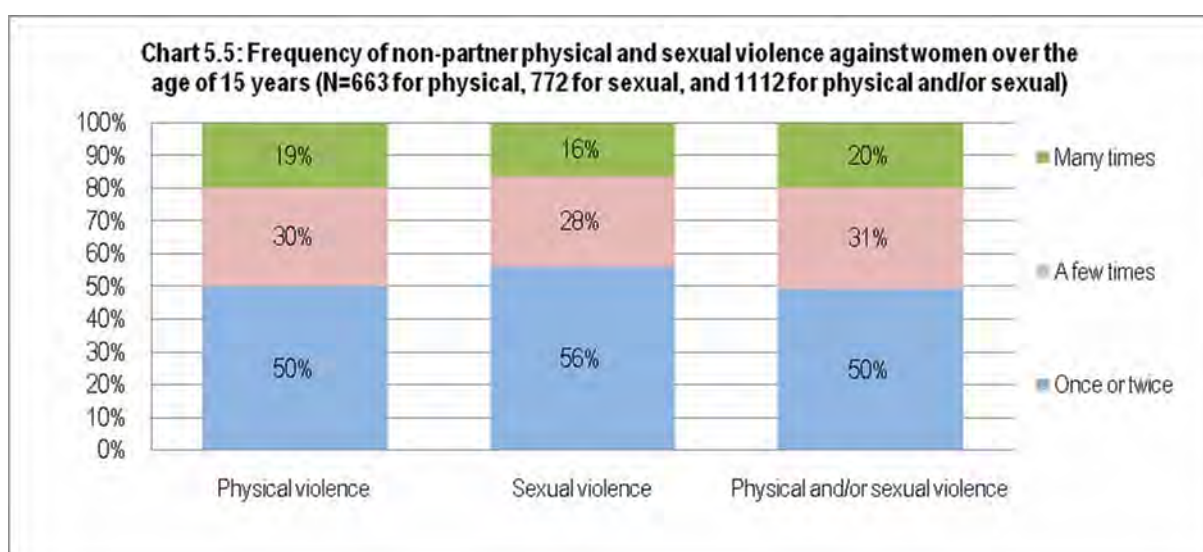
economic status are the least likely to experience non-partner physical abuse (20%) compared with 28% for those with low status and 30% for those with medium status. For sexual abuse, women with low socio-economic status are the most likely to be abused (39%) compared with medium (32%) and high status (15%) (Table 5.1 and Chart 5.4).



Almost 1 in 5 (19%) were physically assaulted many times; and 16% were sexually abused many times by people other than their husbands or partners. About half of the women who experienced non-partner physical or sexual violence said that they had been abused once or twice only; about 1 in 3 experienced it a few times. Overall, about half experienced physical and/or sexual abuse either a few or many times (Table 5.2 and Chart 5.5).

Table 5.2: Frequency of non-partner physical and sexual violence against women over the age of 15 years (number and percentage of female respondents who experienced each type of violence, N = 2337)

Frequency of abuse	Physical		Sexual		Physical and/or sexual	
	Number	%	Number	%	Number	%
Once or twice	332	50%	433	56%	554	50%
A few times	202	30%	215	28%	341	31%
Many times	129	19%	124	16%	217	20%
Total	663	100%	772	100%	1112	100%



The main perpetrators of physical violence against women over the age of 15 years were: fathers (51%), female family members (37%), teachers (24%), other male family members (11%), and boyfriends (10%). The majority of perpetrators of physical violence are male. However, female family members (mothers, aunts and mothers-in-law) also use physical violence to discipline other women and girls. One disturbing finding is that 1 in 4 women have been physically abused by a teacher (Table 5.3).

Table 5.3: Perpetrators of non-partner physical violence against women over the age of 15 years (number and percentage of women who experienced non-partner physical violence, N = 663)

Perpetrators	Number	%
Father	341	51%
Female family member	245	37%
Teacher	161	24%
Male family member (other than those noted below)	72	11%
Boyfriend	69	10%
Stranger	33	5%
Male friend of family	26	4%
Stepfather	12	2%
Chief	9	1%
Female friend of the family	9	1%
Police / soldier	1	0.2%
Someone at work	1	0.2%
Church leader	1	0.2%
Other	43	6%

Note: Numbers add to more than 663 and percentages to more than 100% because multiple perpetrators were identified.

Boyfriends were identified by 3 in 5 women (60%) as the main perpetrators of sexual violence. The second largest group of perpetrators were male family members, mentioned by more than 1 in 4 women (28%). This includes grandfathers (mentioned by 4% of women), brothers (3%), and stepfathers (2%), with other male family members such as uncles, cousins and male in-laws making up the largest group of perpetrators from within the family (20%) (Table 5.4).

Table 5.4: Perpetrators of non-partner sexual violence against women over the age of 15 years (number and percentage of women who experienced non-partner sexual violence, N = 772)

Perpetrators	Number	%
Boyfriend	464	60%
Stranger	171	22%
Male family member (other than those noted below)	155	20%
Male friend of family	41	5%
Grandfather	30	4%
Brother	22	3%
Teacher	14	2%
Stepfather	12	2%
Someone at work	8	1%
Police / soldier	2	0.3%
Female friend of family	2	0.3%
Father	1	0.1%
Other	61	7%
<i>Total all male family members (grandfather, father, brother, stepfather and other male family member)</i>	<i>220</i>	<i>28%</i>

Note: Numbers add to more than 772 and more than 100% because multiple perpetrators were identified. Male family perpetrators total 28% rather than 29% due to rounding of percentages for categories of male family members.

One positive finding is that chiefs and church leaders were not specifically mentioned by any respondents as perpetrators of sexual violence against women over the age of 15 years, and they were rarely identified as perpetrators of physical abuse. However, VWC and its branches have occasionally had clients who have been sexually assaulted by these community leaders.

Child sexual abuse under the age of 15 years

Women were asked during the interview whether anyone had ever touched them sexually, or made them do something sexual that they didn't want to do, before they were 15 years old. In addition, at the end of the interview, women were given a card with 2 pictures of a happy and sad face where they could indicate anonymously whether or not either of these events had occurred by marking the card and placing it into a sealed envelope (see the questionnaire in Annex 2 and chapter 2). Consistent with research on child sexual assault over the world, substantially more women admitted to experiencing sexual abuse as children using the face card: 15% of women said that they had been sexually abused as children during the questionnaire, but almost 1 in 3 (30%) admitted to this when the anonymous face card was also used (Table 5.5).

Table 5.5: Prevalence of child sexual abuse of girls under the age of 15 years (number and percentage of all women who admitted to experiencing child sexual abuse, N=2337)

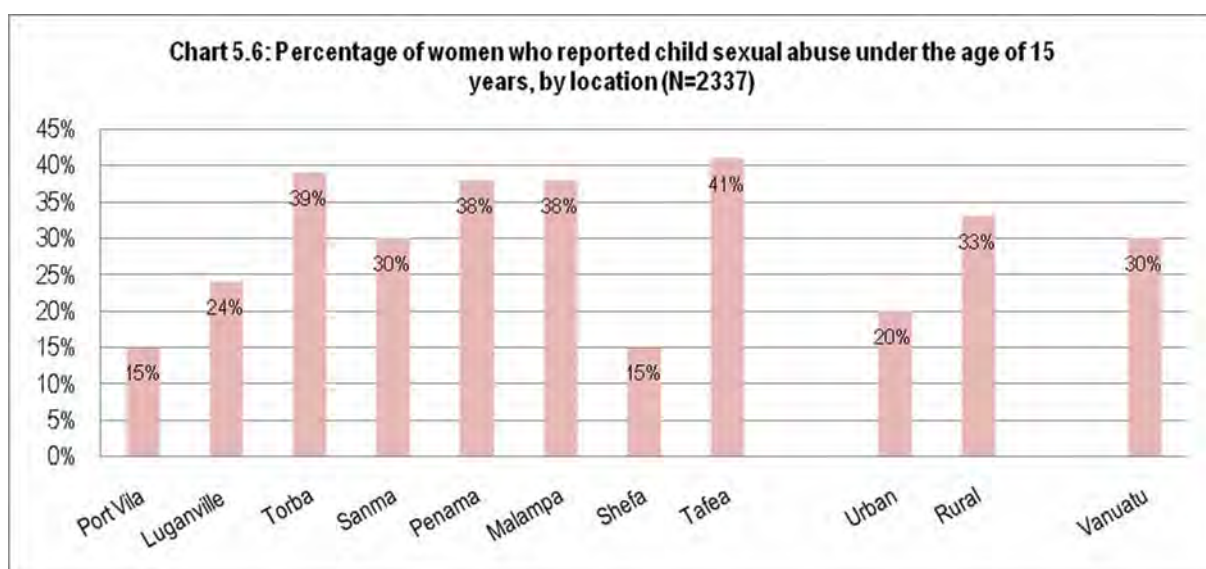
	Number	%
During questionnaire	342	15%
Using anonymous face card	599	26%
Either questionnaire or face card	704	30%

Child sexual assault is more prevalent in rural areas (33% of all respondents) compared with urban areas (20%) (Table 5.6). The pattern of prevalence by location shows some similarities with that of sexual violence over the age of 15 discussed above, but also some differences. Port Vila and Shefa have the lowest prevalence of women reporting child sexual assault (15%); these provinces also have the lowest rates of non-partner sexual assault over the age of 15. Tafea (41%), Torba (39%), Penama and Malampa (38%) have the highest rates of child sexual assault among the provinces, and the rate in Sanma is 30% (Table 5.6 and Chart 5.6); Torba, Sanma and Penama also had very high rates of sexual assault over the age of 15 (Table 5.1 and Chart 5.1).

As with all other forms of violence, women of all ages, education levels, socio-economic status and religions experience child sexual assault. Prevalence fluctuates for different age groups but it decreases steadily in inverse relationship to the level of education and socio-economic status. Two in 5 women (40%) with no education had been sexually abused as children, compared with 1 in 3 (32%) women with primary education, 28% with secondary education and 17% with higher education. Similarly, more than 1 in 3 women (35%) from households with low socio-economic status experienced child sexual assault, compared with 30% of those with medium socio-economic status and 15% with high socio-economic status (Table 5.6 and Charts 5.7-5.9). Women from all religions experienced child sexual assault at about the same rates (Table 5.7).

Table 5.6: Prevalence of child sexual abuse of girls under the age of 15 years, by location, age, education level and socio-economic status (number and percentage of all women who admitted to experiencing child sexual abuse during the questionnaire or using the face card, N=2337)

Location	Number	%
Port Vila	44	15%
Luganville	65	24%
Torba	111	39%
Sanma	104	30%
Penama	112	38%
Malampa	121	38%
Shefa	39	15%
Tafea	108	41%
Total Urban	109	20%
Total Rural	595	33%
Total Vanuatu	704	30%
Woman's age group		
15-19	90	29%
20-24	150	36%
25-29	131	32%
30-34	119	30%
35-39	93	27%
40-44	71	29%
45-49	49	26%
Women's education level		
None	59	40%
Primary	387	32%
Secondary	242	28%
Higher	15	17%
Woman's socio-economic status		
Low	355	35%
Medium	282	30%
High	45	15%



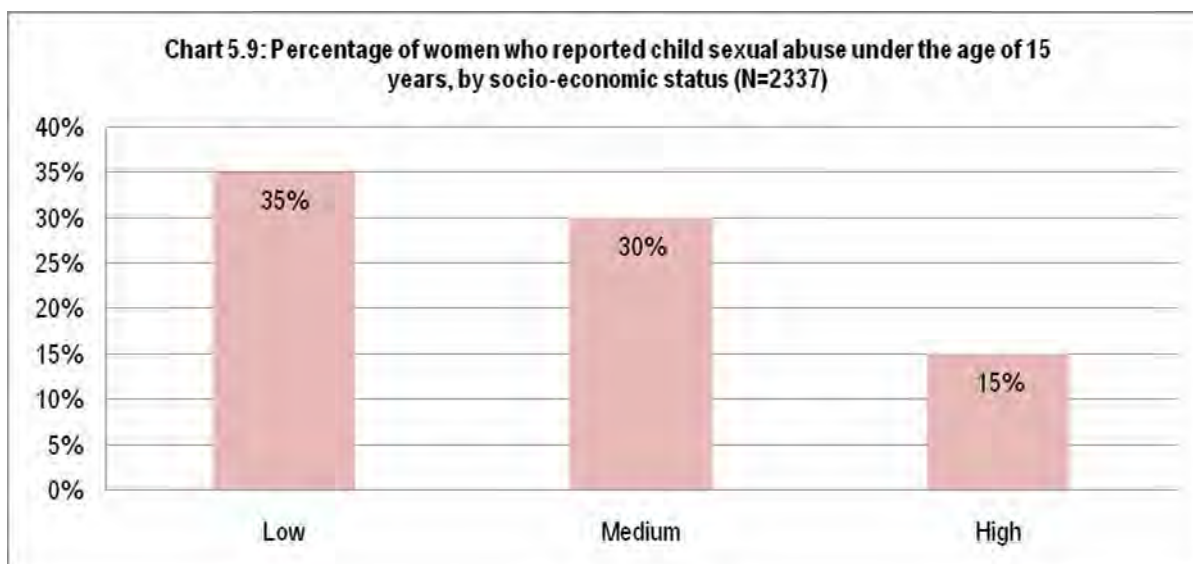
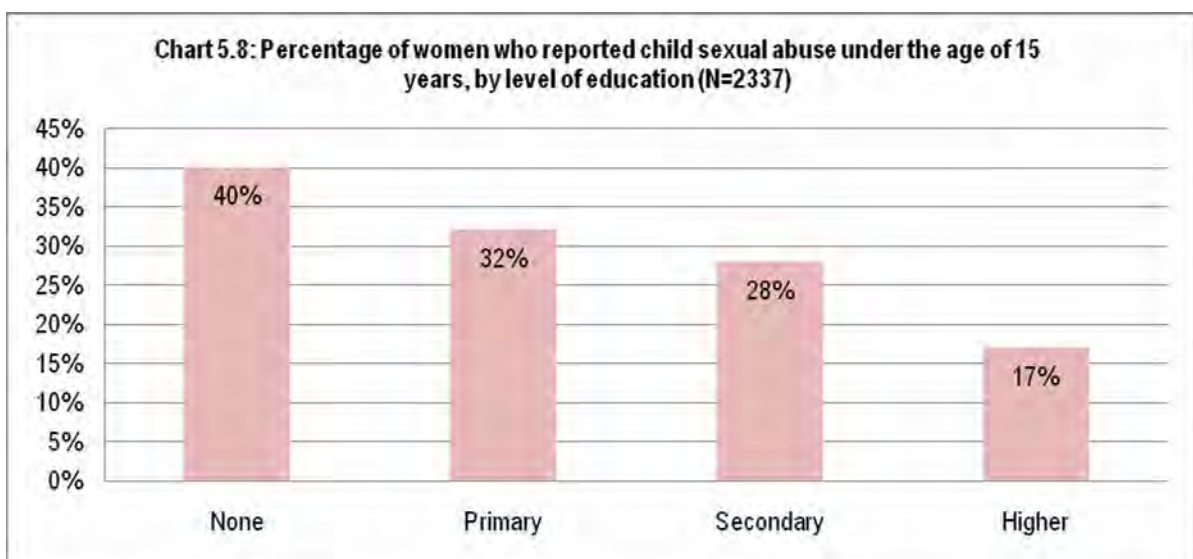
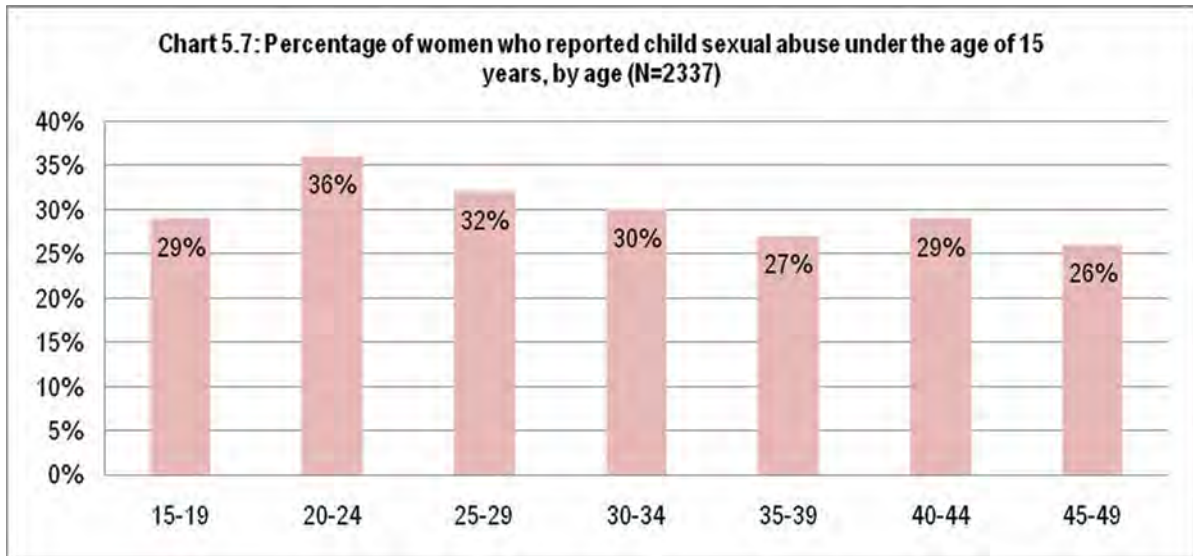


Table 5.7: Child sexual abuse of girls under the age of 15 years, by religion (number and percentage of women reporting child sexual assault for each religion)

Religion	Experienced child sexual assault (N=704)		Never experienced child sexual assault (N=1615)		No answer (N=18)		Total women for each religion (N=2337)	
	Number	%*	Number	%*	Number	%*	Number	%*
Anglican	154	35%	284	65%	1	0.2%	439	100%
Assemblies of God	34	25%	101	74%	1	1%	136	100%
Apostolic	20	31%	45	69%	0	0%	65	100%
Catholic	101	32%	210	67%	4	1%	315	100%
Church of Christ	25	29%	60	69%	2	2%	87	100%
Other	120	29%	287	71%	0	0	407	100%
Presbyterian	151	27%	411	72%	7	0%	569	100%
Seventh Day Adventist	97	32%	206	68%	2	1%	305	100%
No answer/no religion	2	14%	11	79%	1	7%	14	100%
Total	704	30%	1615	69%	18	1%	2337	100%

* Percentages are based on the proportion of women in each religion; variations between religions are not statistically significant and these findings cannot be used to argue that women from any one religion are more or less likely to experience child sexual abuse than women from any other religion.

Boyfriends were identified by 1 in 3 women (33%) as perpetrators of child sexual assault and 1 in 4 (21%) said that strangers were the perpetrators. However overall, male family members made up the largest group of perpetrators, with more than 1 in 2 women (55%) mentioning them. This includes grandfathers (mentioned by 10% of women), brothers (7%), and stepfathers (3%), with other male family members such as uncles, cousins and male in-laws making up the largest group of perpetrators from within the family (33%) (Table 5.8). The high percentage of male family members as perpetrators is consistent with the findings from research in a range of other countries (WHO 2005: 50-51). Although only some of these male family perpetrators would be living in the same household as the victim, it is noteworthy that 26% of respondents to the household questionnaire said there was only 1 room for all household members for sleeping, 42% had 2 rooms used and the remainder had 3 or more.

Table 5.8: Perpetrators of child sexual abuse against girls under the age of 15 years (number and percentage of women who experienced child sexual abuse, N = 342)

Perpetrators	Number	%
Boyfriend	114	33%
Male family member (other than those noted below)	114	33%
Stranger	90	26%
Grandfather	34	10%
Brother	23	7%
Male friend of family	21	6%
Stepfather	9	3%
Father	7	2%
Teacher	5	1%
Female friend of family	2	1%
Someone at work	1	0.3%
Other	18	5%
<i>Total all male family members (grandfather, father, brother, stepfather and other male family member)</i>	<i>187</i>	<i>55%</i>

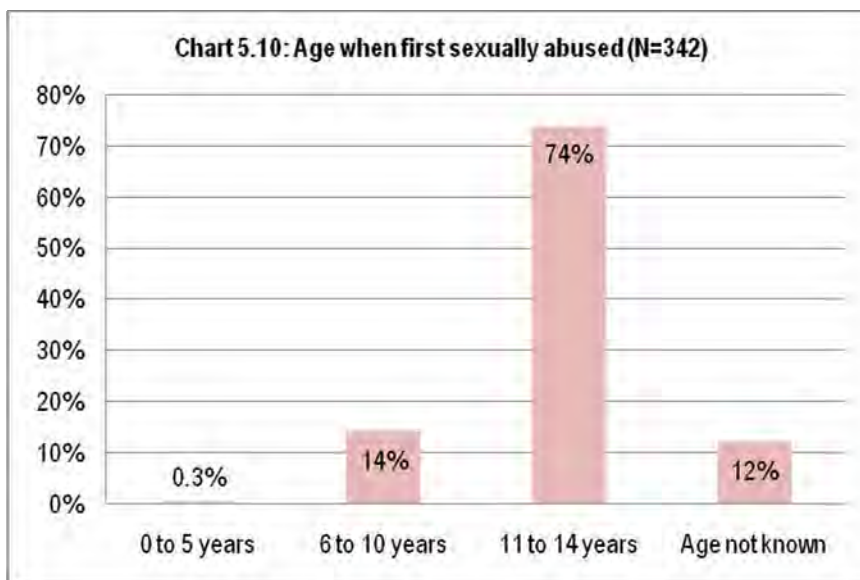
Note: Numbers add to more than 342 and percentages to more than 100% because respondents could identify multiple perpetrators. N=342 because this question was only asked of those respondents who reported child sexual abuse during the interview; it was not asked of those respondents who disclosed child sexual abuse using the face card.

For about 3 in 4 (74%) of the women who reported that they were sexually abused under the age of 15, the abuse first happened when they were between 11 and 14 years old. In 14% of cases, they were between 6 and 10 years old; in 12% of cases, the women did not know or remember how old they were when the abuse first happened. For the remainder (only 1 woman), the abuse first occurred when she was less than 5 years old (Table 5.9 and Chart 5.10).

Table 5.9: Features of child sexual abuse under the age of 15 years (N = 342)

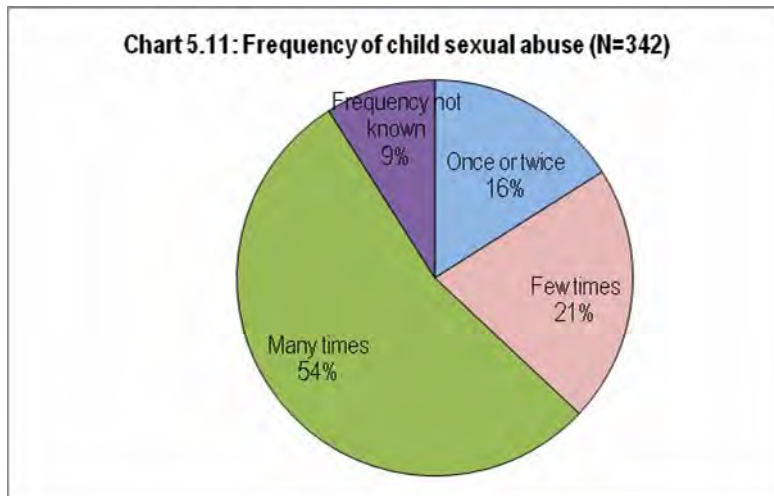
Age when first sexually abused	Number	%
0 to 5 years	1	0.3%
6 to 10 years	49	14%
11 to 14 years	252	74%
Age not known	40	12%
Total	342	100%
Frequency of sexual abuse		
Once or twice	55	16%
Few times	71	21%
Many times	184	54%
Frequency not known	32	9%
Total	342	100%
Number of perpetrators		
One perpetrator	226	66%
Two perpetrators	68	20%
Three perpetrators	16	5%
Number of perpetrators not known	32	9%
Total	342	100%

Note: N=342 because this question was only asked of those respondents who reported child sexual abuse during the interview; it was not asked of those respondents who disclosed child sexual abuse using the face card.



More than half (54%) of the women who were sexually abused as children experienced the abuse many times; 1 in 5 (21%) experienced it a few times, 16% once or twice; and in 9% of cases the respondent did not say how many times she was abused (Table 5.9 and Chart 5.11). In most cases (2 in 3 or 66%) there was only one perpetrator. For 1 in 5 women (20%) there were

2 perpetrators, in 5% of cases there were 3 perpetrators, and the remaining 9% did not say how many perpetrators there were (Table 5.9). It is not surprising that some women were either unable or unwilling to provide details of their experiences of child sexual abuse – for most women, this is an extremely difficult thing to talk about under any circumstances.



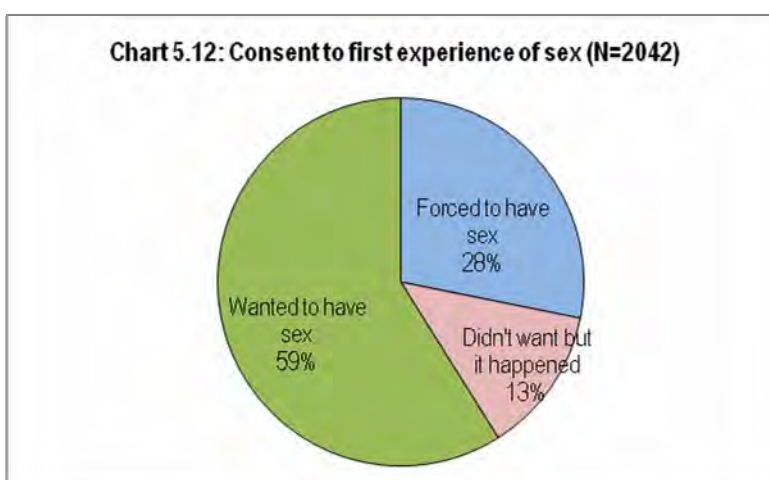
5.2 WOMEN'S FIRST SEXUAL EXPERIENCE

Whether women consent to their first sexual experience is an important indicator of gender equality. For more than 1 in 4 women (28%) their first experience of sex was rape. An additional 13% said that they did not want to have sex the first time, but they had it anyway. This means that in total, the first experience of sex was either forced or coerced for about 2 in 5 women (41%). For the remaining 3 in 5 women (59%), the first experience of sex was consensual (Table 5.10 and Chart 5.12).

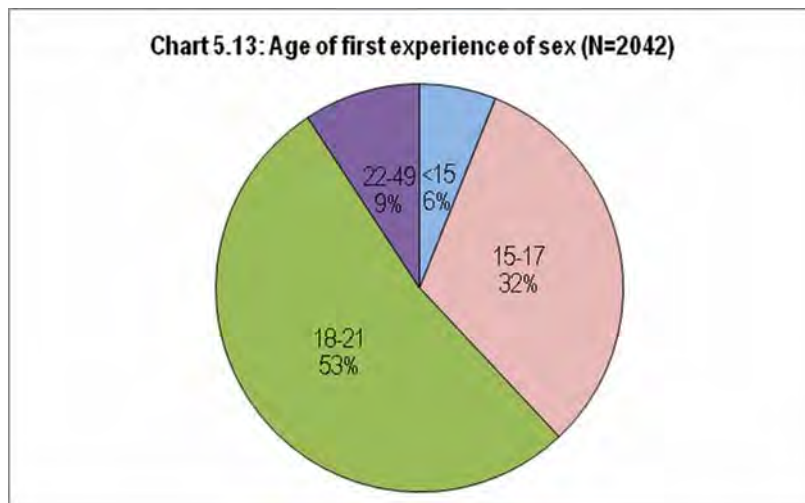
Table 5.10: Age and consent of first sexual experience among sexually active respondents (N=2042)

Age of first sex	Wanted to have sex		Did not want to have sex but it happened anyway		Forced to have sex		Total women	
	Number	%	Number	%	Number	%	Number	%
Less than 15 years	35	28%	16	13%	73	59%	124	6%
15-17 years	298	46%	110	17%	244	37%	652	32%
18-21 years	728	68%	118	11%	231	21%	1077	53%
22-49 years	142	75%	20	11%	27	14%	189	9%
Total	1203	59%	264	13%	575	28%	2042	100%

Note: N is 2042 because respondents were first asked whether they had ever had sex, and only those who answered yes were asked this series of questions.



Not surprisingly, younger women make up the majority of those whose first experience of sex was forced or coerced. A disturbing finding is that 2 in 5 (59%) of those whose first sexual experience was forced were less than 15 years old; 37% were aged 15-17 years; 21% were aged 18-21 years; and 14% were 22 or older (Table 5.10).



In total, almost 2 in 5 women (38%) had their first experience of sex under the age of 17. This includes 32% who first had sex when they were between 15-17 years old, and 6% whose first experience was younger than 15 years old. The older the woman when she first had sex, the more likely that it was consensual (Table 5.10 and Chart 5.13).

5.3 DISCUSSION OF FINDINGS

The combined prevalence of non-partner physical and/or sexual violence against women aged 15-49 is among the very highest in the world where the WHO methodology has been used (WHO 2005: 46; Fulu 2007: 48; Jansen 2009: 66; SPC 2009: 79-80; SPC 2010: 102). The findings indicate that there is a high tolerance for physical violence in Vanuatu, with over 1 in 4 women experiencing physical abuse since the age of 15 years. The fact that fathers, female family members, other male family members and teachers are the main perpetrators of physical violence reflects community norms; it also reinforces and normalises the use of violence as a form of discipline and conflict resolution.

The high rates of non-partner physical violence found in this study are worrying for their own sake, because most types of violence can cause short-term or permanent injury, and because the use of violence against adults tends to escalate anger and resentment, rather than resolve conflict. However, the findings are even more disturbing because the experience of non-partner physical abuse since the age of 15 years is a highly significant risk factor for women experiencing physical or sexual abuse from their husband or partner (P value of 0.005 using multi-variable regression analysis and less than 0.001 using uni-variable analysis, see chapter 10). This suggests that there is an inter-generational component in women's experience of physical and sexual violence by their husbands and intimate partners, where young women and girls – as well as young men and boys – come to learn and accept that physical abuse is “normal” by those who have the most power in relationships. This does not mean that all women who experience physical violence as young women will become victims of abuse by their partners, but the findings clearly show that they are significantly more likely to do so.

A common perception all around the world is that women are most at risk of violence from people they hardly know or do not know at all. This is certainly not the case in Vanuatu. Non-partner violence is generally perpetrated by people who women and girls know very well and who in most circumstances they trust – their family members and boyfriends.

It is noteworthy that 1 in 10 women were physically assaulted by boyfriends who were not their husbands or intimate partners – this suggests that the use of physical violence begins very early in some relationships. Boyfriends were also the largest group of perpetrators of sexual assault against

women over the age of 15 years, and the largest group of perpetrators of sexual assault of girls under the age of 15 years. These findings all underline the fact that women are most at risk from sexual violence from their intimate partners, or those who wish to be their husbands and partners. Furthermore, although the prevalence of non-partner violence is particularly high in Vanuatu, comparing the overall findings on non-partner and partner physical and sexual violence demonstrates clearly that the greatest risk to women is from their husbands, intimate partners and family members.

Ni-Vanuatu believe that children in Vanuatu are much loved, and the family is valued very highly (Ministry of Justice and Community Services 2009: 21). Yet the prevalence of child sexual assault in Vanuatu is also among the very highest in the world, as is the rate of forced sex at the first sexual encounter (WHO 2005: 49-52). This has very damaging psychological and physical consequences for women and girls, in addition to the human rights implications and negative impacts on national social and economic development.

One major impact is that girls subjected to sexual assault under the age of 15 years are significantly more likely to also suffer from physical and/or sexual abuse by their husband or intimate partner during their life (P value of less than 0.001 using uni-variable analysis and 0.024 using multi-variable regression analysis, see chapter 10). Another impact is that teenage pregnancies in Vanuatu are reported to be high and increasing – 15% of all pregnancies in Port Vila in 2002 were among teenagers, and in 2003 there were three 12 year old girls attending the Port Vila Antenatal Clinic (Republic of Vanuatu 2005: 111). International studies have demonstrated a wide range of other impacts from sexual abuse of young women and girls. These include low self-esteem, depression, suicidal thoughts, self-harm, alcohol and substance abuse, and sexual risk-taking, including evidence that victims of sexual abuse start having voluntary sex significantly earlier than non-victims. In addition to unwanted teenage pregnancy that is dangerous for women's health and their babies, there is increased risk of sexually transmitted infections, including HIV (WHO 2005: 53).

It is important for these findings on child sexual assault to be discussed widely, to determine how best to protect girls and young women from sexual abuse, keeping in mind that there is a substantially higher prevalence in rural areas than urban areas. It is unclear whether some cultural practices have resulted in higher rates of abuse in Vanuatu compared with other countries. For example, in some areas where a girl is swapped or exchanged for marriage, she may go to live with the family or her husband-to-be at a very young age. VWC is aware of cases in Tanna where girls as young as 3 go to live with the family of the husband-to-be, and in Sanma it is not uncommon for the girl to go to the new home at age 13. On the other hand, people from Torba rarely exchange girls or women for marriage, yet Torba has one of the highest rates of child sexual assault in the country. The Ministry of Health (MOH) Multiple Indicator Cluster Survey (MICS) found that 7% of the married women aged 15-49 in their sample were married before the age of 15, and 24% were married before they reached 18 years of age. Furthermore, the MICS found that girls who marry very young are more likely to marry men who are 10 years older or more (MOH 2008: 107-109), and this may increase the likelihood of gender inequality being expressed through various forms of controlling behaviours and abuse. Further research is needed to assess whether such cultural practices contribute to the high rates of child sexual assault and forced first sexual experiences. (It is not suggested that these practices necessarily lead to sexual assault in all or even most situations; however it is important to explore the circumstances in which child sexual assault and forced first sex occur, to better protect young women and girls.)

The Vanuatu Government's report to the United Nations Committee on the Elimination of Discrimination Against Women suggested that changes in social control mechanisms that traditionally protected girls and young women from abuse may be one cause of child sexual abuse and the increase in teenage pregnancies – such as a breakdown in taboos that traditionally governed relationships between in-laws,

and the lack of segregated sleeping areas (Republic of Vanuatu 2005: 112). There is also an increasing trend for girls and boys to live with relatives in towns to continue their education. Further research is also needed in these areas to assess whether they contribute to higher levels of child sexual assault in rural and urban areas.

Regardless of the factors contributing to the very high rates of child sexual assault, the findings point to the urgent need for Vanuatu to raise the minimum age of marriage for women from 16 to 18 years. This was recommended by the Committee on the Elimination of Discrimination Against Women, and would bring Vanuatu into line with articles of the Convention the Elimination of All Forms of Discrimination Against Women (CEDAW) and with the Convention on the Rights of the Child (CEDAW 2007: 8).

Other findings from the study have implications for ways to protect women and girls. First, it is very important for government agencies, community leaders and family members to take assertive action to protect girls as soon as a case of sexual abuse comes to light, to prevent further abuse – most women who were sexually assaulted as children experienced the assault many times; and about half those who experienced physical or sexual assault since the age of 15 also experienced it several or many times. The findings underline the need for all agencies and programs working with children to have policies and protocols in place to address child protection issues from a human rights perspective, and for all workers to be trained to respond sensitively and appropriately.

Second, the positive impact of education is a striking finding that has implications for policy makers and others who aim to protect women and girls from all types of abuse. Overall, the prevalence of non-partner physical and sexual violence since the age of 15, and the prevalence of child sexual assault, tends to decrease as the woman's level of education increases. This trend was also observed for most forms of violence by husbands and intimate partners. In addition, although all ages are subjected to non-partner violence, younger women are more vulnerable. These findings point both to the importance of ensuring equal access to secondary and higher education, and to addressing gender inequalities, human rights and violence against women and girls in primary and secondary schools. Child protection needs to be included in the school curriculum, and in the teacher training curriculum. The high rates of forced first sex and of coercion also point to the need for young women to be given assertiveness training, and for young men to be taught that forcing sex upon young women and girls is wrong and not part of Vanuatu custom.

Finally, the very significant associations between violence by husbands/partners and the experience of non-partner physical violence and child sexual assault demonstrate powerfully that preventing violence against women requires an integrated approach through the whole of her life cycle. Prevention programs need to be soundly based on a commitment to women's and girls' human rights. Prevention programs need to target families, young women and girls, and young men and boys to understand women's and girls' human rights, and the links between gender inequality and violence.

CHAPTER 6: CONSEQUENCES OF VIOLENCE AGAINST WOMEN FOR GENERAL PHYSICAL AND MENTAL HEALTH

Summary of main findings

- Almost 2 in 5 women (39%) who have experienced partner violence have been injured in their lifetime due to physical or sexual violence by their husband or intimate partner. This amounts to 1 in 4 ever-partnered women (24%).
- Of those injured, more than 2 in 5 (41%) were injured more than 3 times; more than 1 in 5 (21%) now has a permanent disability; and almost half (48%) lost consciousness at least once.
- Less than half of those injured (42%) told a health worker the real reason for their injury, and many did not receive the health care they needed.
- Women living with physical and/or sexual violence have much poorer health, are hospitalised more often, and are more likely to have an operation than women who are not experiencing violence.
- Women living with physical, sexual or emotional violence have more mental health problems and are much more likely to attempt suicide than women who are not experiencing violence.

This section presents findings on the impact of physical and sexual partner violence on women's general health, including the frequency and type of injuries women experienced, and their use of medication and health services. It also discusses the impacts of physical, sexual and emotional violence on women's mental health, and their likelihood of thinking about or attempting suicide.

The survey posed several different questions on women's physical and mental health in order to explore the impact of violence by husbands and intimate partners. Some of these questions were asked of all women before they disclosed whether they had experienced violence by a husband/partner; others focused on women's views of the specific impacts of partner violence. This approach helped to eliminate bias in women's responses and provides robust evidence on the impact of violence on women's health.

6.1 IMPACTS OF PARTNER VIOLENCE ON PHYSICAL HEALTH

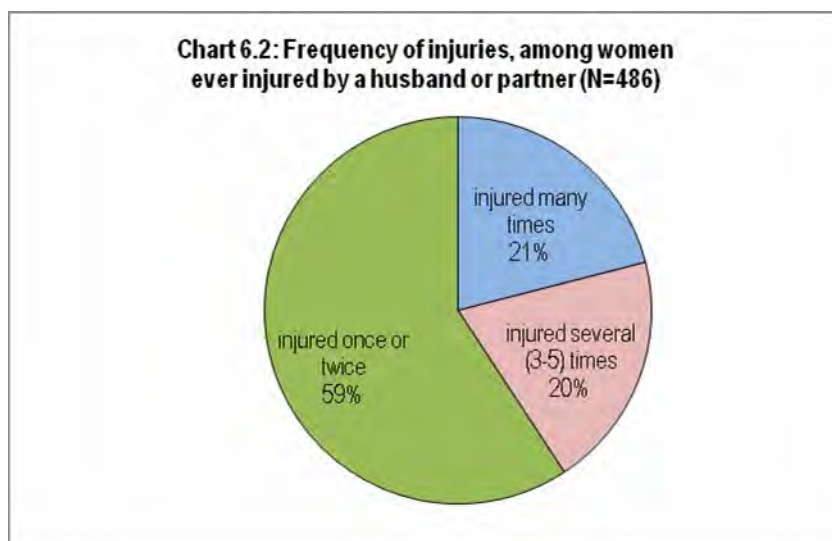
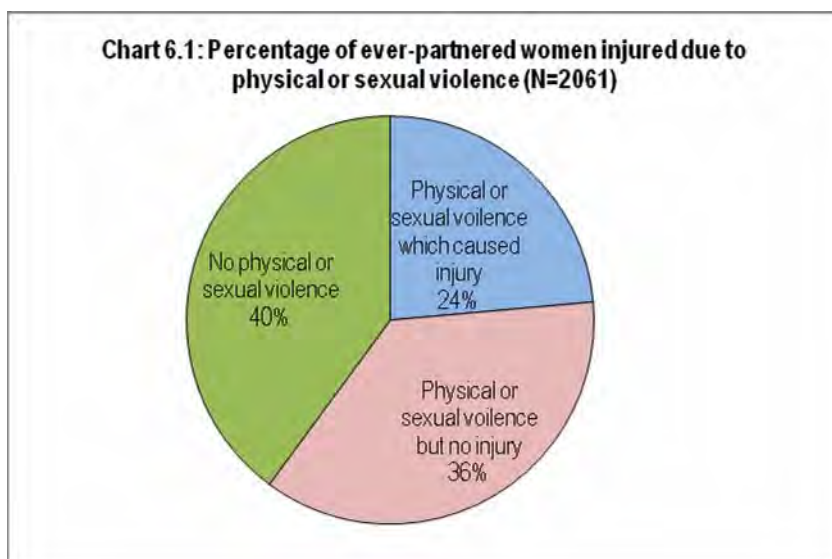
Injuries caused by partner violence

Of the 2061 ever-partnered women interviewed during the study, almost 1 in 4 (24%) were injured in their lifetime as a result of violence by their husband/partner, and more than 1 in 10 (11%) were injured in the last 12 months (Table 6.1 and Chart 6.1). When we look at the 1239 women who have experienced either physical and/or sexual violence in their lifetime, almost 2 in 5 (486 women or 39%) reported that they were injured at some stage in their life. Of these 486 women who have been injured, 59% were injured once or twice, 20% were injured several times (between 3 and 5 times), and 21% were injured many times (Table 6.1 and Chart 6.2).

This is a very high burden of injury among women in the total population annually, which has substantial social and economic costs. Nevertheless, these figures should be seen as minimum estimates of the burden of injury from domestic physical and sexual violence. Several studies have found that women tend to under-estimate the number of minor injuries, particularly if they occurred more than 12 months before the survey. On the other hand, the respondent's recall regarding severe injuries is likely to be accurate, regardless of when the injury occurred (WHO 2005: 61).

Table 6.1: Frequency of injuries as a result of violence by a husband/partner (number and percentage of ever-partnered women who reported physical and/or sexual violence)

Frequency of injuries	Number	% of ever-partnered women who were injured due to partner violence (N=486)	% of ever-partnered women who experienced partner violence (N=1239)	% of ever-partnered women (N=2061)
Ever injured in her lifetime				
Injured many times	102	21%	8%	5%
Injured several (3-5) times	96	20%	8%	5%
Injured once or twice	288	59%	23%	14%
Sub-total of women injured in their lifetime	486	100%	39%	24%
Not injured in their lifetime	753	-	61%	36%
Total who experienced violence	1239	-	100%	60%
Injured in the last 12 months	221	45%	18%	11%



Most ever-injured women reported minor injuries: 66% had scratches, bruises or abrasions, and 13% reported that they had small cuts or bites. However, serious injuries were also common, with more than 1 in 3 (37%) reporting that they had broken eardrums or eye injuries. This confirms VWC's experience –

many women who have come to the centre and branches for counselling have these types of injuries because they have been punched or beaten on the head. It is also consistent with the finding that 82% of women have been hit with a fist or something else (see chapter 4). About 1 in 10 women have had sprains or dislocations (12%), fractured or broken bones (9%), or internal injuries (9%) as a result of the violence from their husband/partner. Sadly, 5% had suffered from internal injuries due to violent sexual assault and 2% (12 women) had to have their spleen removed (Table 6.2 and Chart 6.3).

Table 6.2: Type of injuries as a result of violence by a husband or intimate partner (number and percentage of ever-partnered women who experienced partner violence who reported an injury, N = 486)

Type of injury reported	Number	%
Scratches, abrasions, bruises	320	66%
Broken eardrum, eye injuries	181	37%
Small cuts, puncture, bites	65	13%
Sprains, dislocations	60	12%
Other internal injuries	46	9%
Fractures, broken bones	46	9%
Penetrating injuries, deep cuts, gashes	25	5%
Internal injuries from sexual violence	22	5%
Burns	14	3%
Broken teeth	13	3%
Internal injuries requiring spleen to be removed	12	2%
Other injuries	101	21%
Permanent disability	103	21%
Losing consciousness		
Ever lost consciousness	233	48%
Lost consciousness in the past 12 months	92	19%
Access to health care		
Ever hurt badly enough to need health care	271	56%
Hurt badly enough to need health care in the past 12 months	105	22%
Ever received health care	234	48%
Ever spent any nights in hospital due to injuries	113	23%
Median number of nights spent in hospital*	5	-
Ever told a health worker the cause of the injury	205	42%

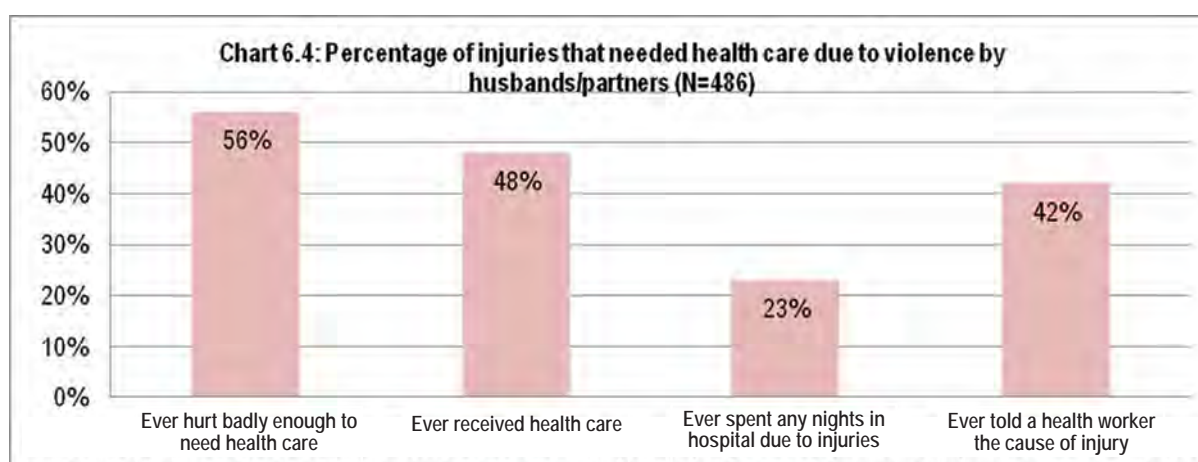
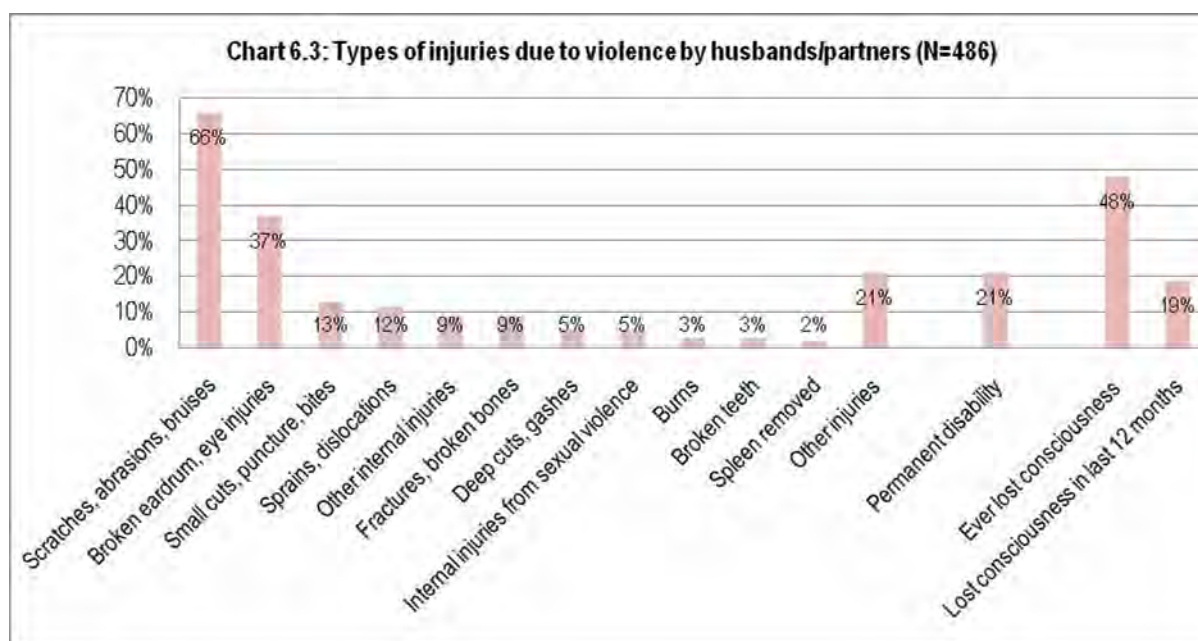
Note: Numbers add to more than 486 for the type of injury reported and percentages to more than 100% because respondents could identify multiple types of injury.

* Median refers to the middle score or mid-point, after arranging all scores in numerical order, with half the scores falling above the median and half below.

One very disturbing finding is that more than 1 in 5 women (21%) who have been injured have a permanent disability due to their husband's/partner's violence. Given that 37% reported broken eardrums and eye injuries, it is reasonable to assume that in some of these cases the disability relates to these types of injuries. Almost half of the women who have been injured (48%) have lost consciousness at least once in their lives. Even more alarming is that almost 1 in 5 (19%, or 92 women) lost consciousness in the last 12 months (Table 6.2 and Chart 6.3). This amounts to 4% of the total ever-partnered sample of 2061 women and it can be safely assumed that about the same percentage lose consciousness each year due to domestic violence.

Women's reports of the injuries they have received reinforce the findings from chapter 4 that violence is often very severe indeed. Over half of the women who have been injured said that they had been hurt badly enough to need health care (56%), but less than half (48%) actually received the health care they needed and only 42% have ever told a health worker about the cause of their injury. More than 1 in 5 (22%) have been hurt badly enough to need health care in the last 12 months (Table 6.2 and Chart

6.3). Other important findings for estimating the national economic cost of violence against women are that almost 1 in 4 women (23% of ever-injured women) have been hospitalised in their lifetime due to their injuries, and the median number of nights in hospital was 5 (Table 6.2 and Chart 6.4).



Use of health services and medication

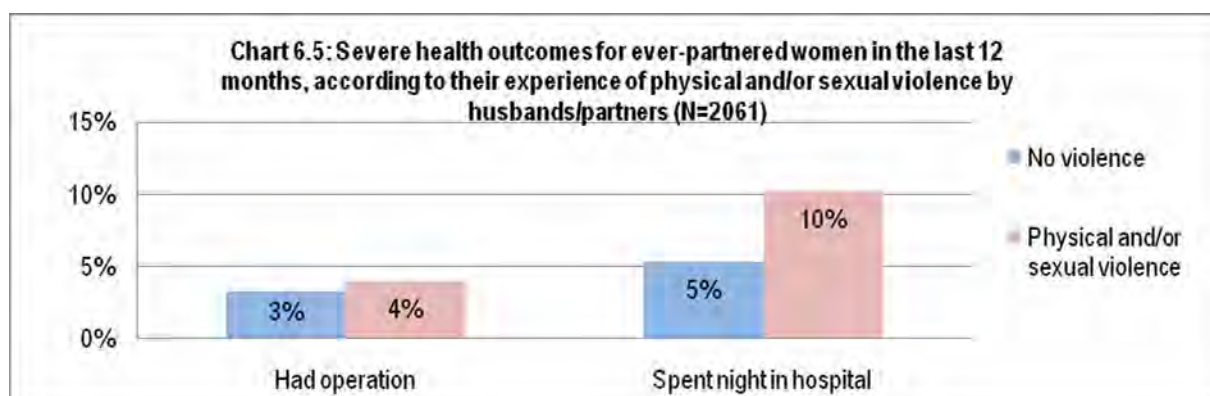
At the beginning of the questionnaire, before being asked about violence, women were asked about health-related matters including the need to have an operation or hospitalisation in the last 12 months, use of medication, and consultation with health service professionals in the last 4 weeks. Women living with violence were significantly more likely to have an operation in the last 12 months and to spend time in hospital, compared with women who had not experienced partner violence. The strongest association is the need for care in hospital: 5% of women who have not experienced violence needed to spend a night in hospital in the last 12 months, compared with 10% of those who have experienced violence (P value of less than 0.0001, Table 6.3 and Chart 6.5). These findings are broadly consistent with those above regarding the number of women hurt badly enough to require health care. However, they indicate a higher rate of hospitalisation than that identified by women as being due to injury. Possible explanations are that women subjected to partner violence may also be prone to indirect

health impacts, in addition to the direct impacts of serious injury; or that some of the injuries caused by partner violence create ongoing and serious health problems which require hospitalisation later.

Table 6.3: Severe health outcomes for women with and without physical and/or sexual violence (number and percentage of ever-partnered women reporting hospitalisation or operation according to their experience of physical and/or sexual violence by a husband or intimate partner in their lifetime, N = 2061)

Health outcomes in the past 12 months for ever-partnered women:	No violence (N=822)		Physical and/or sexual violence (N=1239)		P value*
	N	%	N	%	
Had an operation (other than caesarean section)	27	3%	50	4%	0.0012
Had to spend night in hospital	44	5%	127	10%	<0.0001

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of health outcome.



There was also a highly significant association between the experience of partner violence and the need to take medication over the last 4 weeks (P values of less than 0.0001). Women who experienced partner violence are far more likely to need medication to help them calm down or sleep (10% compared with 5% for those who did not experience violence), for pain (15% compared with 12%), and to help them with depression (11% compared with 8%) (Table 6.4 and Chart 6.6).

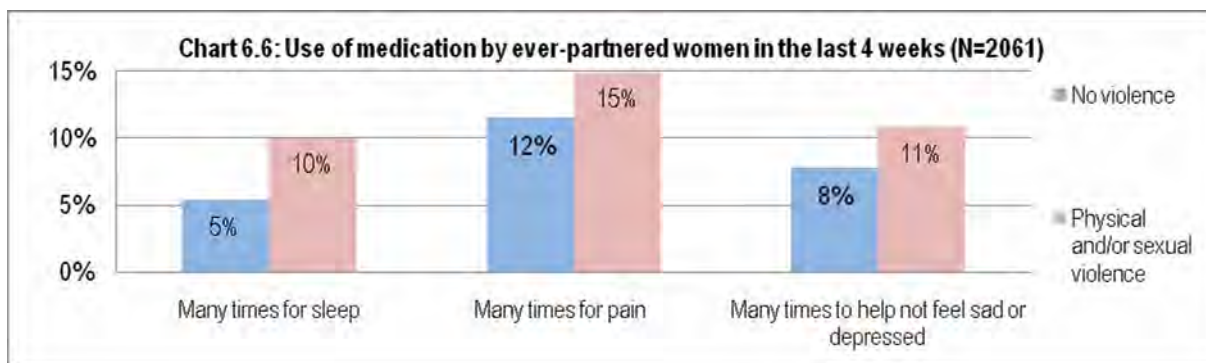
Similarly, women who experienced partner violence were significantly more likely to need to consult a health professional over the last 4 weeks (P value of less than 0.0001): 27% of women who did not experience violence consulted with a health professional, compared with 37% of those living with violence. Table 6.4 lists the range of health professionals consulted.

Table 6.4: Use of medication and health services in the past 4 weeks for women with and without physical and/or sexual violence (number and percentage of ever-partnered women according to their experience of physical and/or sexual violence by a husband or intimate partner in their lifetime, N = 2061)

Use of medication and health services in the last 4 weeks:	No violence (N=822)		Physical and/or sexual violence (N=1239)		P value*
	Number	%	Number	%	
Reported use of medication in the last 4 weeks					
Many times to calm down or sleep	44	5%	124	10%	<0.0001
Many times for pain	95	12%	185	15%	<0.0001
Many times to help not feel sad or depressed	64	8%	134	11%	<0.0001
Consulted a doctor, health worker or church leader because she was sick in the last 4 weeks					
Someone consulted	221	27%	462	37%	<0.0001
Doctor	68	8%	123	10%	<0.0001
Nurse	119	14%	306	25%	<0.0001

Use of mediation and health services in the last 4 weeks:	No violence (N=822)		Physical and/or sexual violence (N=1239)		P value*
	Number	%	Number	%	
Midwife	16	2%	23	2%	-
Aid post worker	23	3%	55	4%	0.0003
Pharmacist	1	0%	1	0%	-
Custom doctor	27	3%	52	4%	<0.0001
Traditional birth attendant	1	0%	2	0%	-
Church leader	28	3%	29	2%	-
Counsellor	1	0%	0	0%	-
Other	10	1%	20	2%	-

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each health category.



Other measures of women's physical health status

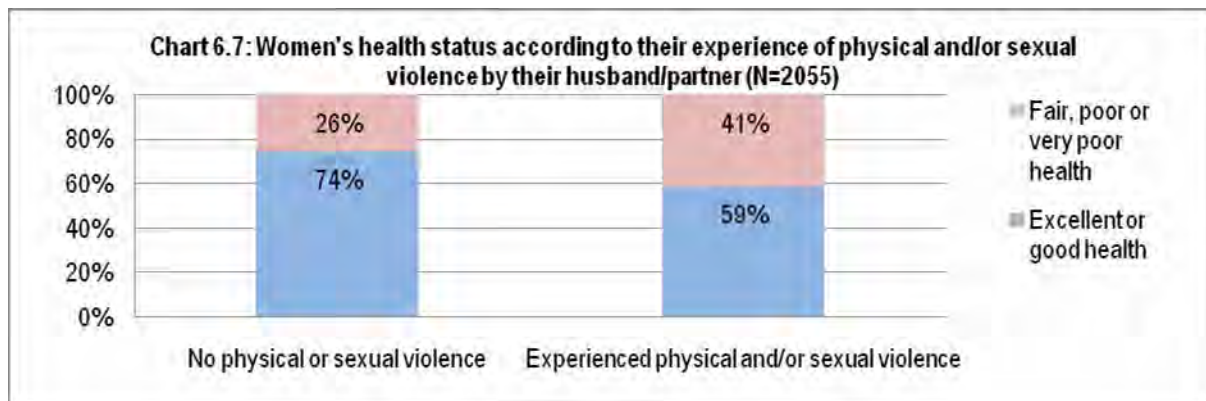
Several other questions were designed to assess the overall impact of physical and/or sexual violence on women's health. One robust measure is women's self-assessment of their own health, which included a number of questions posed very early in the questionnaire. Women were asked whether their overall health was excellent, good, fair, poor or very poor. Women who experienced physical and/or sexual partner violence were significantly more likely to say that their health was fair, poor or very poor (41%) compared with those who had not experienced violence (26%). Conversely, women who had not experienced violence were more likely to report that their health was good or excellent (74%) compared with those living with violence (59%). All associations were highly significant with P values of less than 0.0001 (Table 6.5 and Chart 6.7).

Table 6.5: Health status for women with and without physical and/or sexual violence (number and percentage of ever-partnered women reporting different categories of health status, N = 2055)

Women's assessment of their own health	No physical or sexual violence (N=820)		Experienced physical and/or sexual violence (N=1235)		Total ever-partnered women (N=2055)		P value*
	Number	%	Number	%	Number	%	
Excellent	188	23%	250	20%	438	21%	< 0.0001
Good	421	51%	478	39%	899	44%	< 0.0001
Fair	171	21%	432	35%	603	29%	< 0.0001
Poor	21	3%	35	3%	56	3%	< 0.0001
Very poor	19	2%	40	3%	59	3%	< 0.0001
Total	820	100%	1235	100%	2055	100%	< 0.0001

Note: N = 2055 because some women did not answer this question. Percentages are the number in each health category, as a proportion of the number in the abuse category.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of health status.



Women were also asked whether they had 6 physical symptoms over the last 4 weeks and if so, to what extent they had experienced those symptoms. There was a highly significant association between women's experience of 5 of the 6 symptoms, and the experience of physical and/or sexual violence against women, although in some cases the number of women reporting that they had suffered many problems with specific symptoms was too small to be meaningful. Of the women who had experienced partner violence, almost half (49%) reported that they had problems with dizziness and 25% had vaginal discharge, compared with 31% and 20% respectively of those who had not experienced violence (Table 6.6).

Table 6.6: Physical health problems in the past four weeks for women with and without physical and/or sexual violence (number and percentage of ever-partnered women, N = 2055)

Health problems reported by women in the past 4 weeks	No physical or sexual violence (N=820)		Experienced physical and/or sexual violence (N=1235)		Total ever-partnered women (N=2055)		P value*
	Number	%	Number	%	Number	%	
Many problems walking	6	1%	10	1%	16	1%	0.31 F
Many problems performing usual activities	10	1%	21	2%	31	2%	0.0012 F
Severe or extreme pain or discomfort	38	5%	102	8%	140	7%	< 0.0001
Many problems with memory or concentration	7	1%	17	1%	24	1%	0.0003 F
Dizziness	257	31%	604	49%	861	42%	< 0.0001
Vaginal discharge	78	20%	308	25%	386	19%	< 0.0001

Note: N = 2055 rather than 2061 because some women did not answer these questions. Percentages are the number in each health category, as a proportion of the number in the abuse category.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence and each category of health status; Fisher's exact test was used for categories with small frequencies (denoted as "F").

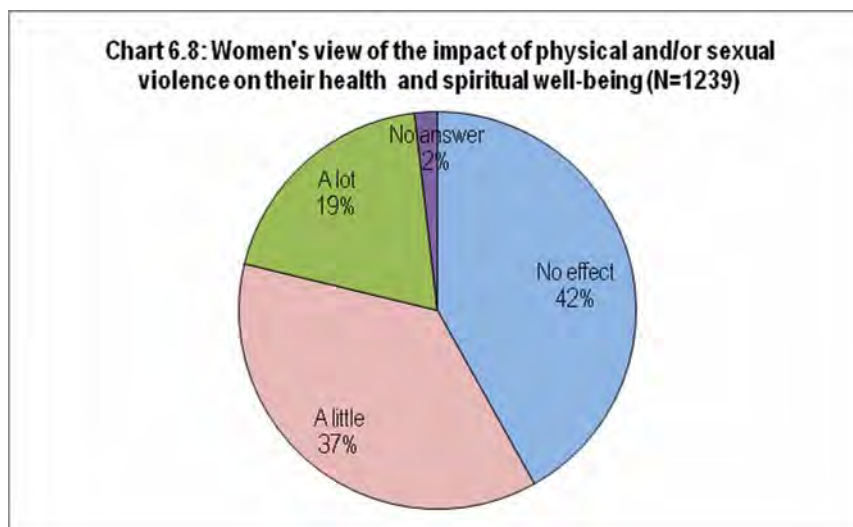
Women living with violence were also asked about the impact that the violence has on their physical and emotional health and spiritual well-being. This is a very broad question and more specific impacts on emotional well-being and mental health are discussed below in section 6.2. Nevertheless, women's answers demonstrate a very important feature of how they cope with domestic violence. Despite the intensity of the violence experienced by many women and the frequency and severity of injuries, the majority minimised the impact of the violence on their lives. Only 19% (240 women) said that the violence had a lot of impact on their health and spiritual life, 37% (457 women) said it had a little effect, and 42% (519 women) said it had no effect (Table 6.7 and Chart 6.8). This compares with 39% who

have been injured (Table 6.1), 49% who experience dizziness (Table 6.4) and 233 women (19%) who have lost consciousness at least once.²⁴

These comparisons are a powerful demonstration of women's reluctance to complain or dwell on the violence. These findings challenge the view, held by some community members and leaders, that women over-emphasise, over-react or over-state the severity of their experiences of domestic violence, and that they are unforgiving and over-critical of their husbands. On the contrary, these findings confirm VWC's experience with clients; most women rarely dwell on the physical impacts of the violence, either because they are too busy fulfilling their role of caring for the family, because they see the violence as a normal part of life, because they forgive their husbands, or because they believe they have no option other than to continue to live with the violence. The focus in this question on spiritual well-being is also important here – the experience of violence rarely prompts women to give up their faith, although it does encourage forgiveness.

Table 6.7: Women's view of impact of intimate partner violence on her physical and emotional health and spiritual well-being (number and percentage of women who experienced physical and/or sexual violence by a husband/partner in their lifetime, N = 1239)

Women's view of the impact of physical and/or sexual violence	Number	%
No effect	519	42%
A little	457	37%
A lot	240	19%
No answer	23	2%
Total	1239	100%



6.2 IMPACTS OF PARTNER VIOLENCE ON MENTAL HEALTH

Associations between emotional distress and physical, sexual and emotional violence

Mental health status was assessed using 20 questions developed by the WHO as a screening tool for emotional distress. These were included in the health section at the beginning of the questionnaire before women were asked to disclose their experience of violence (see section 2 of Annex 2). The use of these 20 questions has been validated as a robust method for assessing mental health status in a wide range of settings. Respondents were asked whether, within the 4 weeks prior to the interview, they

²⁴ This paragraph consistently uses percentages of the 1239 women living with physical and/or sexual violence, whereas tables referred to also include percentages of the number injured (486), and the total ever-partnered women (2061).

experienced a range of symptoms that are associated with emotional distress, such as crying, inability to enjoy life, tiredness, and thoughts of ending life. (WHO 2005: 59). The number of symptoms that women experienced can be added up to provide an overall score of emotional distress, where 0 represents the lowest level of emotional distress and 20 represents the highest level.

Table 6.8 shows the percentage of women who reported each symptom, comparing those who did not experience partner violence, those who experienced physical and/or sexual violence, and those who experienced emotional violence in their lifetime. This shows the enormous impact of physical, sexual and emotional violence on women's levels of emotional distress. Women who experience any type of violence are far more likely to have every symptom. The biggest percentage differences between those women who do and do not experience violence are in the following areas: feeling nervous, tense or worried; easily tired; uncomfortable feelings in the stomach; trouble thinking clearly; difficulty with enjoying daily activities; and difficulty with doing daily work.

Table 6.8: Symptoms of emotional distress reported by women with and without physical, sexual and emotional violence (number and percentage of ever-partnered women reporting each symptom according to their experience of violence by a husband/partner in their lifetime)

Symptoms of emotional distress in the last 4 weeks:	No physical or sexual violence (N=822)		Physical and/or sexual violence in their lifetime (N=1239)		Emotional violence in their lifetime (N=1404)	
	N	%	N	%	N	%
Frequent headaches	229	28%	521	42%	562	40%
Poor appetite	179	22%	474	38%	492	35%
Sleep badly	186	23%	508	41%	544	39%
Easily frightened	316	38%	624	50%	709	50%
Hands shaking	76	9%	243	20%	264	19%
Nervous, tense, worried	455	55%	930	75%	1040	74%
Poor digestion	210	26%	562	45%	594	42%
Trouble thinking clearly	159	19%	497	40%	527	37%
Feel unhappy	234	29%	538	43%	585	41%
Cry more than usual	84	10%	298	24%	305	22%
Difficulty enjoying daily activities	217	26%	619	50%	652	46%
Difficulty in decision making	279	34%	609	49%	670	48%
Difficulty in doing daily work	272	33%	717	58%	763	54%
Feel unable to be active and useful	136	17%	450	36%	472	33%
Lost interest in things she enjoyed	339	41%	711	57%	774	55%
Feel worthless	78	10%	298	24%	306	22%
Thought of ending her life	35	4%	193	16%	198	14%
Feel tired all the time	443	54%	890	72%	1002	71%
Uncomfortable feelings in stomach	220	27%	614	50%	646	46%
Tires easily	434	53%	901	73%	989	70%

In addition to helping to assess the impact of partner violence, women's responses to the 20 questions also provide an interesting insight into the status of women in Vanuatu and the impact of their burden of work. For example, 55% of women who did not experience partner violence reported that they were nervous, tense or worried in the past 4 weeks, 54% felt tired all the time, 53% said that they tired easily, 41% had lost interest in things they enjoyed, 34% had difficulty with decision-making, and 33% reported difficulties in doing their daily work (Table 6.8).

If we consider the number of women who have 0-10 of these symptoms, compared with those who have 11 or more, it is clear that women who experience physical and/or sexual violence are significantly more likely to suffer from a greater number mental health symptoms, particularly those who experience

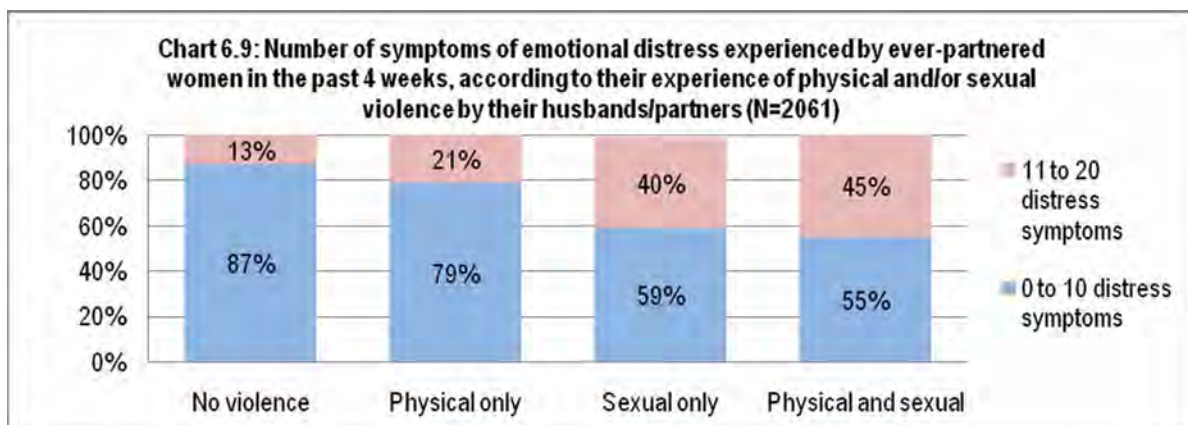
both physical and sexual violence. Table 6.9 allows us to compare the impacts of these two different types of violence. Women who had 11 or more symptoms included: 13% of women with no experience of violence; 21% of women who only experience physical violence; 40% of women who only experience sexual violence; and 45% of those who experience both physical and sexual violence (Table 6.9 and Chart 6.9). The median number of symptoms for women who have not experienced violence is 5. This compares with 6 symptoms for women who experience only physical violence, 9 for those women who experience only sexual violence, and 10 symptoms for those women who experience both physical and sexual violence from their husbands/partners.

Table 6.9: Number of mental health symptoms for women with and without physical and/or sexual violence (number and percentage of ever-partnered women reporting emotional distress according to their experience of physical or sexual violence by a husband/partner in their lifetime, N = 2061)

Number of symptoms of emotional distress experienced in the past 4 weeks	No violence (N=822)		Physical only (N=329)		Sexual only (N=194)		Physical and sexual violence (N=716)		P value*
	N	%	N	%	N	%	N	%	
0-5 symptoms	448	55%	147	45%	57	29%	153	21%	<0.0001
6-10 symptoms	266	32%	113	34%	59	30%	243	34%	<0.0001
11-15 symptoms	97	12%	54	16%	58	30%	200	28%	<0.0001
16-20 symptoms	11	1%	15	5%	20	10%	120	17%	0.002 F
Total	822	100%	329	100%	194	100%	716	100%	-
Median number of symptoms	5		6		9		10		-

Note: Percentages are the number in each mental health category, as a proportion of the number in the abuse category. Median refers to the middle score or mid-point, after arranging all scores in numerical order, with half the scores falling above the median and half below.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of mental health status. Fisher's exact test was used for categories with small frequencies (denoted as "F").



On several occasions during its community awareness and advocacy work, VWC has heard community leaders and members express the view that emotional violence has little impact on women. The findings clearly show that this belief is a myth – in fact, emotional violence has an enormous impact on those who experience it. Women who have not experienced emotional violence are significantly more likely to have fewer symptoms of emotional distress (P value of less than 0.0001). Of those women who have experienced emotional violence, 34% have 11 or more symptoms of emotional distress, compared with 15% of those who have not experienced emotional violence. Moreover, women who have not experienced violence are most likely to have 5 symptoms of emotional distress (the median

number of symptoms for this group), whereas those living with emotional violence are most likely to have 8 symptoms (Table 6.10 and Chart 6.10).

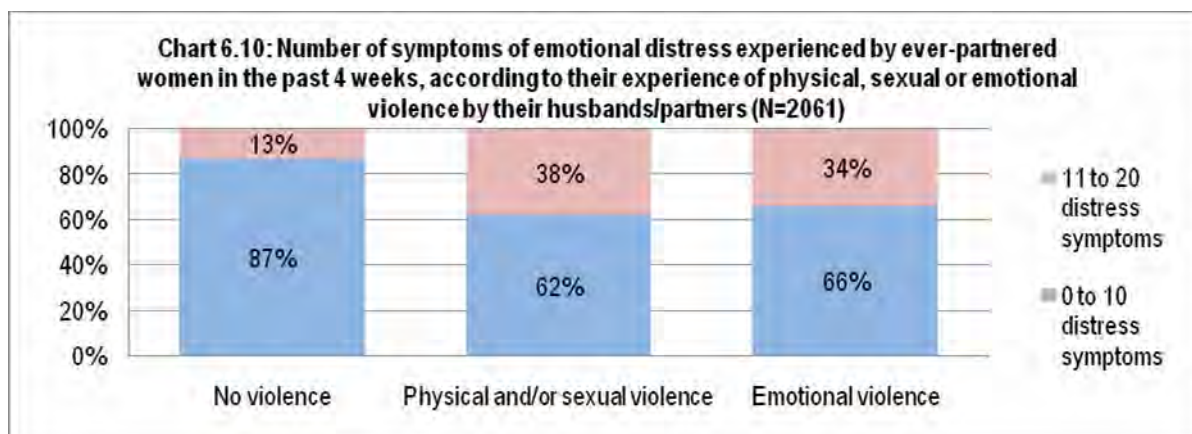
In fact, emotional violence has a similar overall impact on women's experience of mental health symptoms as physical and/or sexual violence: 38% of women who experience either physical or sexual violence or both have 11 or more symptoms of distress, compared with 34% of those who live with emotional violence (Chart 6.10). This is not surprising, since most women who experience physical or sexual violence are also subjected to emotional violence and controlling behaviours by their husbands/partners.

Table 6.10: Number of mental health symptoms for women with and without emotional violence (number and percentage of ever-partnered women reporting emotional distress according to their experience of emotional violence by a husband or intimate partner in their lifetime, N = 2061)

Number of symptoms of emotional distress experienced in the past 4 weeks	No emotional violence (N=651)		Emotional violence in their lifetime (N=1410)		P value*
	N	%	N	%	
0-5 symptoms	356	55%	449	32%	<0.0001
6-10 symptoms	200	31%	481	34%	<0.0001
11-15 symptoms	82	13%	327	23%	<0.0001
16-20 symptoms	13	2%	153	11%	<0.0001
Median number of symptoms	5		8		-

Note: Percentages are the number in each mental health category, as a proportion of the number in the abuse category. Median refers to the middle score or mid-point, after arranging all scores in numerical order, with half the scores falling above the median and half below.

* P value is based on a 2x2 chi-square test of the lifetime experience of emotional violence (experienced versus never experienced) and each category of mental health status.



Associations between suicidal thoughts and actions and partner violence

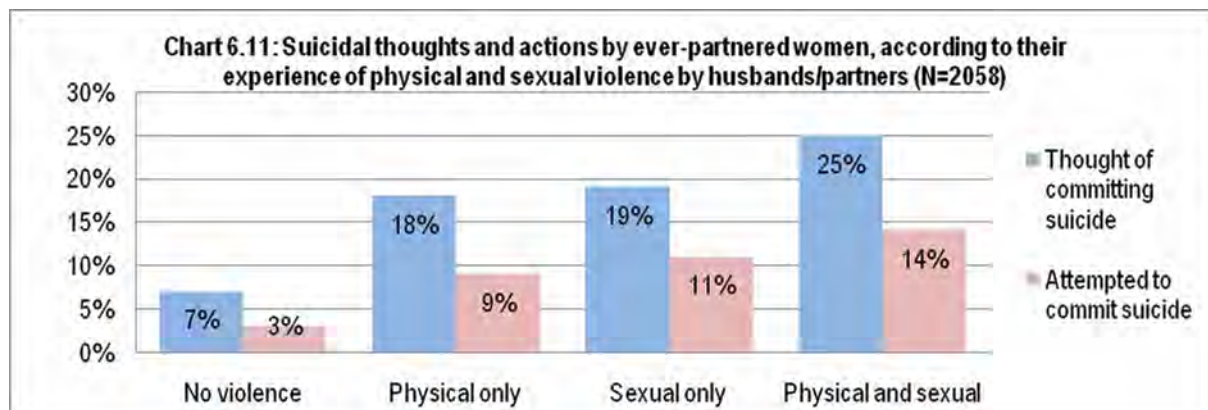
In addition to emotional distress symptoms in the past 4 weeks, women were also asked about suicidal thoughts and attempts to commit suicide in their lifetime in the health section at the beginning of the questionnaire. Consistent with the findings on emotional distress symptoms, there is a highly significant association between women's experience of any form of partner violence and suicidal thoughts; and between partner violence and suicide attempts (P values of less than 0.0001, Table 6.12). In addition, the risk of suicide increases substantially for women who experience both physical and sexual violence. Only 7% of women with no experience of partner violence have thought of suicide, and 3% have attempted it. This compares 18% and 9% respectively for women who have experienced physical violence only; and 19% and 11% for women who have experienced sexual violence only. One in 4

women (25%) who experienced both physical and sexual violence has thought of suicide and 14% have attempted to commit suicide (Table 6.11 and Chart 6.11).

Table 6.11: Suicidal thoughts and actions by women with and without physical and sexual violence (number and percentage of ever-partnered women reporting suicidal thoughts and actions according to their experience of violence by a husband or intimate partner in their lifetime, N = 2058)

Ever thought or done the following in her lifetime:	No violence (N=822)		Physical only (N=328)		Sexual only (n=192)		Physical and sexual violence (N=716)		Total ever-partnered women (N=2058)	
	N	%	N	%	N	%	N	%	N	%
Thought of committing suicide	60	7%	58	18%	36	19%	177	25%	331	16%
Attempted to commit suicide	28	3%	28	9%	22	11%	102	14%	180	9%

Note: Percentages are the number in each category (thought of or attempted suicide), as a proportion of the number in the abuse category.



Overall, more than 1 in 5 women (22%) who experienced physical and/or sexual violence have considered suicide, and more than 1 in 10 (12%) have actually attempted it. Women who have experienced physical or sexual violence are about 3½ times more than likely to have suicidal thoughts than woman not living with violence; and they are about 4 times more likely to try to commit suicide (Table 6.12).

Table 6.12: Association between suicidal thoughts and actions by women with and without physical and/or sexual violence (number and percentage of ever-partnered women reporting suicidal thoughts and actions, N = 2058)

Ever thought about or attempted to commit suicide in her lifetime:	No violence (N=822)		Physical and/or sexual violence (N=1236)		P value*	Crude odds ratio	95% confidence interval
	N	%	N	%			
Thought of suicide	60	7%	271	22%	< 0.0001	3.57	2.65 - 4.79
Attempted suicide	28	3%	152	12%	< 0.0001	3.99	2.64 - 6.03

Note: Percentages are the number in each category (thought of or attempted suicide), as a proportion of the number in the abuse category.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of mental health status.

The experience of emotional violence also significantly increases women's risk of attempting suicide. One in 5 women who have experienced emotional violence (20%) have thought of suicide and more than 1 in 10 (11%) have attempted it. This compares with 8% and 4% respectively among those who have not experienced emotional violence. Overall, those women who have experienced emotional

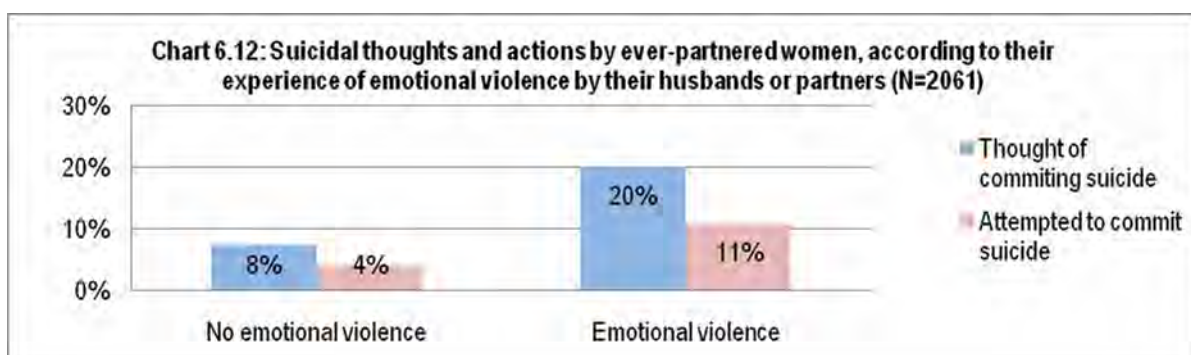
violence are about 3 times more likely to consider suicide, and almost 3 times more likely to attempt it (P values of less than 0.0001, Table 6.13 and Chart 6.12).

Table 6.13: Association between suicidal thoughts and actions by women with and without emotional violence (number and percentage of ever-partnered women reporting suicidal thoughts and actions, N = 2055)

Ever thought or attempted suicide in her lifetime	No emotional violence (N=651)		Emotional violence in their lifetime (N=1404)		P value*	Crude odds ratio	95% confidence interval
	N	%	N	%			
Thought of suicide	49	8%	282	20%	<0.0001	3.07	2.23-4.22
Attempted suicide	27	4%	153	11%	<0.0001	2.81	1.85-4.28

Note: Percentages are the number in each category (thought of or attempted suicide), as a proportion of the number in the abuse category.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of mental health status.



Associations between partner violence and women's smoking and drinking

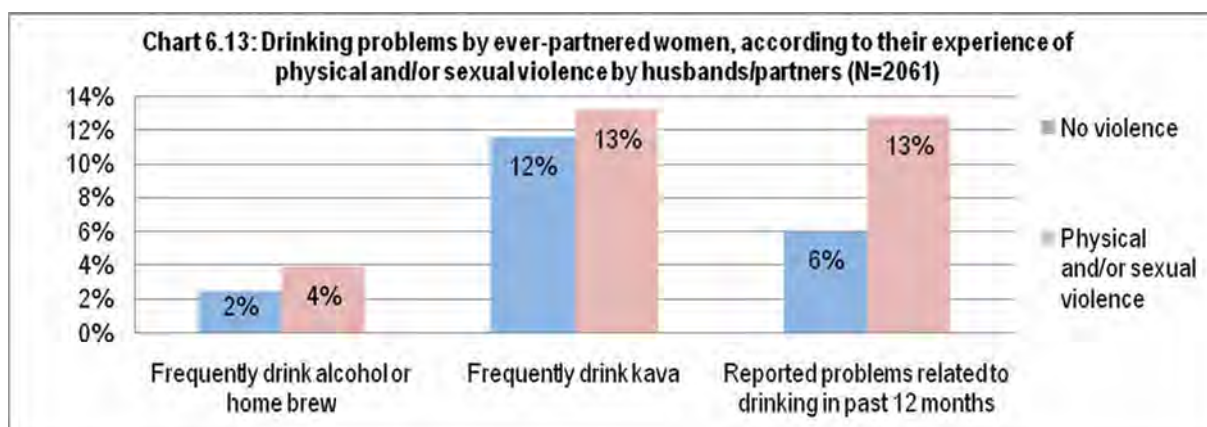
Women were also asked about their smoking and drinking of alcohol, home brew and kava. The data on smoking is somewhat contradictory and difficult to interpret: 9% of women who did not experience partner violence were smoking at the time of the survey, compared with only 6% of those who experienced physical and/or sexual violence. However, women who experienced physical and/or sexual violence appear to be more likely to smoke during their lifetime (16%) compared with those who have not experienced violence (10%). Overall, 14% of ever-partnered women reported that they have smoked in their life, and 7% were smoking currently (Table 6.14).

Table 6.14: Drinking and smoking habits of women and their association with violence (number and percentage of ever-partnered women, N = 2061)

Smoking and drinking	No physical or sexual violence (N=822)		Experienced physical and/or sexual violence (N=1239)		Total ever-partnered women (N=2061)	
	Number	%	Number	%	Number	%
Smoking or not						
Smoking currently	75	9.2%	76	6%	151	7%
Ever smoked in her lifetime	83	10%	200	16%	283	14%
Frequently drinking alcohol, home brew or kava						
Frequently drink alcohol or home brew	20	2%	48	4%	68	3%
Frequently drink kava	95	12%	163	13%	258	13%
Reported problems related to drinking in past 12 months	49	6%	158	13%	207	10%

Significant associations were found between the experience of partner violence and women's frequent consumption of alcohol or home brew using both uni-variable and multi-variable regression analysis (see chapter 10). Frequent drinking was defined as more than one drink per week. Women who experienced physical and/or sexual violence were more likely to drink alcohol or home brew frequently than those who had not experienced violence (4% compared with 2%); and they were also slightly more likely to drink kava frequently (12% for those who had not experienced violence compared with 13% for those who have experienced partner violence). Overall, more than 1 in 10 ever-partnered women (13%) who participated in the survey reported that they drank kava more than once per week (Table 6.14 and Chart 6.13).

Of those women who had not experienced violence, 6% reported that they had some type of problem related to their drinking of alcohol, home brew or kava; this compares with 13% of those who experienced partner violence, and 10% for all ever-partnered women. The type of problems included those related to money, health, conflict with relatives, friends or others (Table 6.14 and Chart 6.13).



It is not possible to say whether the significant association between women's frequent drinking of alcohol or home brew and the experience of partner violence is a contributing factor or an effect of partner violence, or a mixture of the two. On the one hand, very few women drink frequently and this is perceived as inappropriate behaviour for women – in this case, frequent drinking may be seen as a trigger for violence by the woman's husband or intimate partner. On the other hand, both smoking and drinking can also be seen as coping mechanisms to help deal with the intense emotional distress that is also associated with living with partner violence.

6.3 DISCUSSION OF FINDINGS

The findings on the health impacts of partner violence challenge some commonly held assumptions:

- The idea that domestic violence is usually “just a slap” is a myth. The physical health impacts of domestic violence are widespread and serious. Many women are experiencing a range of injuries that impact directly on their physical health, and on their ability to carry out their daily activities of caring for the family and earning income.
- The impacts of emotional violence have been under-estimated. The mental health impacts of all forms of violence by husbands/partners are extremely serious.
- Women generally do not over-state or exaggerate the impacts of domestic violence. On the contrary, the findings indicate that most women tend to under-estimate the impacts on their health and emotional well-being, and this appears to be an important coping mechanism for women living with violence.

The findings illustrate enormous pain and suffering by individual women living with violence. The high level of injury caused by partner violence in the total population of ever-partnered women has enormous costs for communities and the economy. The data on the number of women losing consciousness in the previous 12 months before the survey means that 1 to 2 women are being knocked unconscious every week in Vanuatu; more than 2 women are being hurt badly enough every week to need health care (although some are not getting the health care they need); and more than 2 are spending time in hospital every week as a result of direct or indirect health problems caused by partner violence. The rates of serious injury and permanent disability due to partner violence are extremely high, and the rates of women losing consciousness are among the highest in the world where the WHO methodology has been used (WHO 2005: 58; and SPC 2009: 113).

The highly significant association between women's experience of physical and/or sexual partner violence and their use of medications and health services including hospitalisation is of great concern – because it means that women are suffering, and also because of the huge financial costs that this imposes on the health service. One very clear implication is that health workers throughout the country are treating women who are living with violence every week – both for their injuries, and for the ongoing general health problems that women living with violence are experiencing. However in many cases the health workers may not be aware of the cause of the health problems suffered by their patients, since the majority of women do not tell health workers about the violence.

The findings on the mental health impacts of all forms of violence are alarming. The high proportion of women who have more than 11 symptoms of emotional distress paints a devastating picture of life for many women who live with partner violence in Vanuatu. It is clear that having some or all of these symptoms would have a negative impact on a woman's ability to work at her full capacity, and thus on overall national social and economic development. The fact that so many symptoms of emotional distress were experienced by women in the 4 weeks prior to the survey also indicates that the mental health impacts of physical, sexual and emotional violence last long after the violent event may have occurred.

The significantly increased suicide risk of women who experience physical, sexual or emotional partner violence also has enormous social and economic costs for individual women, their families, communities, and the nation as a whole. Since it is not possible to know how many women from the total sample of households have actually committed suicide, the strong association between violence and suicidal behaviour reported here is likely to be an underestimate. A baseline survey conducted by the Ministry of Health (MOH) found that women accounted for 56% of suicides in the period studied, but there was no mention of domestic violence as a contributing factor to this loss of life (MOH 2009: 20). This is not surprising, given women's reluctance to disclose their experience of violence, and the general tendency in the community to minimize the impacts of domestic violence on women's physical and mental health.

The WHO concluded that mental health problems – such as the depression and high levels of anxiety observed in the Vanuatu survey – are widely recognised as consequences of intimate partner violence around the world (WHO 2005: 61). Currently, Vanuatu's mental health policy has not identified violence against women by their husbands or partners as a significant risk or a priority area of focus (MOH 2009: 8-10). There is one medical doctor assigned to address mental health problems at Port Vila hospital, and 2 month-long trainings have been conducted for some rural staff in the last 5 years on basic mental health assessment and treatment, but there are no specialist mental health staff.²⁵

²⁵ Personal communication between Port Vila Hospital staff and Sonia Wasi, VWC Deputy Coordinator, 24 January 2011.

VWC has long been aware of the serious physical and mental health impacts of domestic violence from counselling clients and other anecdotal evidence. For the first time this survey provides hard data on the seriousness and extent of these impacts in Vanuatu. In addition to the suffering of individual women, the data presented here demonstrate that there are substantial direct and indirect economic costs of domestic violence – these include the costs to health services, and the loss to women's productivity due to injury, ongoing poor health, emotional distress and suicide attempts.

The findings point to the need for increased awareness-raising with all stakeholders about all forms of violence against women by husbands and partners, including the impacts on physical and mental health. More focus is also needed on emotional violence and its severe impacts – with policy makers, service providers, community leaders, and particularly with men. All health professionals in rural and urban areas will need training and support to detect violence against women, and to respond appropriately to women's needs, including their mental health needs.

This study has not explored the relationship between non-partner violence and physical and mental health outcomes for women. However, this is worthy of future research, keeping in mind that non-partner violence is a significant risk factor for women experiencing violence from their husbands or intimate partners.

Although this study has clearly shown that violence against women results in disability, it has not been possible to determine whether disabled women experience physical or sexual violence at higher rates than other women; nor is it possible to draw conclusions about the impact of violence on the health of disabled women and girls. However, research from other countries indicates that women with disabilities experience physical and sexual violence at about twice the rate of non-disabled women (Women With Disabilities Australia 2007: 5; and International Network of Women with Disabilities 2010: 6-7). The prevalence of partner and non-partner violence against disabled women and girls in Vanuatu, and its impacts on their health, is also worthy of future research.

CHAPTER 7: CONSEQUENCES OF VIOLENCE AGAINST WOMEN FOR REPRODUCTIVE HEALTH AND FOR CHILDREN

Summary of main findings

- 15% of ever-pregnant women were physically assaulted during pregnancy by husbands/partners.
- 1 in 10 ever-pregnant women were severely abused, including being hit or kicked in the stomach.
- Women who experienced physical or sexual violence were more likely to have a miscarriage than those who have not experienced violence by a husband or intimate partner.
- 57% of children whose mothers experienced physical violence either saw or heard their mother being assaulted, and 17% of children were beaten during a violent incident.
- Violence against women has a range of negative impacts on children and their schooling.

This chapter presents findings on the prevalence and types of violence against women by husbands and intimate partners during pregnancy, and on associations between partner violence and family planning practices. The prevalence of violence during pregnancy is calculated as the number of women who were physically assaulted during any pregnancy by a husband or intimate partner, as a percentage of the total number of ever-pregnant women in the sample. Findings are also presented on whether children were present during the violence against their mothers, whether children were also beaten, and the types of effects that violence against women has on children's well-being and their schooling.

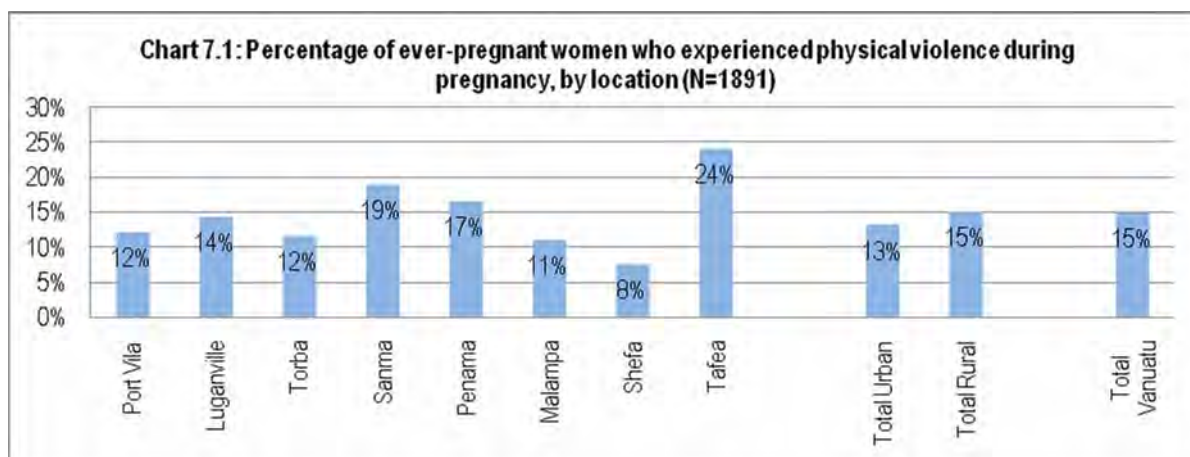
7.1 WOMEN'S REPRODUCTIVE HEALTH AND VIOLENCE BY HUSBANDS OR PARTNERS

Violence during pregnancy

Of the 1891 women who have ever been pregnant, 279 or 15% were physically assaulted during at least one pregnancy. Overall, urban areas have a lower rate of physical abuse during pregnancy (13%) compared with rural areas (15%). However, as observed with other forms of violence, there are some substantial differences between provinces and towns: 8% of ever-pregnant women in Shefa were physically abused during pregnancy, 12% in Port Vila and Torba, and 11% in Malampa. Tafea has the highest rates with almost 1 in 4 pregnant women assaulted (24%), followed by Sanma (19%), Penama (17%) and Luganville (14%) (Table 7.1 and Chart 7.1).

Table 7.1: Physical violence during pregnancy, by location (number and percentage of all women who have been pregnant, N = 1891)

Location	Number of women who experienced physical violence during pregnancy	Number of ever-pregnant women	Percentage of women who experienced physical violence during pregnancy
Port Vila	25	204	12%
Luganville	26	180	14%
Torba	28	240	12%
Sanma	56	302	19%
Penama	43	257	17%
Malampa	30	271	11%
Shefa	16	209	8%
Tafea	55	228	24%
Total Urban	51	384	13%
Total Rural	228	1507	15%
Total Vanuatu	279	1891	15%



Among the 279 women who were abused in pregnancy, more than 2 in 3 (68%) were subjected to very severe abuse: 62% were punched or kicked in the stomach, or hit in the stomach with an object. In addition, in 6% of cases, husbands or intimate partners penetrated the pregnant woman against her will, with the intention of harming either the woman or her baby. In the vast majority of cases (84% or more than 4 in 5), the person who assaulted the pregnant woman was the father of the unborn child. In 9 out of 10 cases (91%), the pregnant woman was living with the husband or intimate partner at the time of the abuse, and the same person had also beaten her before the pregnancy (Table 7.2 and Chart 7.2). In 9% of cases (26 women in total) the violence actually began during pregnancy. When we look at all 1891 ever-pregnant women in the survey, 1 in 10 (10%) have suffered from the most severe forms of abuse mentioned above (Table 7.2 and Chart 7.2).

Table 7.2: Forms of violence during pregnancy (number and percentage of women who experienced different types of violence during pregnancy, N=1891)

Forms of violence	Number	% of ever-pregnant women (N=1891)	% of women who experienced physical violence during pregnancy (N=279)
Any form of violence during pregnancy	279	15%	100%
Punched or kicked in the stomach, or hit in the stomach with any object	173	9%	62%
Penetrated with hand or object while pregnant, to harm the woman or baby	18	1%	6%
Assaulted in the most recent pregnancy by the father of the child	234	12%	84%
Living with the person who beat her while pregnant	255	13%	91%
Same person had beaten her before pregnancy	253	13%	91%

The majority of women who were abused both before and during pregnancy said that the violence got less during the pregnancy (67%). However, for 28% of women, the violence stayed about the same before and during the pregnancy, and for 4%, the violence got worse (Table 7.3 and Chart 7.2).

Table 7.3: Changes in the pattern of violence during pregnancy (number and percentage of women who experienced violence both before and during pregnancy, N = 253)

Violence was less during pregnancy		Violence stayed about the same during pregnancy		Violence got worse during pregnancy		No Answer		Total
Number	%	Number	%	Number	%	Number	%	Number
169	67%	72	28%	11	4%	1	0.4%	253

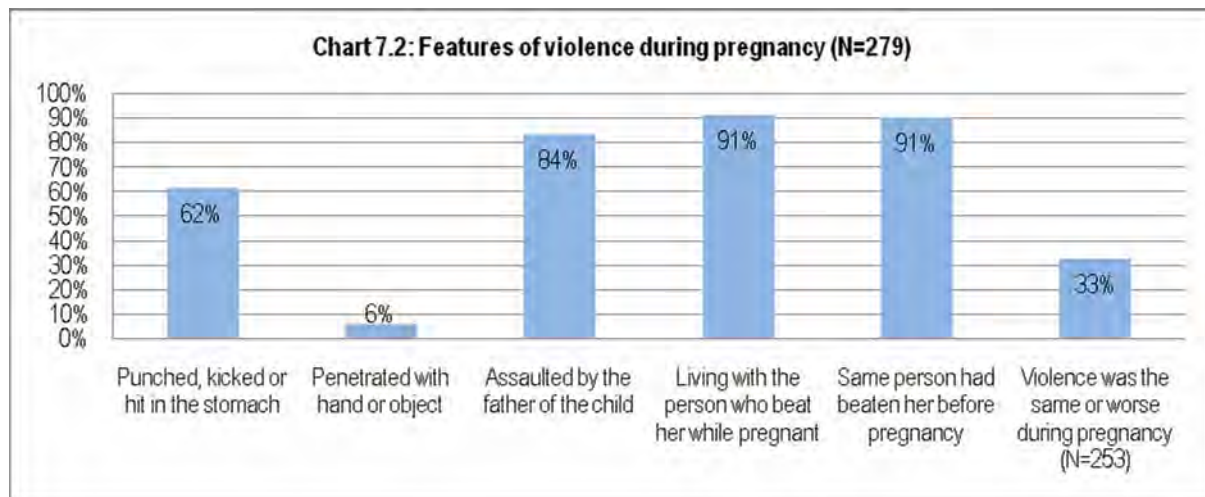


Table 7.4 shows the reproductive history of ever-pregnant women according to whether or not they experienced violence by husbands or intimate partners in their lifetime, and whether they were physically abused during pregnancy. Women who experience physical and/or sexual violence in their lifetime are significantly more likely to have a miscarriage (P value of 0.006): 6% of those who have not experienced partner violence had a miscarriage, compared with 9% of women who experienced partner violence in their lifetime, and 13% (more than 1 in 10) of those who were subjected to violence during pregnancy. Associations with other reproductive health outcomes, such as stillbirths, abortions or having a child die after birth were not significant. Women beaten during pregnancy were less likely than others to have stillbirths – but this may be because they have a much higher rate of miscarriage with the majority hit on the stomach during pregnancy.

Table 7.4: Women's reproductive history and its association with physical and/or sexual violence by a husband/partner (number and percentage of ever-pregnant women who have or have not experienced violence by a husband/partner, N = 1891)

Reproductive history	No physical or sexual violence (N=736)		Experienced physical and/or sexual violence (N=1155)		P value *	Physical violence during pregnancy (N=279)	
	Number	%#	Number	%#		Number	%#
Ever had miscarriage	44	6%	110	9%	0.006	35	13%
Ever had stillbirth	25	3%	31	3%	0.38	6	2%
Ever had abortion	0	0%	3	0%	0.29	2	1%
Ever had a child die after birth	70	9%	112	10%	0.88	18	6%
Total ever-pregnant women	736	100%	1155	100%	-	279	100%

Percentages are the number in the reproductive history category, as a proportion of the number in the abuse category.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each reproductive health category.

Associations between the use of family planning and physical or sexual violence

All ever-partnered women (both married and those in intimate relationships) were asked a series of questions about their use of family planning methods in general, and their use of condoms. Tables 7.5 and 7.6 present the findings. Among the 2058 ever-partnered women aged 15-49 who answered these questions, 1033 (50% or 1 in 2) have ever used any family planning method in their lifetime; and 393 (19%) have ever used a condom. Only 427 women (21% or about 1 in 5) were currently using any method of contraception at the time of the survey (Table 7.5).²⁶

Table 7.5: Use of contraceptives among all ever-partnered women (N = 2058)

Family planning practices	Number	%
Ever used family planning	1033	50%
Currently using family planning	427	21%
Ever used a condom	393	19%

Women living with violence are significantly more likely to have ever used family planning in their lifetime, compared with those who have not experienced violence (52% compared with 47%, P value of 0.042). Current use of contraceptives is slightly higher for women who have experienced partner violence: 19% of women who have not experienced violence are currently using contraception, compared with 22% of those living with violence, but this difference is not significant. Women living with violence are also significantly more likely to have been prevented from using family planning by their husbands and intimate partners: 14% of women living with violence have been prevented from using contraception (174 women), compared with only 5% of those not experiencing violence (P value of less than 0.0001). Among those 174 women living with violence who have been prevented by their husbands from using contraception, 7% were fearful that their husbands would use violence if she tried to use contraception (Table 7.6 and Chart 7.3).

Significant associations are also observed between partner violence and the use of condoms: 22% of women living with violence have ever used a condom, compared with only 14% among those who have not experienced violence. Women living with violence are significantly more likely to have asked their husband or intimate partner to use a condom than women who have not experienced partner violence (23% compared with 16%). Women living with violence are also more likely to have had their husband or partner refuse to use a condom: 74% of women living with violence asked their husband/partner to use a condom and were refused, compared with 63% of women who have not experienced violence). Of the 216 women living with violence whose husband has refused to use a condom, 4% feared that he would use violence if she asked him to use a condom (Table 7.6 and Chart 7.3).

These findings are consistent with the fact that women living with violence are more likely to be subjected to controlling behaviour by their husbands/partners, including control over their reproductive decision-making. Qualitative analysis based on anecdotal evidence also suggests that this is the case, even though more women living with violence have ever used family planning methods including condoms. The use of family planning methods and particularly condoms is still quite controversial and many church and community leaders remain opposed to condom use. VWC's experience with clients is that if a woman asks her husband or intimate partner to use a condom, this may indeed be a trigger for violence. Trying to negotiate sex and even talking about sex is seen as shameful and women who do this are clearly stepping outside their traditional role. Furthermore, if women ask their husband or partner to use a condom, this is frequently because she knows or suspects that he has other sexual partners, or because she fears that she will contract a sexually transmitted infection because of his

²⁶ This is a lower rate of contraceptive used than was found in the Multiple Indicator Cluster Survey (MICS), which reported that 38% of women were currently using family planning methods (MOH 2007: 74-75).

sexual behaviour. In these circumstances, men are often likely to respond with violence. It is also possible that women living with violence are more likely to try to use contraception to avoid pregnancy, precisely because they are often subjected to sexual and physical abuse. In summary, the data indicate two features relating to the reproductive decision-making of women living with violence: that they are more likely to initiate decision-making over their reproductive choices; and also that their husbands are more likely to try to control that choice and decision-making, including with violence and threats.

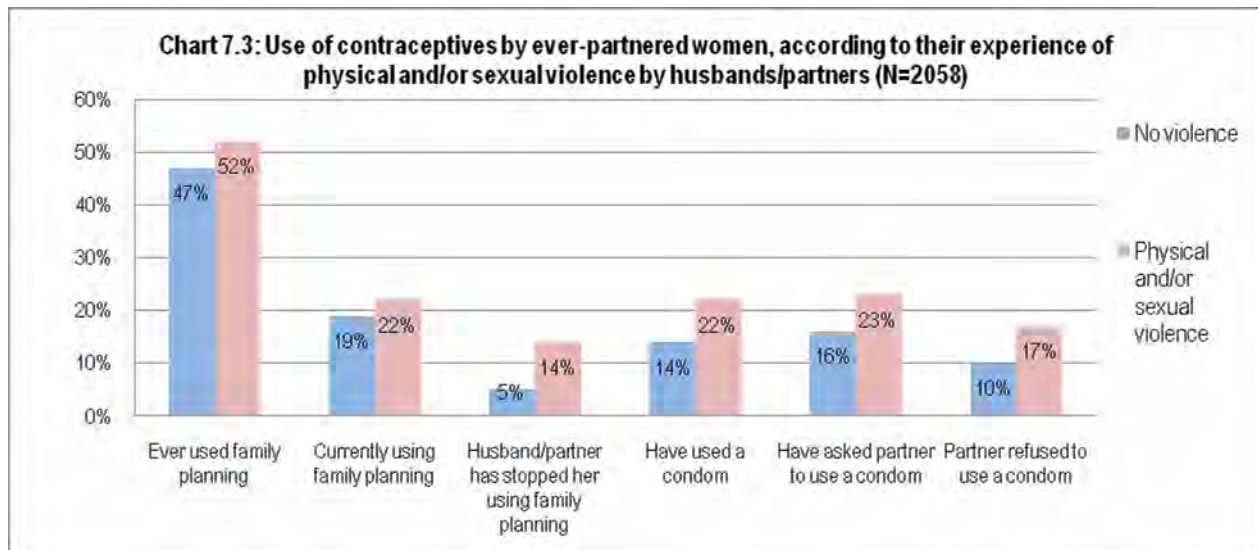
Conversely, those women who have not experienced violence appear to be somewhat less likely to initiate control over their own reproductive decision-making – either because they are not comfortable with trying to step outside their traditional role, and/or because they are more trusting and confident that their husbands are faithful and not likely to transfer sexually transmitted infections. There are nevertheless some women who have not experienced violence (16%) who have asked their partner to use a condom for whatever reason – in the majority of these cases (68%) their husbands have refused (demonstrating again a very high level of male control over women's reproductive options), but in none of these cases has the woman feared that he will use violence to enforce his decision.

Table 7.6: Use of contraceptives and its association with physical and/or sexual violence (number and percentage of ever-partnered women, N = 2058)

Family planning practices	No physical or sexual violence		Experienced physical and/or sexual violence		P value *
	Number	%#	Number	%#	
Never used any family planning	431	53%	594	48%	0.042
Ever used family planning	389	47%	644	52%	
Total	820	100%	1238	100%	
Not currently using family planning	662	81%	969	78%	0.718
Currently using family planning	158	19%	269	22%	
Total	820	100%	1238	100%	
Husband/partner has ever stopped her using family planning	41	5%	174	14%	<0.0001
Husband/partner has never stopped her using family planning	779	95%	1064	86%	
Total	820	100%	1238	100%	
Fears violence by husband/partner if she uses contraception (among those whose husband/partner stopped her using contraception: N=174)	0	0%	12	7%	-
Use of condoms					
Never used a condom	705	86%	960	78%	<0.0001
Have used a condom	115	14%	278	22%	
Total	820	100%	1238	100%	
Never asked partner to use a condom	692	84%	948	77%	<0.0001
Have asked partner to use a condom	128	16%	290	23%	
Total	820	100%	1238	100%	
Husband/partner refused to use a condom (percentages are of 128 and 290 respectively)	81	63%	216	74%	<0.0001
Fears violence by husband/partner if she asks partner to use condom (percentage is of 216)	0	0%	9	4%	-

Percentages are based on the number in contraceptive use category, as a proportion of the number in the abuse category. Total number (2058) excludes those who did not answer these questions.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each family planning category.



Women who said that their husband/partner had stopped her from using family planning methods or refused to use condoms were asked how he let her know that he disapproved of using contraception. In most cases (80% for family planning methods in general and 89% for condoms) he told her that he did not approve. In some cases husbands/partners also showed their disapproval in other ways, such as by saying that condoms were not necessary (22%), by shouting or getting angry (13% for general family planning methods and 5% for condoms), by destroying the method of contraception (5% and 3% of cases respectively), by using or threatening violence as discussed above²⁷, and in a small number of cases by threatening to leave her, throw her out or get another woman (Table 7.7).

Table 7.7: How husbands/partners showed disapproval and refusal to use contraception (number and percentage of ever-partnered women whose husband/partner disapproved of contraception [N = 215], and who refused to use a condom [N = 297])

How husbands expressed refusal or disapproval of contraception and condoms	General contraception		Condoms	
	Number	%	Number	%
Told her he did not approve	171	80%	263	89%
Said it was not necessary	-	-	65	22%
Shouted/got angry	27	13%	15	5%
Took or destroyed contraception/condom	11	5%	9	3%
Threatened to beat her	9	4%	3	1%
Accused her of being unfaithful or of not being a good woman	-	-	8	3%
Threatened to get another woman	6	3%	5	2%
Got another woman	4	2%	5	2%
Threatened to desert her or deserted her	4	2%	1	0%
Left the home temporarily	3	1%	2	1%
Threatened to leave or throw her out	3	1%	3	1%
Beat or physically assaulted her	3	1%	6	2%
Told his or her relatives	3	1%	1	0.3%
Told the chief	1	0.5%	-	-
Laughed at her or did not take her seriously	-	-	1	0.3%
Other	53	25%	32	11%
Total	215	100%	297	100%

Number and percentages do not add up to the total because respondents could give multiple responses.

²⁷ The percentages used above to calculate the fear of violence include those who were actually beaten, and those where the husband threatened to beat her.

Women living with violence are more likely to have 1-2 children compared with women who have not experienced violence. However, the association is not strong (P value of 0.026 comparing those who had less than 2 children, with those who had more than 2 children), and the same percentage of women (23%) have 5 or more children regardless of their experience of partner violence (Table 7.8).

Table 7.8: Number of children alive and its association with physical and/or sexual violence by a husband/partner (number and percentage of women with children alive, N = 1840)

Number of children currently alive	No physical or sexual violence (N=719)		Experienced physical and/or sexual violence (N=1121)		Total women		P value*
	Number	%#	Number	%#	Number	%#	
1-2 children	259	36%	462	41%	721	39%	0.026
3-4 children	296	41%	397	35%	693	38%	0.013
5 or more children	164	23%	262	23%	426	23%	-
Total	719	100%	1121	100%	1840	100%	-

Percentages are the number in each category (live children), as a proportion of the number in the abuse category.

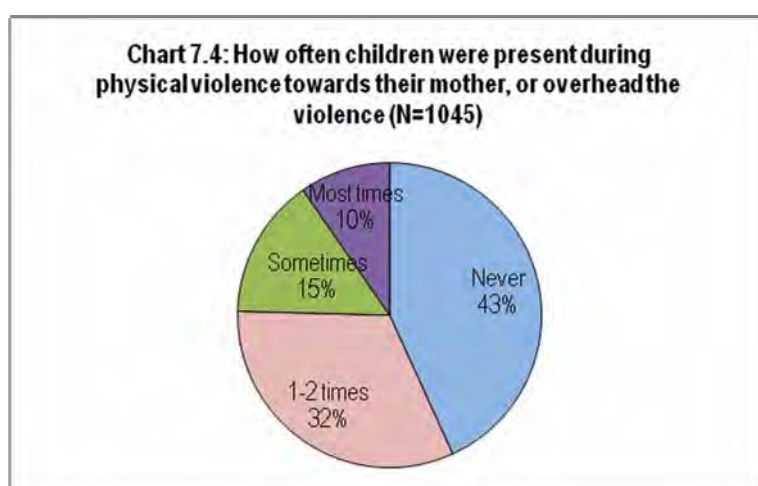
* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category (live children), compared with the sum in all other categories.

7.2 IMPACTS ON CHILDREN OF VIOLENCE AGAINST WOMEN

Women who had been subjected to physical violence during their lifetime were asked whether their children were present during any of the violent incidents, or whether their children overheard the violence, and how often this occurred. Among the 1045 women who were physically abused in their lifetime, children were either present or overheard the violence in 57% of cases (almost 3 in 5); for 10% of women who have been physically abused, their children were present most of the time; for 15%, their children were present sometimes; and for the remaining 32%, their children were present or overheard the violence 1-2 times (Table 7.9 and Chart 7.4).

Table 7.9: How often children were present during physical violence towards their mothers or heard the violence (number and percentage of women who report that their children were present during any incident of physical violence by her husband or partner, N = 1045)

	Number	%
Never	408	43%
<i>How often children were present during the violence towards their mother, or overheard it</i>		
1-2 times	304	32%
Sometimes	141	15%
Many/most of the times	91	10%
Sub-total where children were present	536	57%
No answer	101	
Total	1045	100%

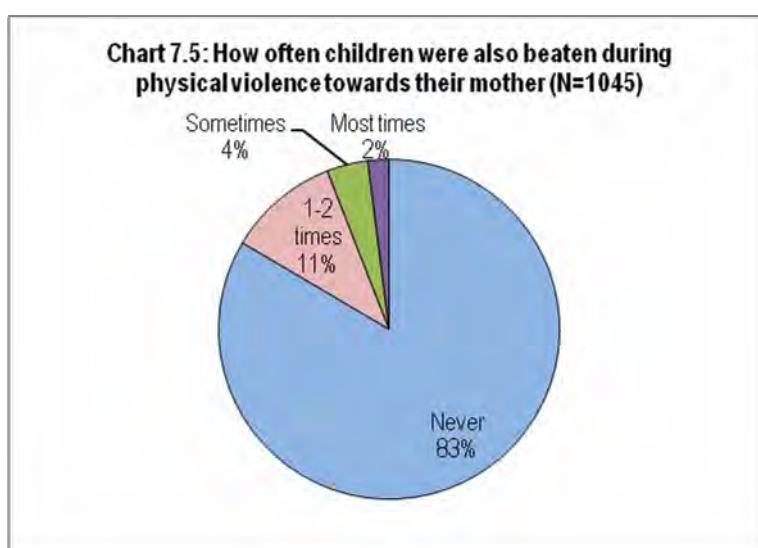


Women were asked whether their children were also beaten during any of the violent incidents where the women were physically abused by their husband/partner. Among the 1045 women who were subjected to violence, in 17% of cases (156 women) their children

were also beaten: in most of these cases (11% of all the women who were physically abused), the children were beaten once or twice, in 4% of cases the children were beaten sometimes, and in 2% of cases they were beaten most of the time (Table 7.10 and Chart 7.5).

Table 7.10: How often children were also beaten during intimate partner violence (number and percentage of women who report that their children were also beaten during any incident of physical violence by her husband or partner, N = 1045)

	Number	%
Never	788	83%
<i>How often children were also beaten during the violence towards their mother</i>		
1-2 times	100	11%
Sometimes	37	4%
Many/most of the times	19	2%
Sub-total where children were also beaten	156	17%
No answer	101	
Total	1045	100%



A series of questions were asked about children's well-being early in the questionnaire, before women were asked about their experiences of physical and/or sexual violence by husbands and intimate partners. The questions focused on emotional and behavioural problems of children aged 6 to 14 years who were currently living with the mother, such as: frequent nightmares; sucking thumbs or fingers; wetting the bed often; very quiet and socially withdrawn behaviour with other children,

including difficulty talking or playing with other children; aggressive behaviour to either the mother or other children; and whether any children in this age group had run away from home (see section 4 of Annex 2).

Women's responses to these questions provide a robust indication of the very serious effects that violence against women has on children, regardless of whether the children were present during the beating of their mothers, or whether the children were beaten themselves. Among those mothers who had experienced physical and/or sexual violence by the husband/partner, in 88% of cases one or more of their children had experienced at least one of the emotional or behavioural problems listed above. This compared with 79% of cases where the mother had not been subjected to partner violence. Overall, children with mothers who experienced partner violence were almost twice as likely to experience one or more of these symptoms (P value of less than 0.0001, Table 7.11 and Chart 7.6).

For each of the behavioural and emotional problems listed, children with mothers subjected to violence by husbands/partners demonstrated a higher rate of emotional distress than those whose mothers had not experienced partner violence. However, the associations were highly significant for the following emotional distress symptoms (P values less than 0.0001 in all cases).

- Children with mothers subjected to violence were almost twice more likely to have frequent nightmares than children whose mothers were not living with violence (53% compared to 37% with a crude odds ratio of 1.94).

- Children with mothers subjected to violence were about 2½ times more likely to wet the bed often than children whose mothers were not living with violence (26% compared to 12% with a crude odds ratio of 2.55).
- Children with mothers subjected to violence were more than twice as likely to be aggressive towards their mother or other children (73% compared to 54% with a crude odds ratio of 2.36) (Table 7.11 and Chart 7.6).

Questions were also asked about children repeating years at school, stopping school for a while and dropping out of school altogether. There was a highly significant association between children having either or both of these problems and their mothers' experience of physical and/or sexual violence (with P values of less than 0.0001, and a crude odds ratio of 2.72).

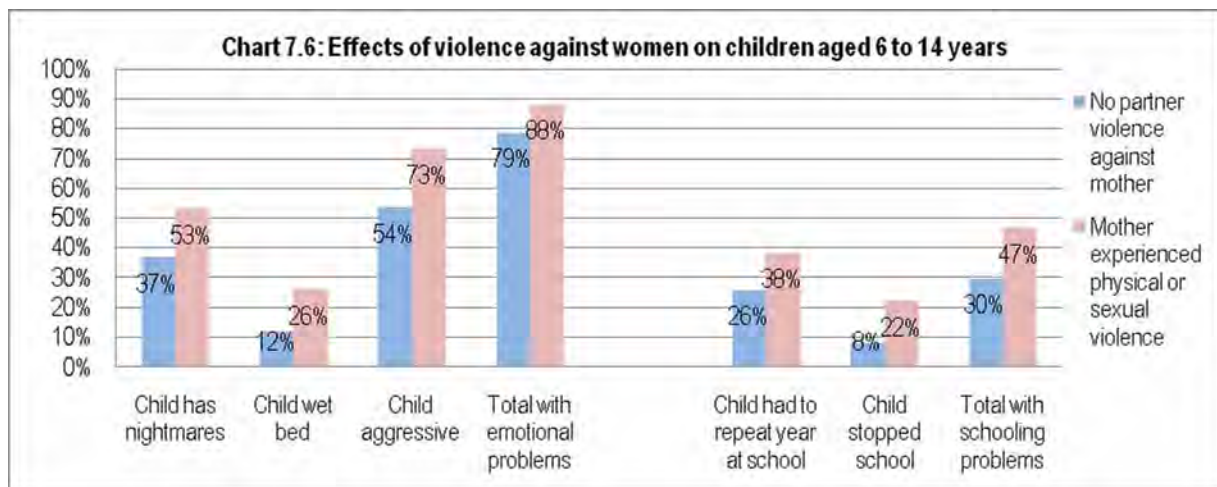
- Children whose mothers were subjected to violence by husbands/partners were about twice as likely to repeat a year at school (38% compared with 26% for children whose mothers were not living with partner violence with a crude odds ratio of 2.06).
- Children whose mothers were subjected to violence by husbands/partners were almost twice as likely to stop school for a while or drop out (22% compared with 8% for children whose mothers were not living with partner violence, with a crude odds ratio of 1.77) (Table 7.11 and Chart 7.6).

Table 7.11: Effects of violence against women on children's well-being (number and percentage of women with children living at home aged 6 to 14 years, by type of emotional problem)

Type of behavioural and emotional problem	Mother had no physical or sexual violence by her husband/partner		Mother experienced physical and/or sexual violence by her husband/partner		P value *	Crude odds ratio	95% confidence interval for the odds ratio
	Number	%#	Number	%#			
Child has nightmares (N=1097)	170	37%	337	53%	<0.0001	1.94	1.52 - 2.48
Child sucks thumb (N=1103)	35	8%	56	9%	0.47	1.18	0.76 - 1.83
Child wets bed often (N=1102)	56	12%	166	26%	<0.0001	2.55	1.83 - 3.55
Child withdrawn (N=1105)	174	37%	266	42%	0.15	1.20	0.94 - 1.53
Child aggressive (N=1110)	250	54%	468	73%	<0.0001	2.36	1.83 - 3.04
One or more child run away from home (N=1116)	42	9%	69	11%	0.35	1.21	0.81 - 1.81
Total (any of above) (N=1024)	370	79%	569	88%	<0.0001	1.94	1.40 - 2.69
Child had to repeat year at school (N=1024)	111	26%	227	38%	<0.0001	2.06	1.59 - 2.68
Child stopped school (N=963)	35	8%	117	22%	<0.0001	1.77	1.35 - 2.32
Total (either of above) (N=1028)	128	30%	279	47%	< .0001	2.72	1.82 - 4.06

Percentages based on the number of women with children living at home in this age range, and who provided a response to each behavioural or emotional problem.

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each category of child's emotional or behavioural problem.



7.3 DISCUSSION OF FINDINGS

The high prevalence of physical violence during pregnancy and its severity are some of the most shocking findings to come from this survey. Thankfully, for many of the women who are physically abused by their husband/partner, pregnancy is a time of relative protection from the abuse. However, for about one-third of women beaten during pregnancy, the violence started during pregnancy, continued at about the same level or even got worse. Overall, regardless of whether the violence stops or continues at some level during pregnancy, women who have been physically and/or sexually abused during their life have a significantly higher rate of miscarriage; for those who are abused during pregnancy, the miscarriage rate is alarmingly high.

The findings again pose a serious challenge to the view that Vanuatu is a country that values family and children and protects family members. The prevalence of physical violence during pregnancy and the percentage of women who were attacked in the stomach is among the highest in the world where the WHO methodology has been used, including in the Pacific (WHO 2005: 67; SPC 2003:15; SPC 2009: 115; SPC 2010: 136).

Currently, violence during pregnancy is not highlighted as an aggravating factor for conviction or for the issuing of protection orders in the Family Protection Act (Republic of Vanuatu 2008). The findings clearly demonstrate that more legal protection is needed during pregnancy for women suffering from physical abuse. Health service providers, chiefs, church and other community leaders need to be aware of the fact that physical abuse by husbands/partners often continues during pregnancy, that it affects more than 1 in 10 pregnant women, and the serious risks that this poses to the health of the mother and her baby.

With 50% of women aged 15-49 having ever used family planning and only 21% using it now, the current take-up of women using contraception is somewhat lower than was found in the MICS (MOH 2007: 74-75). These findings suggest that access to and availability of contraception may not be meeting current demands.

Women living with violence are more likely to have initiated contraception by asking their husbands/partners to use condoms; they are also significantly more likely to have been prevented from using condoms and other family planning methods than women not experiencing partner violence. This is a common finding from international research on violence against women (WHO 2005: 70). Studies in other countries have also found that men who are violent towards their intimate partners are also

more likely to have multiple sexual partners (WHO 2005: 69), which increases women's risk of contracting sexually transmitted infections including HIV/AIDS. This is also a finding from the Vanuatu survey (see the analysis of risk factors in chapter 10). Where women are aware of their husband's/partner's infidelity, it suggests that women living with violence may have other reasons for initiating condom use, in addition to the need for family planning.

The findings demonstrate that violence against women has direct and long-term negative impacts on children. Direct effects are the risk of them being beaten, which affects children from almost 2 in 5 families where domestic violence occurs. However the long-term effects are just as damaging both for the individual children affected, and for national social and economic development. This study has shown that children living in families where mothers are subjected to domestic violence are far more likely to have a range of emotional and behavioural problems, including aggressive behaviour towards their mothers and other children. These are very worrying findings, particularly when we consider the evidence already discussed about the higher likelihood of girl children experiencing partner violence in later life if they have also experienced non-partner violence, most of which also occurs within the family. International evidence now indicates that children who grow up in families where there is intimate partner violence learn to accept this behaviour as normal; it increases the likelihood that girl children will be subjected to violence in their intimate relationships as adults, and that boy children will become perpetrators of violence (WHO 2010: 20). Of course, this is certainly not always the case; both boys and girls can learn other ways of managing relationships based on gender equality and respect for the rights of all people.

Children whose mothers are subjected to physical and/or sexual violence are about twice as likely to repeat years of schooling, and to stop school altogether. These are worrying findings and are consistent with other international evidence that children from such families have poorer educational outcomes (WHO 2010: 17). These long-term consequences for children need to be considered as part of the overall economic cost of violence against women by their husbands and intimate partners.

Children whose mothers are subjected to violence clearly also need emotional support to address the emotional and behavioural problems that they experience, and that are likely to affect them throughout their lives; but what they need most is for the violence to stop.



CHAPTER 8: OTHER IMPACTS OF VIOLENCE AGAINST WOMEN

Summary of main findings

- Women make a substantial contribution to family income; over half (53%) of those currently earning an income earn about the same or more than their husband/partner. However very few women own any major assets; less than 1 in 5 (18%) has savings in the bank and 1 in 3 (31%) has other savings.
- Almost 1 in 3 women (30%) have had their work disrupted due to violence by their husband/partner.
- Women living with physical and/or sexual violence are more likely to have their husband/partner take their savings or refuse to give them money for household expenses.
- Women living with physical and/or sexual violence are more likely to have had restrictions placed on their mobility, participation in organisations, and their access to education.

This section presents findings on women's financial autonomy including ownership of assets and the impact of physical and/or sexual violence by husbands or intimate partners on women's ability to earn, save and spend income. (Data on the number of women earning an income [80% of the total sample and 83% of ever-partnered women] and their source of income is included in chapter 3.) Findings are also presented on the association between intimate partner violence and women's rights to freedom of association, mobility and access to education.

8.1 IMPACTS OF PARTNER VIOLENCE ON WOMEN'S WORK AND FINANCIAL AUTONOMY

Women's financial autonomy

A series of questions were asked of all women at the end of the questionnaire to assess the rates of asset ownership by women in Vanuatu and other aspects of financial autonomy (see section 11 of Annex 2). Overall, few women own key assets such as land and housing in Vanuatu. Only 13% of women own land by themselves, 72% own it with others, and the remaining 15% do not own land. Similarly 17% of women own their own house, 69% own their house with others in the family, and 14% do not own a house. The highest rates of asset ownership by women on their own account include the following:

- Handicrafts, such as mats and baskets are wholly owned by 47% of respondents, with 28% sharing ownership of these products with others.
- Vegetables and fruit from gardens and trees are owned by 36% of women on their own, and 55% share ownership of these products with others.
- Savings that are not in a bank account were owned by 31% of women on their own, and 18% own other non-bank savings with others. This is probably the savings that women have in micro-credit schemes such as the Vanuatu Women Development Scheme (VANWODS).
- Small animals such as chickens are wholly owned by 30% of women, and 39% own them with others (Table 8.1).

Table 8.1: Percentage of women owning assets by themselves or with others (number and percentage of all respondents, N = 2337)

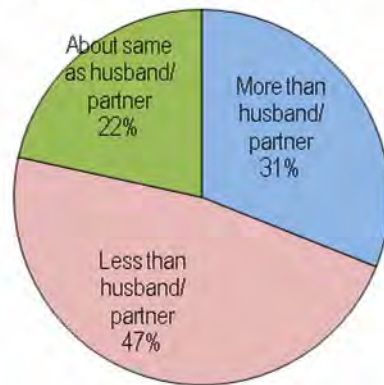
Asset	Owned by the woman by herself		Owned with others		Not owned	
	Number	%	Number	%	Number	%
Land	300	13%	1687	72%	350	15%
House	403	17%	1604	69%	330	14%
Company or business	163	7%	452	19%	1721	74%
Large animals (cows, horses, pigs etc)	367	16%	1010	43%	960	41%
Small animals (chickens, goats etc)	708	30%	1150	49%	479	20%
Vegetables/fruits from gardens or trees	843	36%	1278	55%	214	9%
Handicrafts (mats, baskets etc)	1092	47%	650	28%	594	25%
Large household items (TV, bed, cooker)	326	14%	686	29%	1325	57%
Jewellery, gold, other valuables	395	17%	52	2%	1890	81%
Water tank/well	91	4%	693	30%	1553	66%
Lawn mower	53	2%	238	10%	2045	88%
Car/truck/bus/4-wheel drive	30	1%	158	7%	2149	92%
Bicycle	55	2%	267	11%	2015	86%
Canoe	88	4%	324	14%	1923	82%
Boat with motor	6	0%	82	4%	2248	96%
Savings in the bank	415	18%	393	17%	1529	65%
Other savings	734	31%	411	18%	1191	51%
Other property	163	7%	56	2%	2113	91%

Few women own large animals, major household items, businesses or any form of transport on their own account. Not surprisingly, those assets that women do tend to own by themselves are closely related to the gender division of labour – in other words, women tend to own items that they make or work at themselves (such as mats, baskets and the produce from gardens). Less than 1 in 5 (18%) have their own savings in the bank; 17% have some bank savings shared with others, and 65% have no savings at all (Table 8.1).

Other measures of financial autonomy are whether women earn more than their husbands/partners, and the degree of decision-making that women have over spending their own income. Among 1572 women who were currently married or living with a man, and who were also earning an income, 31% generally earn more than their husband or partner, 22% earn about the same, and almost half (47%) earn less than her husband or intimate partner (Table 8.2 and Chart 8.1).

Table 8.2: Proportion of family income earned by women (number and percentage women who are currently married or living with a man, and who reported that they earned an income, N = 1572)

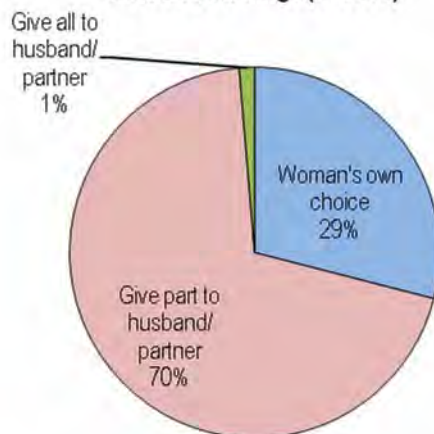
	Number	%
Women's earns more than husband/partner	488	31%
Women's earns less than husband/partner	745	47%
Women's earns about the same as husband/partner	339	22%
Total	1572	100%

Chart 8.1: Women's earnings compared to those of her husband or partner (N=1572)

Respondents were asked whether they were able to spend the money they earn how they chose, or whether they had to give all or a part of their earnings to their husband or partner. Although just over half of the respondents earn about the same or more than their husband/partner (Chart 8.1), 29% said that they make their own choices about spending; 70% said that they give part of their earnings to their husband/partner, and 1% give all their earnings to their husband/partner (Table 8.3 and Chart 8.2).

Table 8.3: Decision-making on spending of women's earning (number and percentage of women who are currently married or living with a man, and who reported that they earn an income, N = 1569)

Who decides on spending respondent's income	Number	%
Self/own choice	455	29%
Give part to husband or intimate partner	1093	70%
Give all to husband or intimate partner	21	1%
Total	1569	100%

Chart 8.2: Women's decision making on spending of women's earnings (N=1569)

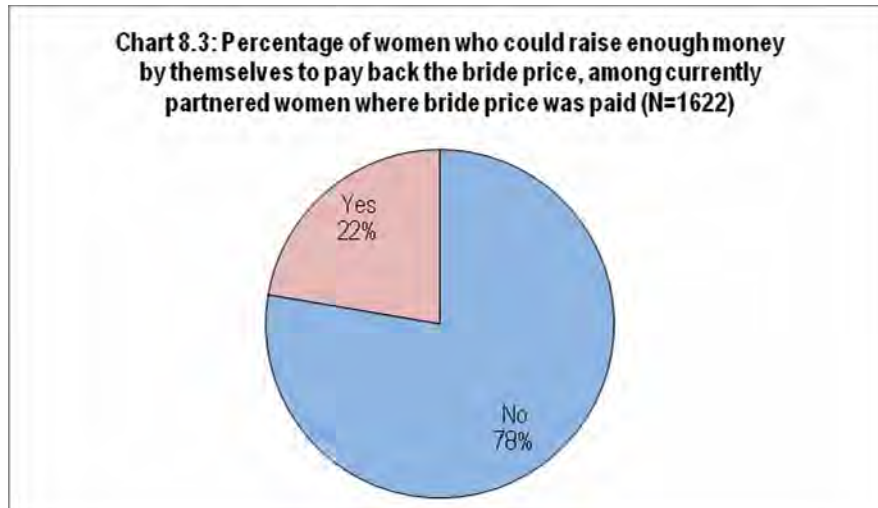
The final measure of women's financial autonomy, and the one that is most critical for women living in violent relationships with husbands or de facto partners, is whether they have enough money to support themselves for a short time in case they need to leave the home in a crisis due to a violent incident or because they fear for their lives. Although less than half of respondents (44%) said that they would be able to raise enough money to feed and house themselves and their children for 4 weeks, this is a positive finding

considering that less than 1 in 5 women have liquid assets such as bank savings. Given the high amounts of bride price paid in most custom marriages, it is not surprising that only 1 in 5 women (22%) thought they could afford to raise enough money pay back the bride price by themselves (Table 8.4 and Chart 8.3).

Table 8.4: Percentage of women who have enough money to leave a violent relationship if they choose (number and percentage women who are currently married or living with a man)

	No		Yes		Total
	Number	%	Number	%	Number
Could raise enough money to feed/house family for 4 weeks	1081	56%	857	44%	1938
Could raise enough money by herself to pay back bride price	1260	78%	362	22%	1622*

* Total includes those currently living with a man or married including some unions that did not involve bride price.



Impacts of physical and/or sexual violence on women's work and financial autonomy

Women who disclosed that they had been physically and/or sexually abused by their husband or intimate partner were asked their view of the impact that the violence had on their work or other income-generating activities. Of the 1033 women who experienced violence and who were also currently earning an income, 30% had their work disrupted in some way due to violence by a husband/partner. For the majority of these women, her husband/partner actually interrupted her work; this occurred for 94% of those whose work was disrupted. This amounts to 28% of the total number of women who experienced violence and were currently working (more than 1 in 4). This is consistent with anecdotal evidence; many community members would have witnessed such incidents, when men have followed their wives or girlfriends to the workplace to continue the physical or verbal abuse, or to demand money (Table 8.5).

Table 8.5: Women's view of impact of partner violence on her work and income generation activities (number and percentage of ever-partnered women who experienced physical or sexual violence by a husband or partner and who also worked for money, N = 1033)

	Number	%
Work not disrupted	722	70%
Work was disrupted	311	30%
Total	1033	100%
<i>Ways that work and income-generation were disrupted (percentage of 311 whose work was disrupted)</i>		
Husband/partner interrupted work	291	94%
Unable to concentrate	44	14%
Unable to work / sick leave	41	13%
Lost confidence in own ability	39	13%
Husband/partner stopped her from working	33	11%
Other	4	1%
Sub-total where women reported that their work was disrupted	311	100%

Note: 206 of the 1239 women who experienced physical or sexual violence in their lifetime reported that they did not work for money. Figures for ways that work was disrupted do not add to 311 or percentages to 100% because women could give multiple responses.

Some women said that they were unable to concentrate (14%), or that they lost confidence in their own ability (13%). Surprisingly, only 13% of those whose work was disrupted said that they had to stop work or take sick leave (this represents 4% of the total women who experienced violence and were currently working). Given the range of injuries and mental health problems identified in chapter 6 and other evidence that that women tend to minimise the impact of violence, it is likely that this under-estimates the impact on women's work. Of those whose work was disrupted, 11% said that the husband/partner stopped them from working; this corresponds to 3% of the total women who experienced violence and were currently working (Table 8.5). However, this self-assessment also appears to be an under-estimate, considering the further evidence presented below (Table 8.6).

All women who were currently married or living together at the time of the survey were asked 3 questions regarding financial matters and financial control by husbands/partners, regardless of whether they were currently earning income, and regardless of whether they had disclosed intimate partner violence. This series of questions give robust measures of financially controlling behaviour by husbands/partners.

Women who have experienced physical violence are far more likely to also be controlled financially by their husbands than those who have not, and the association between these variables is highly significant (P values of less than 0.0001, see Table 8.6). First, respondents were asked if they had ever given up or refused a job because their husband or partner did not want them to work: 8% of women who have never experienced physical violence by a husband/partner had done so, compared with 16% of women who have experienced physical violence. Women who experienced physical violence were also more likely to have their husband/partner take their earnings or savings against their will: 11% of women who have not experienced physical violence have had this occur, compared to 22% of women living with physical violence. Finally, husbands or partners have refused to give money for household expenses to 20% of women who have not experienced physical violence; compared with more than 2 in 5 (41%) for those who were living with physical violence (Table 8.6 and Chart 8.4).

Table 8.6: Types of financial control by husbands/partners, for women who have and have not experienced physical violence from their current husband or partner (number and percentage of women currently married or living in a de facto relationship)

Types of financial control	Never experienced physical violence by husband or partner		Experienced physical violence by husband or partner		P value*
	Number	%#	Number	%#	
Given up/refused job because of husband/partner (N=940; 1011)	71	8%	166	16%	<0.0001
Husband/partner taken earnings/savings against her will (N=894; 947)	94	11%	206	22%	<0.0001
Husband/partner refuses to give money for household expenses (N=927; 987)	182	20%	400	41%	<0.0001

* P value is based on a 2x2 chi-square test of the lifetime experience of physical violence (experienced versus never experienced) and each type of financially controlling behaviour by the husband or partner (yes versus no).

Percentages are of currently-partnered women who have or have not experience physical partner violence, minus those cases where no answer was given.

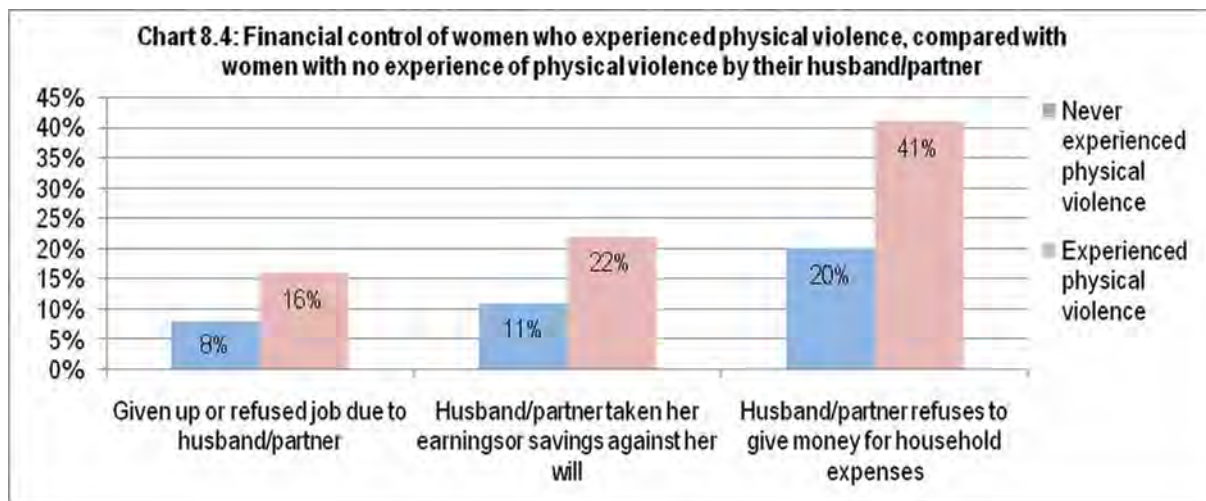


Table 8.7 compares the number of ever-partnered women who were working at the time of the survey, according to their experience of physical and/or sexual violence by a husband or intimate partner. Women who experienced physical and/or sexual partner violence in their lifetime were significantly more likely to work for an income (83%), compared to those who never experienced violence (77%, P value of less than 0.001 using uni-variable analysis). This is despite the fact that women living with violence were also significantly more likely to have to give up or refuse a job because of their husband/partner (see Table 8.6 above). Earning an income emerged as one of the factors associated with women's experience of violence – women who earn their own income are about 1½ times more likely to experience physical and/or sexual violence than those who do not earn an income (P value or 0.011 using multi-variable analysis, see chapter 10).

Table 8.7: Percentage of women earning an income, according to their experience of physical and/or sexual violence by a husband/partner (number and percentage of ever-partnered women, N = 2061)

Work status	Never experienced partner violence (N=822)		Experienced physical and/or sexual partner violence (N=1239)		P value*
	Number	%	Number	%	
Working for money	632	77%	1033	83%	<0.001
Not working for money	167	20%	206	17%	
Work status not known	23	3%	-	-	-

* P value is based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and whether women were currently earning an income at the time of the survey or not.

8.2 OTHER ASPECTS OF WOMEN'S RIGHTS

Freedom of association, mobility and access to education

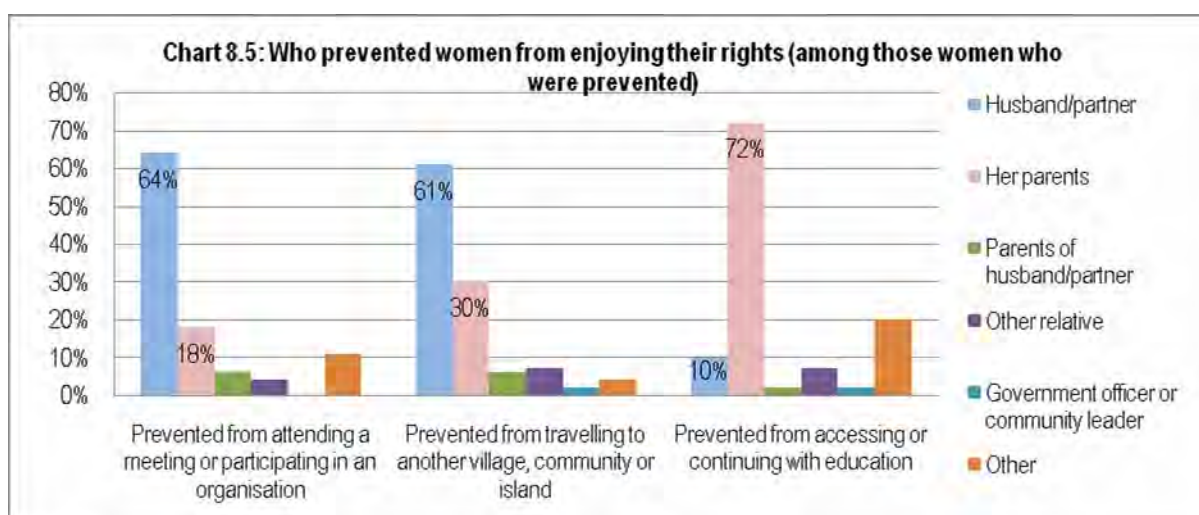
Several questions were posed on women's enjoyment of human rights, to explore links between freedom of association, mobility and access to education, and their association with women's experience of intimate partner violence. Overall, 10% of the total 2337 respondents were prevented from attending a meeting or participating in an organisation; 12% were prevented from travelling to another village, community or island; and sadly 23% (almost 1 in 4) were prevented from accessing or continuing with their education. Among those women who were prevented from enjoying their right to freedom of association and mobility, most were prevented by their husbands and or partners. Parents were the main people who prevented women from attending education, although husbands/partners also did so (Table 8.8 and Chart 8.5).

Table 8.8: Women's freedom of association, mobility and access to education (number and percentage of all respondents, N = 2337)

Who prevented the respondent	Prevented from attending a meeting or participating in an organisation		Prevented from travelling to another village, community or island		Prevented from accessing or continuing with education	
	Number	%*	Number	%*	Number	%*
Husband/partner	150	64%	168	61%	57	10%
Her parents	42	18%	83	30%	395	72%
Parents of husband/partner	15	6%	17	6%	10	2%
Son	3	1%	2	1%	0	0%
Daughter	1	0%	1	0%	0	0%
Other relative	10	4%	18	7%	36	7%
Government officer or community leader	0	0%	6	2%	9	2%
Other	26	11%	12	4%	107	20%
Total women prevented from enjoying each human right	233	10%#	274	12%#	545	23%#

* Percentages for the people who prevented each activity are based on the total number of women prevented from doing each activity. Percentages do not total 100% because respondents could identify multiple people who had prevented them from doing each activity.

Percentages for the total prevented from enjoying each human right is based on the total number of respondents (2337).

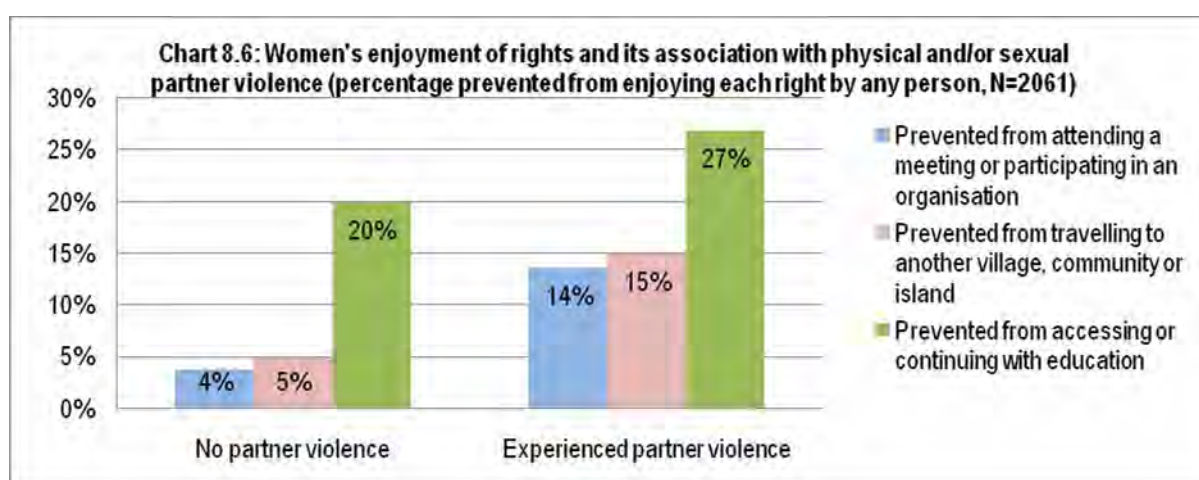


When we compare women who experienced physical and/or sexual violence by their husbands/partners with those who did not, highly significant associations are observed (P values all less than 0.001). Women who experienced partner violence were substantially more likely to have been prevented from enjoying each of the 3 rights (Table 8.9 and Chart 8.6). These associations are significant regardless of who prevented the women from associating with others, travelling, or continuing with their education. The second part of Table 8.9 shows the associations when husbands were the ones who prevented women from enjoying their rights.

Table 8.9: Women's freedom of association, mobility and access to education and violence against women (number and percentage of ever-partnered women who did or did not experience physical and/or sexual partner violence, N = 2061)

Women's human right	Never partner violence (N=822)		Experienced physical and/or sexual partner violence (N=1239)		P value*
	Number	%	Number	%	
Woman prevented from enjoying this right by any person					
Prevented from attending a meeting or participating in an organisation	31	4%	168	14%	<0.001
Prevented from travelling to another village, community or island	40	5%	185	15%	<0.001
Prevented from accessing or continuing with education	164	20%	333	27%	<0.001
Woman prevented from enjoying this right by the husband or intimate partner					
Prevented from attending a meeting or participating in an organisation	22	3%	128	10%	<0.001
Prevented from travelling to another village, community or island	26	3%	141	11%	<0.001
Prevented from accessing or continuing with education	20	2%	36	3%	<0.001

These findings are consistent with those presented earlier on controlling behaviours (see chapter 4); and they have similar implications for national development. Women who are prevented from exercising these 3 rights would be less likely to know their rights, including their right to live without violence and the fear of violence. Because of the restrictions placed on their education and freedom of association, they would also be far less likely to be able to take up development opportunities.



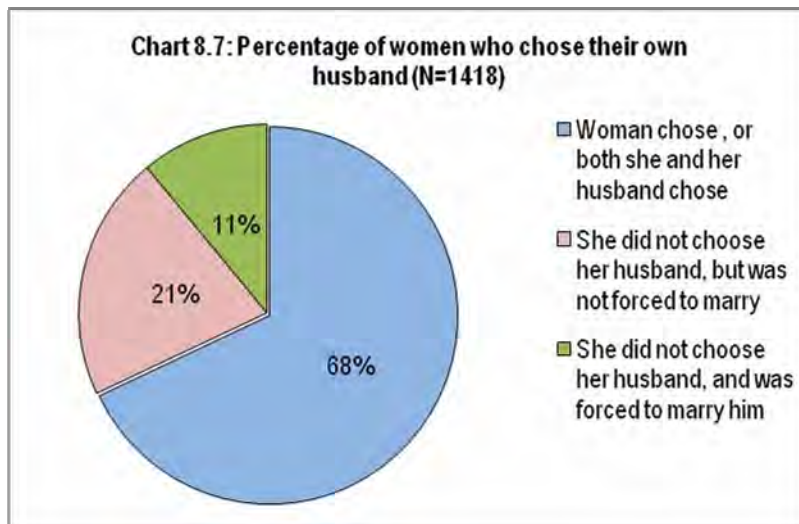
Choice of husband

Married women were asked whether they chose their husband or whether someone else chose for them, the reason why the husband was chosen for them, and whether they were forced to marry their husband. Among 1418 currently married women, about 1 in 3 (32%) did not choose her husband; in the remaining 68% of cases, either she chose the husband herself, or the choice was mutual (Table 8.10). This is a positive finding; anecdotal evidence indicates that far fewer women from older generations chose their own husband due to customary practices such as arranged marriages and "swapping"

arrangements between families.²⁸ However, more than 1 in 10 currently married women (11%) were forced to marry their current husband (Table 8.10 and Chart 8.7).

Table 8.10: Number and percentage of currently married women who chose their own husband (number and percentage of women who are currently married, N = 1418)

Women's choice of husband	Number	%
Either the woman chose her husband, or the choice was mutual	966	68%
She did not choose her husband	452	32%
Total	1418	100%
<i>Forced to marry current husband (% of 1418)</i>	<i>159</i>	<i>11%</i>



Of the 452 women who did not choose their own husbands, almost half were arranged marriages (46%) and 13% were “swapping” arrangements. Anecdotal evidence suggests that the latter is an underestimate, since many girls know from a very young age that they will be exchanged in this way with another family; some go to live with their in-laws before puberty and in some cases, it is likely that these women may have indicated that they chose

their husband, or that both she and her husband chose. A total of 5% were married as part of a compensation arrangement, as settlement for a land dispute, or were passed on to a man in her previous husband's family after his death (Table 8.11). Although the proportion married for these reasons is small, it is nevertheless a vivid illustration of the treatment of women as “property” with no right to decide their husband according some customary practices.

Table 8.11: Reason why women's husbands were chosen for them (number and percentage of women who did not choose their own husband, N = 452)

Reasons why husbands were chosen for women	Number	%
Arranged marriage	210	46%
Swapping arrangement	60	13%
Compensation payment	5	1%
Bride price was paid	3	1%
Passed on to a man in her husband's family after his death	10	2%
Married man who raped her	2	0.4%
Settlement for land dispute	10	2%
Other reasons	152	34%
Total who did not choose their own husband	452	100%

Preferences regarding the sex of children

Respondents who had live children were asked about their last pregnancy, and whether their husband or partner had a preference for a son or daughter. Of 1153 respondents, more than 1 in 3 (38%) said

²⁸ If a man from family A marries into family B, then family B is obliged by custom to provide a girl or woman to marry a man in family A. This is a traditional practice in Tafea province and part of Sanma province.

that their husband preferred a son, about 1 in 3 (31%) said that he preferred a daughter, and 31% said that their husband or partner had no preference for either a son or daughter (Table 8.12). In general, the cultural preference is for the first child to be a boy; if this does not occur, a woman is expected to keep trying until at least one child is a boy.

Table 8.12: Men's preference for a boy or girl child (number and percentage of women who reported that their husband/partner had a preference for a boy or girl for their last pregnancy, N = 1153)

Preference regarding the sex of the most recent child	Number	%
Husband/partner preferred a son	437	38%
Husband/partner preferred a daughter	363	31%
Husband/partner had no preference for either a son or daughter	353	31%
Total	1153	100%

8.3 DISCUSSION OF FINDINGS

The relationship between women earning income and the experience of partner violence is complex, as is the relationship between violence against women and poverty. On the one hand, the findings show that women living with violence have an even greater need to earn money than other women, since their husbands and intimate partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without their permission. VWC's experience with clients indicates that often, when a woman has money, her husband or partner will harass her for it. If she refuses to provide it or is reluctant, this can trigger violence. However, if she is not earning an income, there is no opportunity for him to ask her for money or for this to trigger a violent incident.

VWC and the branches in Tafea and Sanma provinces have several examples of the ways that husbands/partners take women's earnings: by forging the woman's signature to withdraw her savings from the bank, forcing her to change her account name to his name, holding the bank card for her savings account so that he controls the withdrawals, forcing her to show him her bankbook so that he knows how much money she has, simply taking the money that many women keep in the house in rural areas where access to banks is very difficult, and various ways of coercing money from women with either threats or violence.

For some men, the sense that they "own" women – whether due to the payment of bride price or because this reflects a sense of entitlement based on other aspects of gender inequality in Vanuatu society – means that they also own her money. The widespread attitude that the man is the decision-maker who is to be obeyed is consistent with the finding that more than 1 in 5 women living with violence have their money taken by husbands/partners.

On the other hand, in some cases men may find it hard to accept that women are income-earners, especially where the woman earns more than her husband. The power and status that may accompany earning money and making decisions about spending challenge men's higher status, their traditional role as the household head and their view of themselves as providers. At the same time, most types of economic activity will take a woman out of the house, where she is not available to fulfil her husband's needs. There are many occasions where clients have told VWC that the trigger for a violent incident was that the food was not ready on time, due partly to women's income generation activities. This occurs in both rural and urban areas, where women work long hours, regardless of whether the income is earned from gardening, fishing, small trading or formal salaried employment.

Women's increased mobility due to the need to earn an income means they interact with a range of men, and this also challenges traditional views of appropriate gender roles. The range of controlling behaviours imposed on women, regardless of whether they experience partner violence, demonstrates

the extreme control that some men exercise over women (see chapter 4). The fact that about 1 in 10 women also have restrictions placed on what meetings they can attend, what organisations they can join, and where they can travel provides further evidence of the power that some men seek to have over their wives, yet earning an income is difficult to do without mobility, and access to organisations that can build capacity, provide support and resources. The fact that women living with violence are more likely to have given up a job because their husband did not want them to work is another example of this pattern of intense controlling behaviour.

The response of some community leaders and development workers to these scenarios is that women should not work, or that they should avoid violence by putting men's needs first and acknowledging that he is "the boss". However, many families depend on women's earnings for basic needs and especially for school fees and will continue to do so; the development of the country depends on both women and men earning income; and both women and men have a right to seek and undertake work. The problem here is not women's work, but men's lack of understanding of the time burdens that women live with daily, including the time needed to generate income; and lack of respect for women's right to earn and make their own decisions regarding spending. Development agencies and government programs need to continue to support both women and men to earn an income – but it is also important for these agencies to understand how gender inequality impacts on women's lives. These issues need to be discussed with both women and men; there is enormous potential for microfinance and income generation activities to empower women and advance social and economic development, but for this to occur gender equality needs to be firmly on the agenda in these programs to ensure that women are supported to earn an income by their husbands/partners and that they can control their income and savings (WHO 2010: 47-49; Kabeer 2001: 19; and Hunt 2009: 44-46).

Women's ownership of property and other assets provides another insight into women's low status, especially when we compare asset ownership with the fact that 83% of women work and 57% of these earn as much or more than their husbands. Although ownership of house and land do not by themselves protect women from intimate partner violence, the lack of ownership of these vital assets makes it more difficult for women to escape from violent relationships temporarily or permanently, because it means that in most cases they must rely on family members to take them in. The fact that women also have very few savings or other liquid assets to support themselves if they need to leave only compounds this problem.

VWC's experience is that the majority of women strive to maintain their relationships – in most cases they minimise the impact of the violence and hope it will stop (see also chapter 9). However, if they do make the very difficult decision to end the relationship – because their life is threatened, they cannot take any more, or due to concern about the impact of the violence on their children – these findings underline the enormous difficulties of doing so, with only 1 in 5 indicating that they could pay back the bride price. This raises the challenging question of whether bride price contributes to keeping some women and children in violent relationships that damage the family and the community, and cost the nation dearly. Government, chiefs and other community leaders need to engage in a national debate on these questions and issues.

The very high number of women who were prevented from accessing or continuing with their education (almost 1 in 4) by their parents or husband/partner is a very important finding. Preventing women and girls from accessing education is a first step towards poverty because it cuts off so many opportunities; the findings in this chapter show that it also significantly increases their risk of experiencing violence from their husband/partner. Although education levels are not a straightforward predictor of women's attitudes to unequal gender roles and women's rights, it is true that women with higher levels of education were less likely to experience some forms of intimate partner violence (see chapter 4 and 5).

A gender analysis conducted by the Ministry of Education shows that Vanuatu has made a lot of progress towards closing the gender gap between boys' and girls' education. This suggests that the high numbers of women prevented from continuing their education in the VWC survey may be due to the representation of older women (up to the age of 49) in the sample. However Ministry of Education data indicates drop-out rates for girls in senior secondary school remain high, and women continue to be under-represented in vocational, technical and other tertiary education and in the Rural Training Centres (Strachan and Jimmy 2010: 5-9). The same trends are observed in the 2009 census data.²⁹ Although young women are now allowed to go back to school following pregnancy and many more families now recognise the importance of continuing with girls' education, anecdotal evidence from VWC's experience with clients indicates that some parents still prioritise boys for higher secondary and tertiary education, where fees need to be paid.

All these findings highlight the vital importance of ensuring that girls continue their education, by raising awareness of the negative impacts of discontinuing girls schooling; by highlighting boys' and girls' equal rights to higher education; and by highlighting the benefits of education with parents, community members and leaders.



²⁹ Data provided by the Vanuatu National Statistics Office to VWC, 10th February 2011.

CHAPTER 9: COPING STRATEGIES

Summary of main findings

- More than 2 in 5 women (43%) living with partner violence have never told anyone about the violence, and almost 3 in 5 (57%) have never sought help from any agency to deal with it.
- When women told someone about the violence, they most often told their birth family, friends, and their husband's/partner's family.
- Almost 1 in 4 asked chiefs (24%) and church leaders (23%) for help, 15% asked health agencies, and 1 in 10 asked police.
- About half (49%) have left home temporarily due to violence, but less than 1% left permanently.
- When women asked for help or left temporarily, the most common reason given was that they couldn't take any more of the violence.
- The most common reasons for returning home, and for never leaving at all, were that she forgave him, didn't want to leave the children, and her belief in the sanctity of marriage.
- Less than 1 in 3 women (30%) who experienced partner violence have ever defended themselves by fighting back, and most only did so 1 or 2 times.

This section presents findings on who women have told about the violence committed by their husband/partner; the agencies that were asked for help, why they asked for help, and how satisfied women were with the help that they received; and why some women have never told anyone or asked for help. It presents findings on the number of women who have left home due to violence, where they went, why they left, and why they returned home; and the reasons why some women have never left. All women who experienced physical and/or sexual violence by their husband or partner (1239 respondents) were asked questions about these coping strategies (see section 9 of Annex 2). Responses on whether women ever defended themselves by fighting back are also presented.

9.1 STRATEGIES WOMEN USE FOR DEALING WITH PARTNER VIOLENCE

Who women tell about the violence

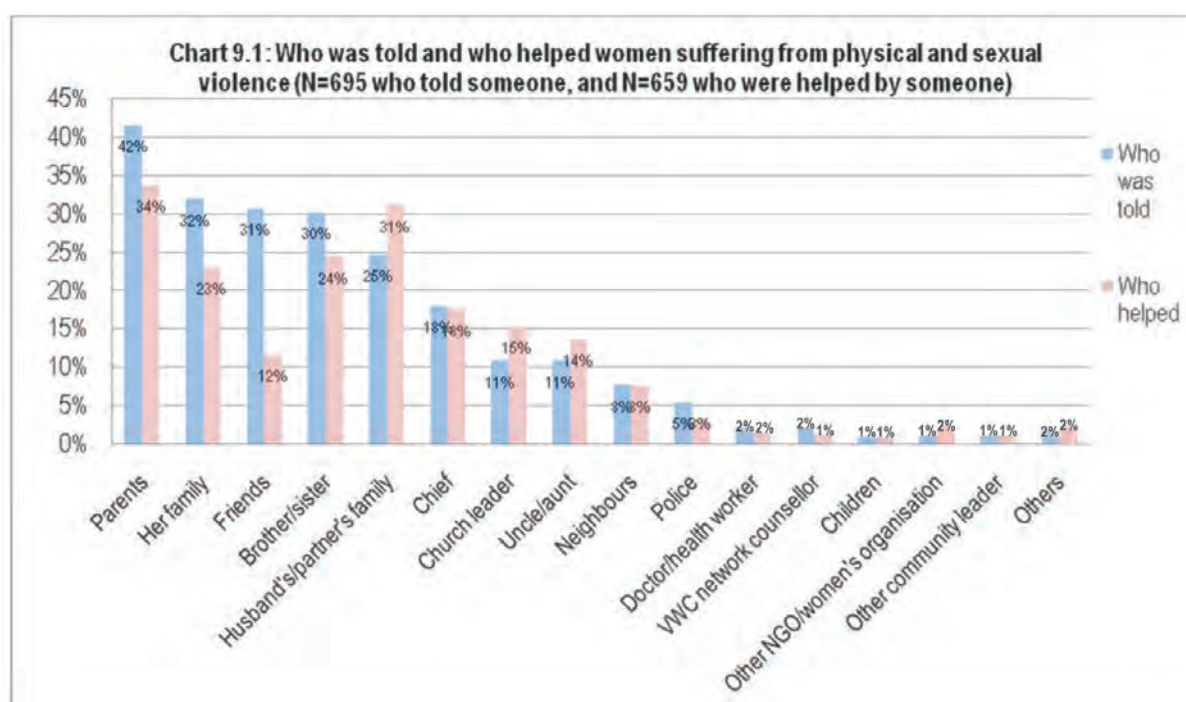
Women living with physical and/or sexual partner violence were asked who they told about their husband's behaviour, and whether anyone ever tried to help them. More than 2 in 5 women (43%) had never told anyone before about the violence, and 56% had told someone. Among the 695 women who told someone about their husband's/partner's behaviour, the people most frequently confided in were family members: her parents (42%); other members of her family (32%) including brothers or sisters (30%), and uncles or aunts (11%); her friends (31%); her husband's/partner's family (30%); chiefs (18%); and church leaders (11%) (Table 9.1 and Chart 9.1). The range of relatives mentioned reflects the different responsibilities of specific relatives according to custom – in some islands and provinces, parents or people appointed by parents are responsible to help someone facing difficulties in their life or with their relationship; whereas in other islands uncles or aunts may have this responsibility.

Overall, just over half of the women living with partner violence had been helped by someone at some time in their lifetime (53%). Sadly, some of the people who were told about the violence did not help the women, including their own family members in some cases. For example, even though 42% of women had told their parents, 34% had actually been helped by them. Although 31% had told friends, they had only helped 12% of the women (Table 9.1 and Chart 9.1).

Table 9.1: People whom women told about the violence, and who helped women living with violence (number and percentage of women who ever experienced physical and/or sexual partner violence who reported that they had told someone, or that someone had helped them, N = 1239)

	Who women told		Who helped the women	
	Number	%	Number	%
Told no-one, or was helped by no-one	532	43%	567	46%
Told someone, or was helped by someone	695	56%	659	53%
No Answer	12	1%	13	1%
Total	1239	100%	1239	100%
<i>People who were told and who helped* (% of 695 who told someone; and % of 659 who helped)</i>				
Parents	289	42%	222	34%
Her family	222	32%	152	23%
Friends	213	31%	77	12%
Brother or sister	210	30%	161	24%
Husband/partner's family	172	25%	205	31%
Chief	125	18%	116	18%
Church leader	76	11%	101	15%
Uncle or aunt	76	11%	90	14%
Neighbours	54	8%	51	8%
Police	38	5%	21	3%
Doctor/health worker	16	2%	10	2%
Counsellor from Vanuatu Women's Centre network	16	2%	9	1%
Children	8	1%	8	1%
Other NGO/ women's organisation	8	1%	15	2%
Other community leader	8	1%	8	1%
Other counsellor	1	0.1%	3	0.5%
Others	13	2%	16	2%

* Percentages do not add to 100% because respondents could give multiple answers.



Chiefs were responsive when women requested help (18% were asked for help and 18% did help). In a few cases the findings indicate that some people helped the woman, even if she had not explicitly told

them about it. For example, 25% of women said they had told the husband's/partner's family, but his family actually helped 31% of the women living with violence (Table 9.1 and Chart 9.1).

It is interesting to compare the findings above with women's views about community support and cooperation in general. Several questions were posed at the beginning of the questionnaire and answered by all 2337 respondents (see section 1 of Annex 2). Table 9.2 summarises responses to these questions. Ninety percent of women said that neighbours know each well, and 88% thought that neighbours would stop a street fight – yet only 8% of women living with violence asked their neighbours for help and neighbours only helped in 8% of cases (Table 9.1 and Chart 9.1). This contrast is not surprising given the widespread belief (by 82% of respondents, see chapter 4) that family problems should only be discussed within the family.

Most women think that people in their communities are trustworthy (71%), that they would contribute money for a community project (73%), and that they would help in cases of illness or accident (80%). As observed from the findings in chapter 4, the majority (74%) also believe that people outside the family should intervene if a man mistreats his wife/partner. These findings are very positive and they indicate that most communities are generally cohesive and supportive. Nevertheless, only about half of the women living with domestic violence have been helped by someone.

Table 9.2: Women's view of community safety and cooperation (number and percentage of all women respondents, N = 2337)

Indicators of community safety and cooperation	Number	%
Neighbours know each other well	2095	90%
People would stop a street fight	2066	88%
People would contribute money for a community project	1715	73%
People trust each other for lending and borrowing things	1649	71%
People would help in case of illness or accident	1863	80%

Several questions in the survey explored whether the degree of a woman's contact with her birth family or the strength of her social and community networks helps her to protect herself from or cope with intimate partner violence (see section 1 of Annex 2). Two indicators significantly increased women's likelihood of experiencing intimate partner violence. If a woman lives with her husband's/partner's parents or any of his relatives she is about 1½ times more likely to experience physical or sexual intimate partner violence (P value highly significant at less than 0.0001): 54% of the women who have experienced violence in their lifetimes lived with their husband's/partner's relatives, compared with 43% of those who had never experienced violence. Similarly, if a women rarely sees a member of her birth family she is also about 1½ times more likely to experience violence, although the association is not as significant (P value of less than 0.0225) and few women were in this position: 8% of the women who have experienced violence rarely saw a birth family member, compared with 5% for those who had not experienced violence (Table 9.3).

However, living with her own relatives did not protect a woman from violence: overall 15% of women lived with her relatives, and they experienced intimate partner violence at the same rates as those not living with relatives from the woman's birth family. Most women (73%) did not grow up in the community where they are now living. Nevertheless, the majority live close enough to a birth family member so that they can easily visit them (89%), and most (86%) do actually see members of their birth family more than once a month. Moreover, 91% of respondents said that they could ask a birth family member for support if they needed help, or if they had a problem. Although women with violence were slightly less likely to feel that they could ask for support (90% of women living with violence compared with 92% who had never experienced violence), this difference is not significant. About 2 in 3 women (67%) regularly attend a group or organisation, and more than half (56%) regularly attend a women's organisation or

group. None of these indicators significantly affected women's likelihood of experiencing intimate partner violence (Table 9.3). Yet, despite these very positive indicators, only 56% of women had ever told anyone about the violence, including their own family members (Table 9.1).

Table 9.3: Women's experience of violence and contact with her birth family (number and percentage of ever-partnered women who experienced physical and/or sexual partner violence, by closeness to family members and social networks, N = 2061)

Type of contact with birth family and social networks	No partner violence (N=822)		Experienced physical and/or sexual violence (N=1239)		Total ever-partnered women (N=2061)		P value *
	N	%	N	%	N	%	
Grew up in this community	213	26%	334	27%	548	27%	<0.5839
Grew up in another community/island/town	609	74%	903	73%	1512	73%	
Live close to someone in birth family so can easily see/visit them	741	90%	1103	89%	1844	89%	<0.4166
See a birth family member more than once a month	716	87%	1062	86%	1778	86%	<0.3681
Rarely see a birth family member	42	5%	95	8%	137	7%	<0.0225
Can ask birth family for support if she needs help or for a problem	757	92%	1113	90%	1870	91%	<0.0828
Regularly attend a group, organisation or association	565	69%	815	66%	1380	67%	<0.1626
Regularly attend a <i>women's</i> group, organisation or association	459	56%	692	56%	1151	56%	1.0
Lived with husband/partner's parents or other relatives (current or most recent relationship)	355	43%	666	54%	1021	50%	<0.001
Lived with her parents or other relatives (current or most recent relationship)	123	15%	186	15%	309	15%	1.0

Agencies and authorities that women asked for help

In addition to asking whether they had told anyone about the violence, women who experienced physical and/or sexual violence were specifically asked whether they ever went to a range of different agencies for help, whether they were satisfied with the help given, and the reasons that prompted them to seek help. All women living with violence were asked if there was anyone they would have liked to receive more help from.

Of the 1239 women who experienced intimate partner violence, 530 women (43%) have approached an agency for help at some time in their life, and the remaining 57% have never asked any agency for help. On average, women sought help from 2 different agencies. Table 9.4 presents the findings on the agencies that women sought help from, and whether they were satisfied with the help they received.³⁰ About 1 in 4 women approached chiefs (24%) and church leaders (23%), and 15% sought help from health agencies. One in 10 (10%) have approached the Police; this is consistent with other studies

³⁰ If we compare the responses in Table 9.1 (question 908 of the questionnaire, see Annex 2) with those in Table 9.4 (question 910a), more women reported going to specific agencies to ask for help in question 910a. This is because question 908 was open-ended (with no prompts by interviewers) and focused on who women told about their husband's/partner's behaviour; whereas question 910a asked a separate sub-question for each agency. Therefore, Table 9.4 gives the most accurate findings regarding agencies that have been approached for help.

internationally – the women who report intimate partner violence to authorities such as police are merely the tip of the iceberg among those actually experiencing this problem (WHO 2005: 73-75, 190; SPC 2009: 126; SPC 2010: 148). A positive finding is that there were high levels of satisfaction with all the agencies that women went to for help.

Table 9.4: Support from agencies (number and percentage of women who ever experienced physical and/or sexual partner violence who went to an agency for help, N = 1239)

Agencies	Agencies asked for help		Satisfied with the help given by each agency	
	Number	%*	Number	%#
Chief	294	24%	253	86%
Church leader	282	23%	264	94%
Hospital/health centre	188	15%	183	97%
Police	124	10%	101	81%
Other community leader	75	6%	69	92%
VWC network	63	5%	51	81%
Other women's organisations	57	5%	52	91%
Court	34	3%	32	94%
Public solicitor/lawyers	21	2%	21	100%
Other agencies	19	2%	4	21%
Total who asked any agency for help	530	43%	-	-
Total who never asked any agency for help	709	57%	-	-

* Percentages are of the 1239 women who experienced physical and/or sexual violence. Percentages do not add to 100% because respondents could give multiple answers. # Percentages are based on the number that went to each agency.

The most common reason for seeking help was that the women couldn't take any more of the violence: 45% of those who sought help gave this as a reason. One in 4 women (25%) sought help because they had information about where to go, and almost as many got help because they knew their rights (24%) (Table 9.5 and Chart 9.2). The high number of women who gave these 2 reasons is unusual compared with other international studies (WHO 2005: 190-191; SPC 2009: 127; SPC 2010: 149). This is a very positive finding and is a good foundation for further awareness-raising on women's rights.

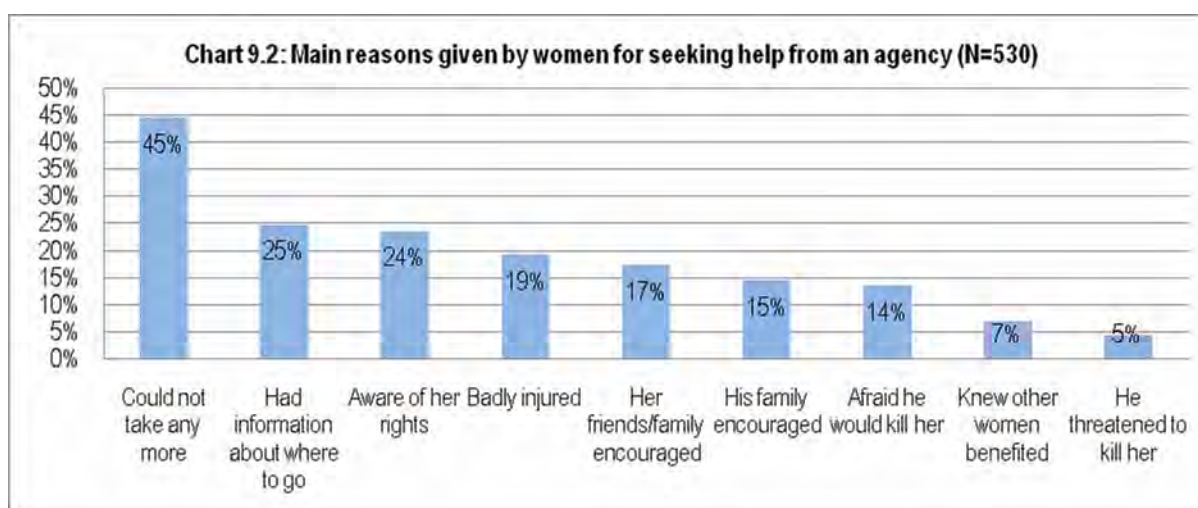
For almost 1 in 5 women (19%), the main reason for seeking help was that she was badly injured; about the same number got help either because they were afraid that their husband/partner would kill them (14%), or because he threatened to do so (5%). Encouragement by her friends or family was mentioned by 17% of the women who sought help, and encouragement by his family was mentioned by 15% (Table 9.5 and Chart 9.2).

Table 9.5: Reasons given by women for seeking help from an agency (number and percentage of women who experienced partner violence who ever asked for help from any agency, N = 530)

Reasons for seeking help from an agency	Number	%*
Could not take any more	236	45%
Had information about where to go	131	25%
Aware of her rights	125	24%
Badly injured	102	19%
Encouraged by her friends or family	92	17%
Encouraged by his family	77	15%
Afraid he would kill her	72	14%
Knew other women who had benefited	38	7%
He threatened to kill her or tried to kill her	24	5%
Saw that children were suffering	17	3%
She was thrown out of home	16	3%

Reasons for seeking help from an agency	Number	%*
Afraid she would kill him	15	3%
He threatened or hit the children	4	1%
Other	95	18%

* Percentages do not add to 100% because respondents could give multiple answers.



Women who had not asked for help from any agencies were asked why they had not sought help. Almost 1 in 4 (23%) said they didn't know, or could not answer this question; it is reasonable to assume that many of these women had never told anyone else about the violence before the survey. Overall, the fear of further violence and the husband/partner preventing her from getting help were the most common reasons mentioned by about 1 in 3 women; this includes 18% who feared further violent abuse if they asked anyone for help, 3% whose husbands threatened to kill them if they went to any agency, and 12% who actually stopped their wives/partners from getting help (Table 9.6 and Chart 9.3).

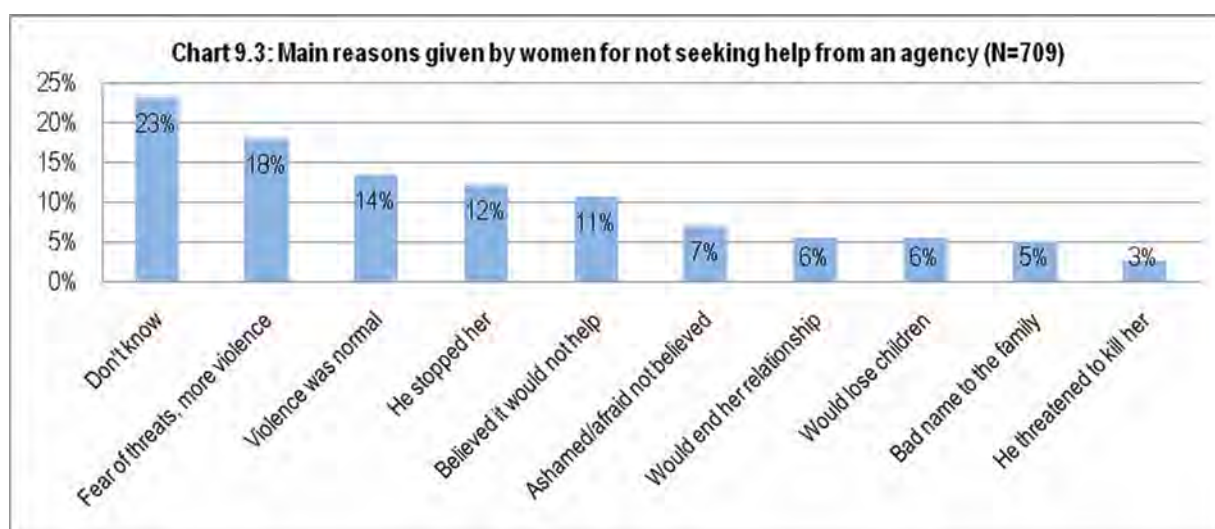
Table 9.6: Reasons given by women for not seeking help from an agency (number and percentage of women who experienced partner violence who never asked for help from any agency, N = 709)

Reasons for <i>not</i> seeking help from an agency	Number	%*
Don't know/no answer	165	23%
Fear of threats, consequences or more violence	128	18%
Violence was normal/not serious	96	14%
He stopped her from going to get help	87	12%
Believed that it would not help/knew other women who had not been helped	77	11%
Embarrassed/ashamed/afraid she was not be believed or that she would be blamed	50	7%
Afraid she would lose her children	40	6%
Afraid it would end her relationship with her husband/partner	40	6%
Did not want to bring a bad name to the family	37	5%
He threatened to kill her	19	3%
Other reasons	205	29%

* Percentages do not add to 100% because respondents could give multiple answers.

The view that the violence was normal or not serious was mentioned by 14% of women; this is further evidence that women tend to minimise the violence and its effects, and that they generally don't make frivolous complaints about their husbands/partners. For about 12%, shame was the major reason that prevented them from asking for help: this includes 7% who were afraid they would not be believed or that they would be blamed for the violence, and 5% who did not want to bring a bad name to the family. Some (6%) had not sought help because they were afraid of losing their children, and others (also 6%)

because they were afraid that it would end the relationship with their husband/partner (Table 9.6 and Chart 9.3).



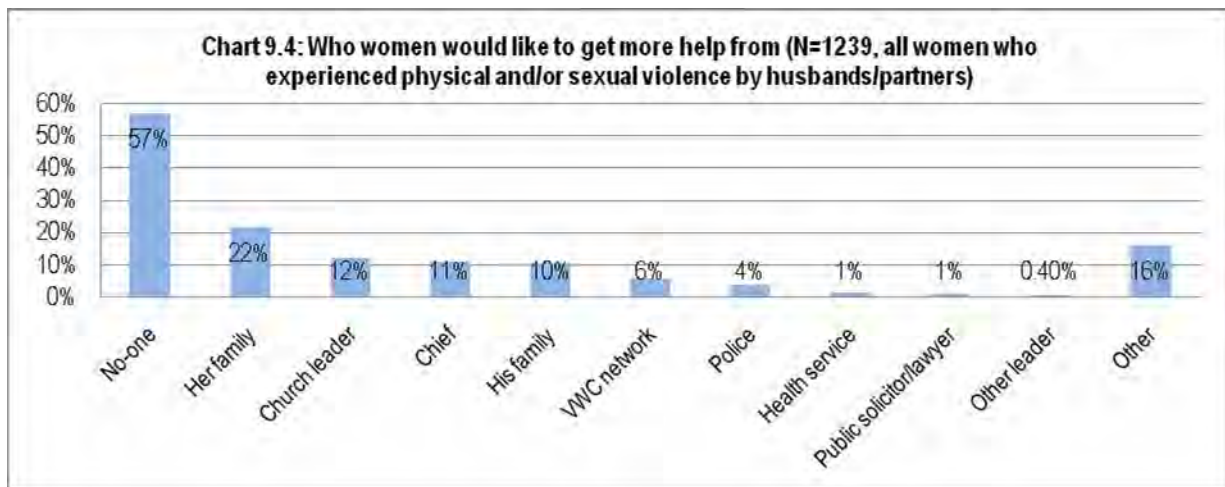
All women who experienced physical or sexual partner violence were asked if there was anyone they would like to receive more help from, regardless of whether they had ever sought help from any agency. Although over half of the respondents did not mention anyone (57%), the responses from the remaining 43% reinforce the findings above about the most important social networks to help women deal with intimate partner violence. More than one in 5 (22%) said that they would like more help from their birth family; more than 1 in 10 mentioned chiefs (11%) and church leaders (12%); and 10% wanted more help from their husband's/partner's family (Table 9.7 and Chart 9.4).

Few women mentioned that they would like more help from agencies, but those who did mentioned the VWC network, the police, health services and the public solicitor. Of these, 6% said they would like more help from the VWC network (Table 9.7 and Chart 9.4). This may be because interviewers identified themselves as being from both VWC and the VNSO. However it is noteworthy that most of the enumeration areas visited during the survey did not have CAVAWs established by VWC; in rural areas, women would have to travel very long distances at significant expense to reach a CAVAW if there is not one in their local area.

Table 9.7: Who women would like to get more help from (number and percentage of women who ever experienced partner violence, N = 1239)

Who women would like to get more help from	Number	%*
No one mentioned	709	57%
Her family	267	22%
Church leader	149	12%
Chief	132	11%
His family	127	10%
VWC network	70	6%
Police	44	4%
Health centre/ Aid post/ Hospital	13	1%
Public solicitor / lawyers	8	1%
Other community leader	5	0.4%
Other	202	16%
Sub-total of women who would like to get more help from someone	530	43%

* Percentages do not add to 100% (or 43%, sub-total who wanted more help) because respondents could give multiple answers.

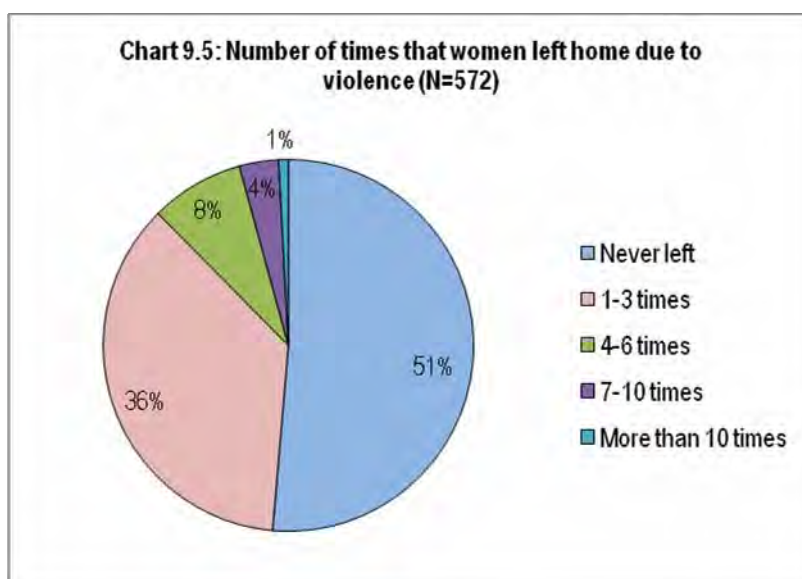


Leaving temporarily

Of the 1239 women who experienced physical and/or sexual violence by husbands/partners, almost half (572 women or 49%) have ever left home due the violence. Of these, only 5 women left permanently – this is less than 1% (0.4%) of the 1239 women who ever experienced partner violence. Among those women who have ever left, most (74%) left between 1 and 3 times; 17% left between 4 and 6 times, and the remainder left more than 6 times (Table 9.8 and Chart 9.5).

Table 9.8: Number and percentage of women who ever left for at least a night due to physical or sexual violence by husbands/partners (N = 1239)

Whether women have left due to violence	Number	%
Never left	604	51%
Ever left	572	49%
Not applicable (not living together)	41	-
No answer	22	-
Total	1239	100%
Number of times woman has left due to the partner violence (percentage of 1239 women)		
left 1-3 times	426	36%
left 4-6 times	96	8%
left 7-10 times	40	3%
left more than 10 times	10	1%
Median number of days away from home last time	2	-



From its work with clients all over the country, VWC's experience is that leaving home for any length of time is a very difficult decision for most women, and one that they only take when they are faced with serious and repeated violence. The findings confirm this anecdotal evidence and suggest that women often tend to leave at a time of crisis or

extreme danger. The most common reasons given by more than 2 in 5 women who left (42%) was the extent of her injuries or fear that the husband/partner would kill her: 14% left because they were badly injured, 19% were afraid that he would kill her, and in 9% of cases the husband/partner had either threatened or actually tried to kill her. For 41% of respondents, the main reason that they left was because they could not take any more of the violence. Six percent were actually thrown out of their home (Table 9.9 and Chart 9.6).

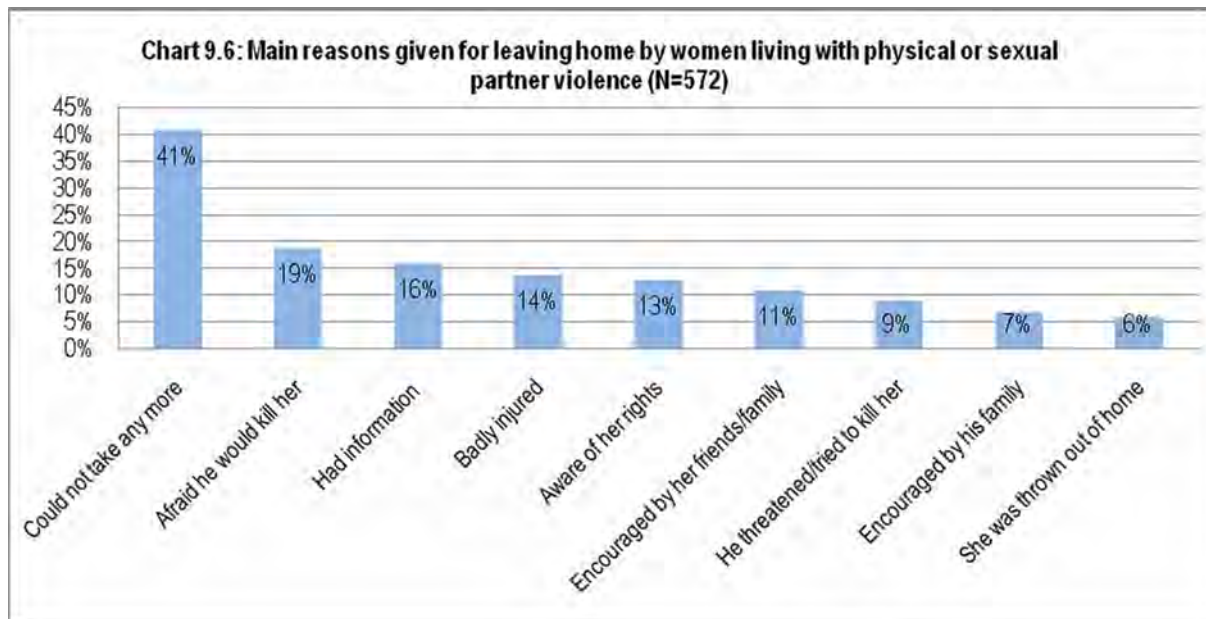
Table 9.9: Reasons for leaving (number and percentage of women who ever left home due to partner violence, N = 572)

Reasons for leaving temporarily due to partner violence	Number	%*
Could not take any more	236	41%
Afraid he would kill her	108	19%
Had information about where to go	90	16%
Badly injured	81	14%
Aware of her rights	74	13%
Encouraged by her friends/family	62	11%
He threatened or tried to kill her	49	9%
Encouraged by his family	39	7%
She was thrown out of home	32	6%
Knew other women who benefited	19	3%
Saw that the children were suffering	15	3%
Afraid she would kill him	13	2%
He threatened or hit the children	8	1%
No particular incident	4	1%
Encouraged by organization to leave	2	0.3%
Other	166	29%

* Percentages do not add to 100% because respondents could give multiple answers.

An encouraging finding is that 16% left because they had information about where to go, and 13% because they were aware of their rights. The views of family and friends were also important for some women in coming to a decision to leave temporarily: more than 1 in 10 (11%) were encouraged to leave by her family or friends, and in 7% of cases his family encouraged her to leave (Table 9.9 and Chart 9.6).

This contrasts with less than 1% of cases (2 women in total) who were encouraged to leave by an organisation. Contrary to what some community leaders believe and assert, VWC's approach has never been to encourage women to leave their homes – rather, information and counselling is provided with the aim of empowering women to know their rights and to come to their own decisions. The findings show that it is family and friends who encourage women to leave rather than any organisation, and this is not surprising given that so many of those who left were either badly injured or fearful of being killed (Table 9.9 and Chart 9.6).



Most women left for 1 to 2 days (52%), 25% left for 3 to 5 days, 22% left for between 1 and 3 weeks, and the remainder left for more than a month.³¹ Most women (83%) went to their own relatives when they left home, but some stayed with the husband's/partner's relatives (4%), friends or neighbours (3%), chiefs (3%) or church leaders (1%). About 2% of women had nowhere to go and stayed on the street (Table 9.10).

Table 9.10: Where respondents went the last time they left home (number and percentage of women who left due to partner violence, N = 572)

Where respondents went when they left home last time	Number	%
Her relatives	477	83%
His relatives	24	4%
Her friends/neighbours	17	3%
Chief	16	3%
Street	10	2%
Church leader	4	1%
Other	22	4%
No answer	2	0.4%
Total	572	100%

It was not always possible for women to take their children with them when they left. Of the 485 women who left home temporarily and had children living with them at the time, less than half (46%) were able to take all their children with them, more than 1 in 3 (37%) were unable to take any of their children, and 17% took some of their children (Table 9.11 and Chart 9.7).

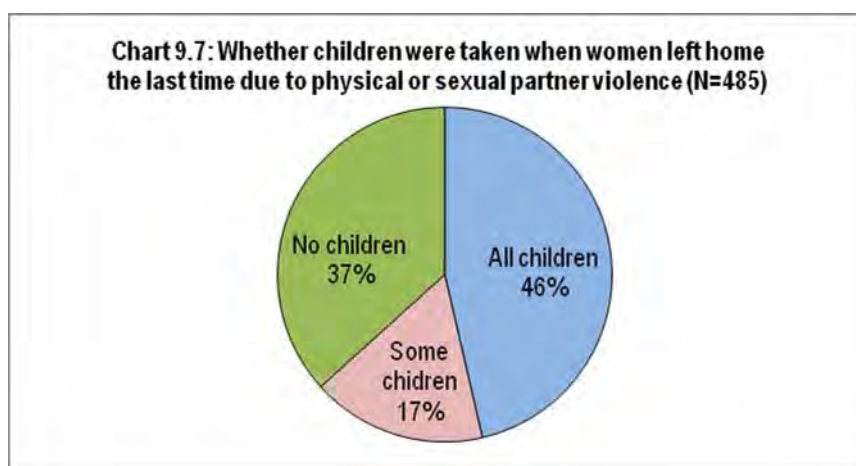
Of the 260 women who were unable to take all their children with them last time they left, almost 2 in 5 (38%) were prevented from doing so by their husband/partner. In 16% of cases, children were not at home when the woman left, in 10% of cases the children refused to go with her, and in 7% of cases she had no transport to take them with her (Table 9.11).

³¹ The breakdown of the number of days away from home is not shown on a table – the median number of days is shown on Table 9.8.

Table 9.11: Number and percentage of women who took, or did not take, the children when they left home last time due to partner violence (N = 485 women who had left at least once and had children living with them at that time)

Number of children taken	Number	%
All children	225	46%
Some children	82	17%
No children	178	37%
Reasons for not taking all the children the last time the respondent left home* (percentage of 260)		
Children were not at home at the time	41	16%
Prevented from taking the children	99	38%
Children refused to leave	26	10%
No transport to take the children	17	7%
Other reasons	100	38%
Total who did not take all the children when they left home last time	260	100%

* Percentages do not add to 100% for the reasons for not taking the children because respondents could give multiple answers to this question.



As noted above, all but 5 women returned home after leaving their husband. In about 1 in 5 cases, the reasons women gave for returning were either that she forgave her husband (23%), or she didn't want to leave the children (19%). Considering that most women stayed with their relatives when they

left, it is important to note that in 16% of cases they returned to the husband/partner because their family told them to do so. Almost 1 in 5 also mentioned reasons related to the sanctity of marriage (14%) and family honour (4%). Other main reasons given were that she loved him (13%), and that she thought he would change (10%). Although bride price was only mentioned by 7% of women as a reason for returning, bride price is connected to several of the reasons already mentioned: the fact that the family told her to return; not wanting to leave the children; the belief in the sanctity of marriage and family honour. No women mentioned any legal actions, such as obtaining a domestic violence order or restraining order (Table 9.12).

Table 9.12: Reasons women gave for returning after leaving home temporarily, among those who reported having left and returned at least once (N = 572)

Reasons for returning home after leaving temporarily	Number	%*
Forgave him	130	23%
Didn't want to leave the children	108	19%
Family said to return	91	16%
Belief in the sanctity of marriage	78	14%
Love him	73	13%
Thought he would change	56	10%
Bride price was paid	42	7%
Couldn't support the children	27	5%
For the sake of the family/children (family honour)	21	4%
Fear of black magic/sorcery	10	2%

Reasons for returning home after leaving temporarily	Number	%*
Violence was normal/not serious	7	1%
Received counselling	4	1%
He used a love spell	4	1%
Couldn't stay there (the place where she went when she left home)	3	1%
He threatened her/children/her family	2	0.3%
He asked her to go back	1	0.2%
Other reasons	100	17%

* Percentages do not add to 100% because respondents could give multiple answers to this question.

The 604 women who have never left home despite living with physical and/or sexual violence were asked why they had stayed with their husband/partner. Not wanting to leave the children was the main reason for 41% of women and another 6% mentioned that they could not support the children if they left. Forgiveness of her husband and love for him were also important reasons mentioned by 27% and 25% of women respectively, and 9% thought he would change. Belief in the sanctity of marriage was the main reason for almost 1 in 4 women (23%), and family honour was mentioned by 11% (Table 9.13).

Table 9.13: Reasons for never leaving despite violence from their husband/partner (number and percentage of women experiencing partner violence who never left home temporarily, N = 604)

Reasons for never leaving	Number	%*
Didn't want to leave the children	247	41%
Forgave him	162	27%
Love him	148	25%
Belief in the sanctity of marriage	138	23%
Didn't want to bring shame on the family (family honour)	67	11%
Bride price was paid	58	10%
Thought he would change	56	9%
Family said to stay	39	6%
Violence was normal/not serious	37	6%
Couldn't support the children	36	6%
Nowhere to go	24	4%
Fear of black magic/sorcery	16	3%
Didn't want to be single	10	2%
He threatened her/children/her family	8	1%
He used a love spell	4	1%
Got a domestic violence court order or restraining order	1	0.2%
Other reasons	147	24%

* Percentages do not add to 100% because respondents could give multiple answers to this question.

Sadly, 4% said that they had not left because they had nowhere to go. This is consistent with the finding above (Table 9.10) that about 2% of women had nowhere to go but the street. Only 1 woman mentioned that she had stayed because she obtained a domestic violence or restraining order. Although VWC and the 2 branches in Sanma and Tafea facilitated about 500 domestic violence court orders from July 2002 until they were phased out in early 2010 following the gazetting of the Family Protection Order Bill, the vast majority of these were issued to women in the urban areas of Luganville and Port Vila; it was very difficult for women in remote areas to obtain a domestic violence court order, since these could only be issued by travelling magistrates.

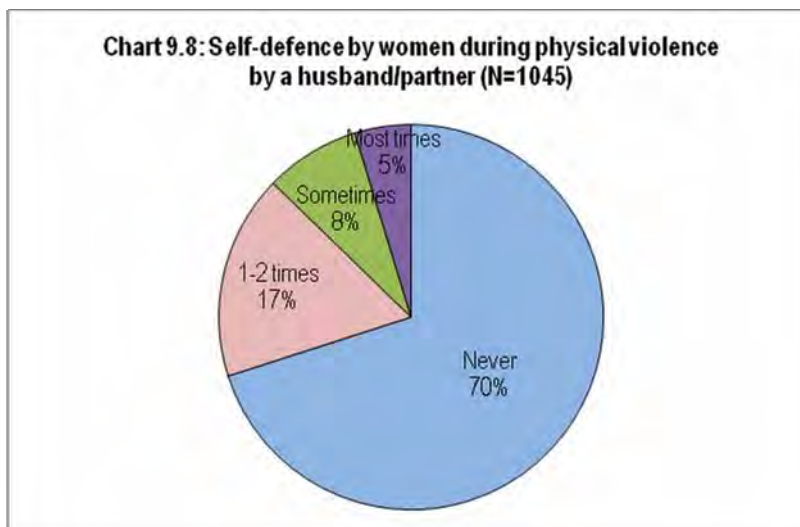
As noted above, although 10% mentioned bride price, several reasons mentioned by respondents can be linked to bride price. These include: not wanting to leave the children, belief in the sanctity of marriage and family honour, and being told to stay with the husband by the family (6%).

Self-defence

Women who experienced only physical partner violence (1045) were asked about whether they ever defended themselves by fighting back, or whether they ever initiated violence against their husband/partner. Only 3 in 10 women (30%) ever tried to defend themselves during a physical attack. Most of these women fought back 1 or 2 times (17% of the 1045 women who have ever been physically abused); 8% fought back sometimes and 5% fought back many times or most of the time (Table 9.14 and Chart 9.8).

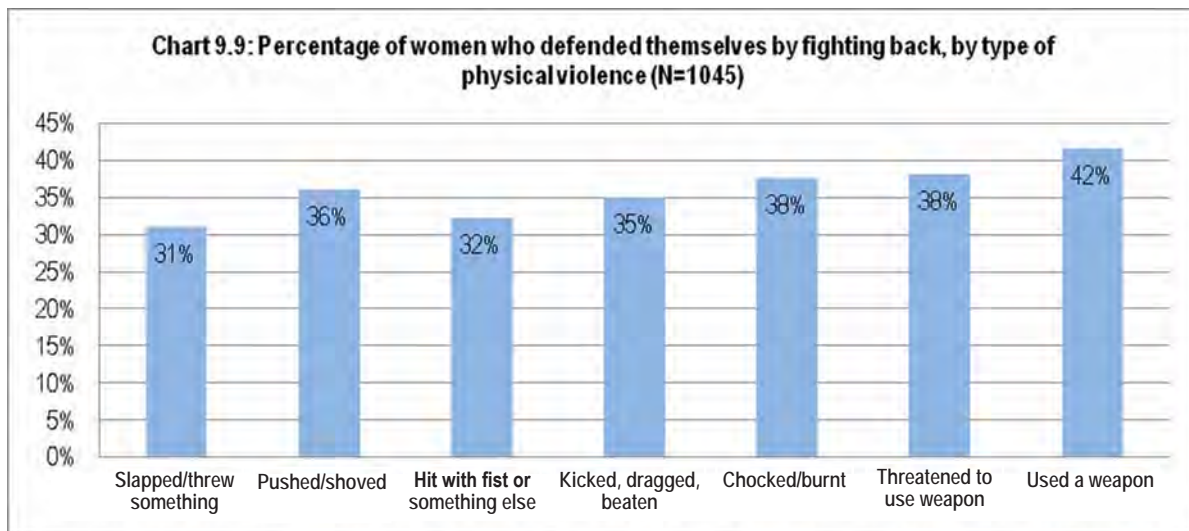
Table 9.14: Self-defence by women (number and percentage of women who fought back in response physical violence by their husband/partner, N = 1045)

Self-defence	Number	%
Never fought back	725	70%
<i>How often women defended themselves by fighting back</i>		
1-2 times	178	17%
Sometimes	83	8%
Many/most of the times	49	5%
Sub-total where women reported that they defended themselves	310	30%
No answer	10	
Total	1045	100%



Women were more likely to defend themselves by fighting back when the physical abuse was most severe and likely to cause them serious injury. Chart 9.9 shows the percentages of women who ever fought back, by the type of physical violence that they experienced. Among those women who were ever slapped, 31% ever fought back. This compares with 42% of those women who had a weapon used against them, such as

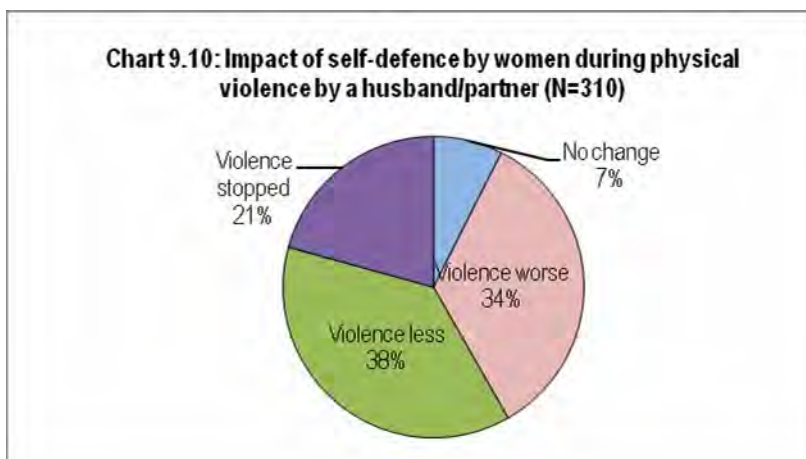
iron bar, a piece of wood, a knife or an axe; 38% who were threatened with a weapon, 38% who were choked or burned, and 35% who were kicked, dragged or beaten up. However, the majority (58%) did not defend themselves even when threatened with a weapon (Chart 9.9).



For 59% of those women who defended themselves, the violent incident either became less or stopped. For 34%, the violence became worse when they fought back, and for the remaining 7% there was no change in the level of physical abuse by the husband or partner (Table 9.15 and Chart 9.10).

Table 9.15: Women's views of the impact of self-defence, among women who reported fighting back (number and percentage of women who reported fighting back, N = 310)

Impact of self-defence during incidents of physical abuse	Number	%
No change	23	7%
Violence became worse	106	34%
Violence became less	116	38%
Violence stopped	64	21%
No answer	1	
Total	310	100%



The 1045 women who had ever been physically abused were asked whether they had ever hit or physically mistreated the husband/partner when he was not hitting or physically mistreating her. The majority (77%) had never done so; 23% or 241 women had been physically violent when he was not physically abusing her. In only 2% of cases did women hit or physically mistreat their husband/partner many times; in 6% of cases this occurred sometimes; and in 15% of cases it happened 1 or 2 times (Table 9.16). If we consider the total population of 2061 ever-partnered women in the sample, those who ever hit their husband when he was not physically abusing them would be less than 12%. The study did not assess the prevalence of physical violence by women towards men and these findings

should not be seen as an accurate estimate of that behaviour. VWC, its branches and CAVAWs have never had a case where a woman has initiated violence towards her partner.

Table 9.16: Women's violence towards their husbands/partners when they were not being beaten (number and percentage of women who ever experienced physical partner violence, N = 1045)

Women's violence towards husbands/partners	Number	%
Never hit or physically mistreated her husband or partner	793	77%
<i>How often women mistreated or hit husbands or partners</i>		
1-2 times	156	15%
Sometimes	65	6%
Many times	20	2%
Sub-total of women who hit or physically mistreated their husbands or partners when he was not hitting or physically mistreating her	241	23%
No answer	11	
Total	1045	100%
<i>Women who hit their husbands as a percentage of the total of 2061 ever-partnered women</i>	241	12%

9.2 DISCUSSION OF FINDINGS

Despite the control that many men exercise over their wives and partners, and despite the severe and ongoing violence that so many experience, women in Vanuatu have found ways to survive. Some have heard the messages about women's rights that VWC and other organisations have talked about over the past 15-20 years; they have taken these messages to heart, and tried to claim their right to live without violence. They have got information about where to go for help, they have asked for help, and some have gone to agencies and sought help several times. Most of those who have asked for help or left their husbands temporarily have done so because they couldn't take any more, they were badly injured, or they feared for their lives. The findings show that women do not seek help or leave home temporarily for frivolous or minor reasons – they do so because their lives are in crisis. Most need to leave home several times during their lives due to their husband's/partner's behaviour. They return because they forgive their husbands, because they need to care for their children, because their families tell them to do so, and because they believe in the sanctity of marriage. These reasons are all inherently related to the custom of bride price.

The women who ask for help show great courage and strength, particularly when we consider that several attitudes that condone or tolerate violence against women are widespread in the community. These women seek help because the violence and its consequences are serious. Their experiences reinforce the importance of ensuring that, when women do ask for help or leave their home, family members, chiefs, church leaders, friends and service-providers take their requests for help very seriously, and respond appropriately to ensure that their lives and their rights are protected.

Although it is positive that about half of the women who live with intimate partner violence have asked for help, it is important to emphasise that about half have not done so: 43% had never told anyone about the violence before the survey (Table 9.1), and 43% said that they would like more help to deal with the violence (Table 9.7). Furthermore, the number of women who have asked an agency for help (43%, Table 9.4) is considerably lower than the 56% who have ever told anyone about their husband's/partner's behaviour (Table 9.1). This was also the case in the WHO multi-country study (WHO 2005: 75-7). The lack of accessible services in most rural areas and islands is one possible explanation for the smaller numbers of women seeking help from an agency. However, there are other key barriers: the WHO concludes that "women living in violent relationships often experience feelings of extreme isolation, hopelessness and powerlessness that make it particularly difficult for them to seek

help" (WHO 2005: 79). In addition this study has shown that violent partners, through various controlling behaviours including restrictions on women's mobility and participation in organisations, often keep women isolated from potential sources of help. The fear and threat of more violence is another serious barrier to women seeking help, along with the belief that violence is "normal" or not serious.

Family members are usually the first people whom women tell about the violence, and the first ones they ask for help; family members are also the ones that many women would like more help from. This is not surprising and it highlights how important it is for the family to respond in a sensitive and supportive manner that respects women's rights, when they finally make the very difficult decision to tell someone, ask for help, or leave their home during crisis. According to the WHO multi-country study, women who have support from family and friends suffer fewer negative effects on their mental health, and are better able to cope with the violence (WHO 2005: 79).

For VWC, the important role that the woman's relatives play points to the need to increase awareness to clans of the causes and consequences of violence against women, and to strengthen the capacity of family members to provide the support that is needed. It also demonstrates the need for mass campaigns to ensure that everyone knows about the services that the VWC network can provide, and the best steps to take to help women living in violent relationships, particularly those in crisis. Although it is very positive that some women ask for help and leave temporarily because they know their rights and have information about where to go, there is also a need to build on this understanding and knowledge through both mass campaigns and face-to-face community education. It is important to remember that over half of abused women have lived with the parents or relatives of her husband or partner – these family members also need help to ensure that they support women living with violence.

There is strong evidence of high levels of social capital³² in Vanuatu, and this is a good foundation for further work to strengthen women's coping strategies – both for those who have already told someone and asked for help, and those who haven't yet taken that first step. This social capital is demonstrated by women's positive views of community safety, trust and cooperation, and their strong social networks. In addition, the rate at which women seek help from chiefs and church leaders is quite high in Vanuatu compared with other countries where the WHO methodology has been used (WHO 2005: 190-191; SPC 2009: 126; SPC 2010: 148). This is an indication of the trust that women place in these leaders, and the importance of their roles in the community. It underscores the need for chiefs and church leaders to fully understand the causes and consequences of violence against women, and to respond in ways which will protect women and their rights rather than increase their risk of further harm from violent husbands and partners. Chiefs and church leaders have enormous potential to challenge prevailing attitudes that condone violence, and to send a clear message that physical and sexual violence in intimate relationships is never acceptable, and not part of Vanuatu custom.

Unfortunately there is considerable anecdotal evidence from VWC's work with clients that some family members, chiefs, church and other community leaders and service-providers condone men's violence, or respond to women in a way that places a greater priority on the marriage or the wider family unit at the expense of women's safety and their rights. Sometimes, the fact that bride price has been paid reinforces the idea that women are men's property, which in turn reinforces the view that women must simply put up with the violence. In some cases, the Bible has even been used to justify this view. While most women do not want to leave their husbands and partners – they simply want the violence to stop – counselling women to reconcile regardless of the violence and threats has proved to be very damaging to women's health and to the overall functioning of the family unit as a whole.

³² Social capital describes social networks characterised by trust and reciprocity, which enable people to act for mutual benefit, resolve problems, and act collectively to promote well-being (Stone 2001).

In some cases health services may be the only agency that a woman approaches for assistance, because she is injured. Given the extensive and serious health impacts of intimate partner violence documented in previous chapters, health workers need to be able to respond appropriately when intimate partner violence is disclosed by their patients. They need to be able to refer women to the VWC network and the police if the women give permission to do so, and they need to ensure confidentiality and the safety of women living with violence.

Legal remedies appear to be used only as a last resort by women. As women's responses in this chapter have shown, seeking help is often triggered by severe violence and injury. In addition, men's response to women breaking out of the web of violence and control is sometimes to threaten her life, or to attempt to kill her. This makes it even more important for police to respond quickly and effectively to ensure that women are protected from further violence, in a manner that supports women's rights and their choices. The duty of care that this places on all police officers cannot be over-estimated.

Finally, the findings underscore the need for the Family Protection Act to be implemented urgently throughout the country, to provide women with an additional coping strategy. This is particularly important for areas that do not have police posts nearby. Implementation of the Family Protection Act by itself will send a clear message to all those who are in a position to support and help women that family violence is never acceptable; it will help to change and mould attitudes, and it will send the clear message to women that they do not have to live with violence. In particular, registered counsellors and authorised persons need to be recruited urgently in rural and remote areas, so that family protection orders can be issued to those women who need them.



CHAPTER 10: TRIGGERS, RISKS AND FACTORS THAT HELP TO PROTECT WOMEN FROM VIOLENCE BY HUSBANDS AND INTIMATE PARTNERS

Summary of main findings

- The most significant risk factors associated with women experiencing physical and/or sexual partner violence in their lifetime are the characteristics of her husband or partner. A woman is significantly more likely to experience violence if her husband/partner controls her behaviour, drinks alcohol or home brew, has affairs with other women, is violent with other men, or is unemployed.
- Women who grew up in violent families, were sexually abused as children, or agree with at least 1 justification for a man to beat his wife are more likely to experience intimate partner violence.

This section begins by presenting women's views of the situations that tend to trigger violence by their husbands/partners, in the context of their communication patterns. This is followed by a description of the method for the statistical analysis of risk and protective factors associated with violence by husbands and intimate partners. The factors that were found to be the strongest predictors of a woman experiencing partner violence are discussed, in addition to those characteristics that protect women from violence. (See Annex 6 for a glossary of statistical terms used in this chapter.)

10.1 SITUATIONS THAT TRIGGER VIOLENCE BY HUSBANDS AND INTIMATE PARTNERS

Women who have been subjected to physical partner violence were asked what types of situations tend to lead to violent behaviour by their husband/partner. On average, each woman gave 2 responses. Counsellors from the VWC network often hear women say that their husband or partner "hit me for no reason" and this anecdotal evidence is supported by the findings from the survey: for almost 1 in 3 respondents (30%) there was no specific trigger or reason for the man's violent behaviour (Table 10.1 and Chart 10.1).

Other triggers or situations that were commonly mentioned by women were: the man's jealousy of his wife or partner (mentioned by more than 1 in 4 women); no food at home (mentioned by 1 in 5 women); when he is drunk on alcohol (mentioned by 17% of women); and when she refuses sex (mentioned by 15%). Disobedience by the woman and the husband's desire to discipline her was also a common trigger mentioned by 23% of women in total (almost 1 in 4) including 19% where she was disobedient, and 5% where the man wanted to teach her a lesson (Table 10.1 and Chart 10.1). These findings confirm VWC's experience with counselling women who are living in violent relationships.

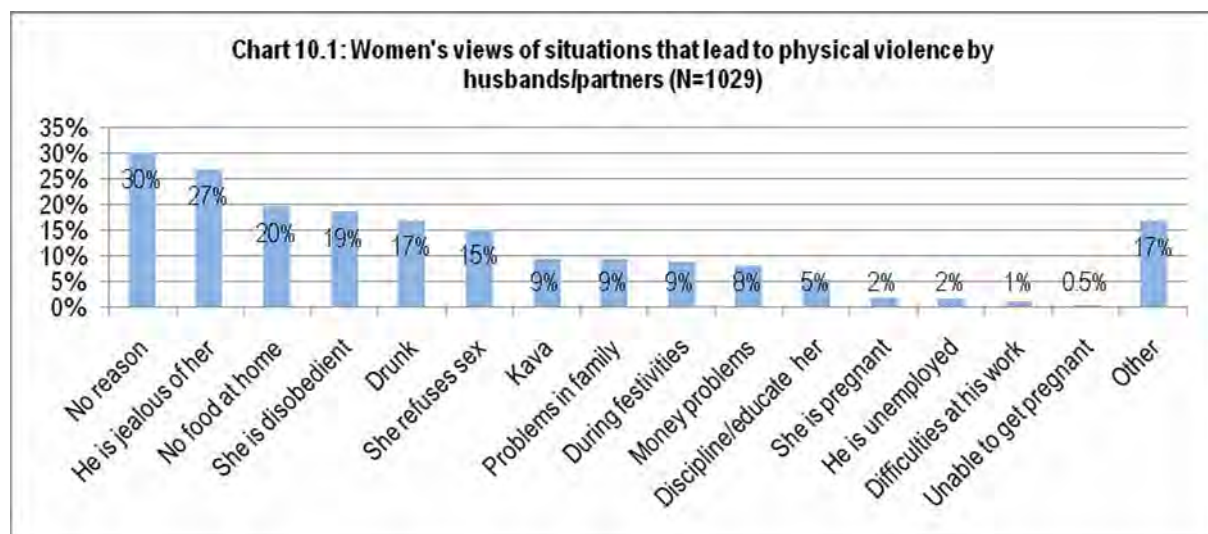
Other situations mentioned by almost 1 in 10 women (9%) were when he had been drinking kava, and when there were problems with his or her family (9%). Festivities such as national holidays and religious events were also mentioned by 9% of women as a time when physical violence occurs. Money problems were mentioned by 8% of women. While simply being pregnant was a trigger for a few men (mentioned by 2% of women), not being able to get pregnant triggered violence for others (0.5%). The husband's/partner's unemployment and difficulties at his work were also mentioned by 2% and 1% of women respectively (Table 10.1 and Chart 10.1).

There were few differences in the types of situations that triggered violence between rural and urban areas. However, refusing sex and having no food ready at home were somewhat more likely to trigger violence in rural areas than urban areas, and drunkenness by the husband/partner was more likely to trigger it in urban areas than rural areas. Women with higher education were a little less likely to mention disobedience, refusal of sex and having no food at home as triggers for violence, whereas jealousy was mentioned slightly more often by higher educated women.

Table 10.1: Women's views of situations that tend to lead to physical violence (number and percentage of women who mention each reason, among those who experienced physical violence from their husband or partner, N=1029)

Situations that women think trigger physical violence by husbands/partners	Number	%
No particular reason	308	30%
He is jealous of her	275	27%
No food at home	202	20%
She is disobedient	191	19%
When he is drunk on alcohol	174	17%
When she refuses sex	157	15%
When he has had kava	97	9%
Problems with his or her family	96	9%
During festivities	91	9%
Money problems	85	8%
He wants to teach her a lesson, educate or discipline her	56	5%
She is pregnant	20	2%
When her husband/partner is unemployed	18	2%
Difficulties at his work	13	1%
She is unable to get pregnant	5	0.5%
Other	173	17%

Note: Percentages are of 1029 because 16 women who experienced physical violence by their husband/partner did not answer this question. Percentages do not add to 100% because respondents could give multiple answers to this question.



It is interesting to compare the findings above with women's views about communication with their husbands/partners. Table 10.2 shows that most women have positive views about the discussions that take place daily with their husbands/partners, and almost 3 in 5 women (57%) said that they quarrel rarely with them. Only 6% of respondents said that they quarrel often, and 27% said that they quarrel sometimes with their husband/partner.

Sometimes, community leaders assert that if women did not quarrel so much, domestic violence would not occur. This view is not supported by any of the findings from the study, including those about quarrelling. One in 3 women (33%) admits to quarrelling sometimes or often, yet almost 60% have experienced physical and/or sexual violence in their lifetime. VWC's experience with clients is that women are frequently told they should not quarrel with men. This view reflects and reinforces unequal gender power relations. Women may be ashamed to admit that they quarrel. However, even if shame

has caused them to under-estimate the quarrelling that does occur, the findings indicate that advising women not to quarrel with husbands/partners is highly unlikely to help them avoid or prevent violence – particularly when one considers the triggers for violence, where women generally have limited or no control over the situations identified.

Table 10.2: Topics discussed and quarrels with current or most recent husband/partner (number and percentage of ever-partnered women, N = 2058)

Things that the respondent and her husband/partner generally discuss	No		Yes	
	Number	%	Number	%
Things that happened to him in the day	226	11%	1827	89%
Things that happened to her in the day	164	8%	1894	92%
Her worries or feelings	187	9%	1871	91%
His worries or feelings	220	11%	1838	89%
How often the respondent and her husband/partner quarrel				
Quarrel rarely			1171	57%
Quarrel sometimes			551	27%
Quarrel often			131	6%
Don't know/no answer			205	10%

10.2 METHOD FOR STATISTICAL ANALYSIS OF RISK AND PROTECTIVE FACTORS

By exploring the factors that increase or reduce women's risk of experiencing intimate partner violence, VWC hopes to identify the most effective approaches for preventing and responding to this serious problem. The sample group for the statistical analysis was ever-partnered women with known status regarding their experience of physical and/or sexual violence by an intimate husband or partner, and with known relationship status. The outcome variable was whether ever-partnered women experienced physical and/or sexual violence over their lifetime. Table 10.3 shows the breakdown of the sample included in the risk analysis.³³

Table 10.3: Sample for risk and protective factor analysis

	Number
Never experienced physical or sexual violence from a husband or partner in her lifetime	817
Experienced physical and/or sexual violence from a husband or partner in her lifetime	1233
Total	2050

The list of risk and protective factors included in the statistical analysis included factors relating to both the woman and her husband or intimate partner, and was based on the following considerations:

- existing models of risk analysis in other published studies of the prevalence of violence against women that used the WHO methodology, such as the recent studies in the Solomon Islands and Kiribati (SPC 2009; and SPC 2010);
- qualitative analysis based on long-term counselling experience by VWC of the risk factors associated with violence against women; and
- factors that appeared worthy of investigation, based on the descriptive tables included in earlier chapters, such as region (urban versus rural), location (province and island), education, age group, socio-economic status, women's income-generation, and women's attitudes to physical violence by partners.

³³ The figures for ever experienced physical and/or sexual violence by an intimate partner are slightly less than in Table 4.1, as is the total for ever-partnered women. Eleven respondents (from the sample of 2061 ever-partnered women used for most tables in earlier chapters) were excluded from the statistical analysis due to missing data across a range of variables.

Logistic regression analysis was used to assess the significance of the association between intimate partner violence and each potential risk or protective factor. Because the data was collected in clusters (province and island/enumeration area), the model used to analyse the data included a random province effect and a random island/enumeration area effect. The statistical analysis was done in 2 stages (Thomson and Helby 2011):

1. Uni-variable analyses: Each factor was assessed in isolation and was therefore the only variable to be specified in the model. For each variable, its statistical significance was calculated (P value), and the effects of each variable were identified in terms of odds ratios, relative to a reference category. Table 10.4 shows the statistical significance of each variable; many have a significant association with the experience of intimate partner violence in this first stage of the analysis.
2. Multi-variable analysis: These uni-variable models were then used to select candidate variables to construct a multi-variable model, to identify the factors which show the strongest association with the experience of physical and/or sexual violence by a husband or partner. The aim was to identify those factors that most significantly affect the likelihood of partner violence, after controlling for all other variables that were hypothesised as relevant. Variables with P values of more than 0.1 ($P > 0.1$) were excluded from further analysis, as were variables where 10% or more of the data were missing.³⁴ This resulted in 23 independent variables that were included in the model, in addition to two random variables (province and island/enumeration area). Typically, many variables become redundant in any multi-variable model, primarily because several risk factor variables are highly correlated; including one key risk factor may then account for variability explained by one or more other potential risk factors (for example, education level is highly correlated with socio-economic status). The strategy used to select the final model was one of backward elimination. That is, variables were sequentially dropped from the model, based on their P values. This was continued until all remaining variables were significant. Table 10.9 shows the results from this analysis.

10.3 FINDINGS FROM THE UNI-VARIABLE STATISTICAL ANALYSIS

Several observations can be made on the findings from the uni-variable analysis (Table 10.4). Even though the prevalence of intimate partner violence was consistently lower in urban versus rural areas, these differences were not significant. However, differences in prevalence between provinces and specific islands were significant and this was investigated further with location included in the multi-variable analysis.

Most factors in the women's background were found to be significant in this first round of analysis (Table 10.4). Although most of these are risk factors, education level and socio-economic status tend to protect women from experiencing violence. However, as the analysis of the findings on education level demonstrated in earlier chapters, the association between educational achievement and the experience of violence is not always straightforward, and applies most consistently to those women with higher education. The association between age and the experience of violence is also complex: while overall it appears that younger women aged 15-29 are at somewhat greater risk than those aged 30 to 49; on the other hand mature age cannot be seen as a protective factor since women in older age groups consistently experience intimate partner violence at very high rates. Overall, no single age group or cluster of age groups was any more or less likely to experience intimate partner violence than the total sample of ever-partnered women.

Similarly, the type of marriage ceremony appeared to be significant using uni-variable analysis, but the findings were complex; women who only have a religious ceremony (and not a custom or civil ceremony) were significantly less likely to experience violence in their relationship, as were those who had multiple ceremonies, including a combination of religious, custom and civil ceremonies. Having only

³⁴ Missing data refers to questions that respondents did not answer, or answered "don't know".

a custom ceremony does not protect women from violence, and nor is it a risk factor – this group experiences violence at about the same rate as the whole population of ever-partnered women.

Inter-generational factors emerge strongly from the uni-variable analysis as increasing women's risk of experiencing violence in their intimate relationships, with each of the following variables showing a highly significant association with intimate partner violence:

- the woman's mother being hit when the respondent was a child;
- the experience of physical violence since the age of 15 by people other than husbands or intimate partners, and in most cases this violence is inflicted by family members;
- the experience of sexual abuse since the age of 15; and
- the experience of child sexual abuse under the age of 15.

Attitudinal factors are also highly significant: agreeing with a least one justification for a husband hitting his wife increases the risk of experiencing violence. On the other hand, agreeing with at least one reason for a wife refusing sex also increases the risk of violence, even though the vast majority of women have a strong sense of their sexual autonomy and their right to refuse sex if they don't want it (96% of women agreed with at least 1 reason for refusing sex, see chapter 4).

It is interesting to note the factors that were not significant for increasing women's risk of violence, or protecting them from it. Women's relationship status was not significant – that is, women are just as likely to be subjected to physical and/or sexual violence by an intimate partner, regardless of whether they are married, living together, dating, or living apart. It also makes no difference whether bride price has been fully or partly paid. Although living with the husband's/partner's relatives significantly increases women's likelihood of experiencing violence, living with her own relatives does not protect her from violence (see Table 9.3); consequently, the variable of living with any relatives (either his or hers) was not significant and it neither protected women nor increased their risk of experiencing violence (Table 10.4).

Table 10.4: Uni-variable analysis of the association between ever-partnered women's experience of physical and/or sexual violence by husbands/partners, and the characteristics and risk factors of the woman and her husband/partner (P values)

Characteristics, risk and protective factors	P value* ** *** (and % of missing data)
Random variables	
Region (urban versus rural areas)	0.354 (not significant)
Location (province, Port Vila and Luganville)	0.051
Enumeration area/island	0.015*
Characteristics relating to the woman	
Woman's age group	0.005**
Woman's education level	0.002**
Woman's socio-economic status	<0.001***
Relationship status (whether married, living together, dating or living apart)	0.033 (not significant)
Marriage ceremony	<0.001***
Living with either her relatives or the husband's/partner's relatives	0.828 (not significant)
Woman chose her partner/husband	0.015 (more than 10% missing)
Bride price fully paid, partly paid	0.101 (not significant)
Number of children	0.077 (not significant)
Woman earns own income	<0.001***
Woman's mother was hit by husband/partner when respondent was a child	<0.001***
Woman experienced non-partner physical abuse over the age of 15 years	<0.001***

Characteristics, risk and protective factors	P value* ** *** (and % of missing data)
Woman experienced non-partner sexual abuse over the age of 15 years	<0.001***
Woman experienced child sexual abuse under the age of 15 years	<0.001***
Woman agrees with at least 1 justification for a husband hitting his wife	<0.001***
Woman agrees with at least 1 reason for refusing sex with husband/partner	<0.001***
Woman's alcohol or home brew consumption	0.016*
Woman's kava consumption	0.025*
Characteristics relating to the husband or partner	
Husband's/partner's age group	0.002 (more than 10% missing)
Husband's/partner's education level	0.005 (more than 10% missing)
Husband's/partner's employment status	0.004**
Husband's/partner's alcohol or home brew consumption	<0.001***
Husband's/partner's kava consumption	<0.001***
Husband's/partner's drug use	<0.001***
Husband's/partner's gambling behaviour	0.001
Husband's/ partner's mother was beaten when he was a child	<0.001 (more than 10% missing)
Husband/partner saw/heard his mother being beaten when he was a child	<0.001 (more than 10% missing)
Husband/partner was beaten regularly by someone in his family	<0.001 (more than 10% missing)
Husband/partner has been violent with other men	<0.001***
Frequency of husband's/partner's violence with other men	<0.001***
Husband/partner had another relationship while with the respondent	<0.001***
Husband/partner had a child from another relationship while with the respondent	<0.001***
Husband/partner had at least 1 controlling behaviour towards the respondent	<0.001***

P values are based on a 2x2 chi-square test of the lifetime experience of physical and/or sexual violence (experienced versus never experienced) and each variable, and are not adjusted to take other variables into account. The lower the P value, the stronger the association between the variable and the experience of intimate partner violence: * indicates significant; ** indicates very significant; and *** indicates extremely significant.

All factors relating to characteristics of the husband or partner were also found to be significant during the uni-variable analysis, but the associations were not always straightforward (Table 10.4). Unemployed men are more likely to be physically violent to their wives/partners, as are those who drink alcohol, home brew or kava more than once a month, those who use drugs weekly or occasionally, and those who gamble occasionally. However, it is important to recognise that not all men with these characteristics abuse their wives and partners, and men without these characteristics may also do so. Overall, women reported that almost half of the husbands/partners (46%) never drink alcohol or home brew, and 9 in 10 (91%) never gamble. Yet 60% of women have experienced violence in their relationships. On the other hand, 72% of men drink kava, and the majority drink it daily or weekly (Table 10.5), and some of these men have never hit or beaten their wives.

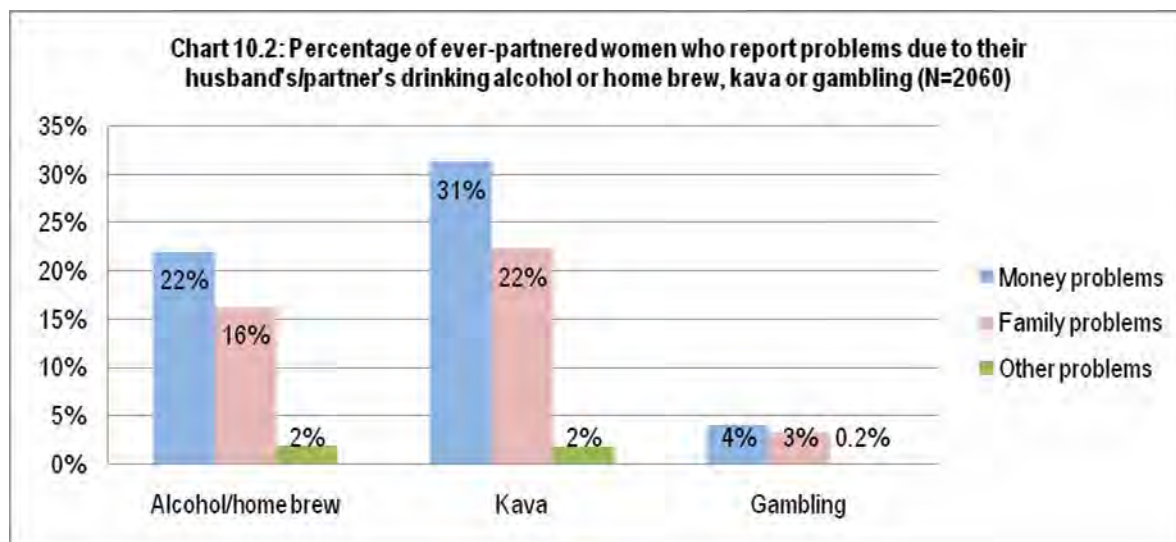
Table 10.5: Husband's use of alcohol or home brew, kava and gambling in the past 12 months (number and percentage of ever-partnered respondents, N = 2058, 2060)

Frequency of drinking or gambling	Alcohol or home brew		Kava		Gambling	
	Number	%	Number	%	Number	%
Every day	50	2%	800	39%	20	1%
Once or twice a week	204	10%	501	24%	57	3%
Once or twice a month	270	13%	154	7%	50	2%
Occasionally, about once or twice a year	556	27%	19	1%	22	1%
Don't know/don't remember	25	1%	17	1%	29	1%
<i>Sub-total who drink or gamble</i>	<i>1105</i>	<i>54%</i>	<i>1491</i>	<i>72%</i>	<i>178</i>	<i>9%</i>
<i>Sub-total who never drink or gamble</i>	<i>953</i>	<i>46%</i>	<i>569</i>	<i>28%</i>	<i>1882</i>	<i>91%</i>
Frequency of drinking or gambling	Alcohol or home brew		Kava		Gambling	
	Number	%	Number	%	Number	%
Total	2058	100%	2060	100%	2060	100%

Table 10.6 and Chart 10.2 show the percentages of husbands/partners in the total sample of ever-partnered respondents where women reported that there are money, family or other problems due to their drinking of alcohol, home brew or kava, or due to their gambling behaviour. Almost 1 in 3 ever-partnered women (31%) report that there are money problems due to their husband's/partner's drinking of kava, and more than 1 in 5 (22%) report family problems due to kava-drinking. More than 1 in 5 women (22%) also report money problems due to drinking alcohol or home brew, and 16% report family problems. These are worrying figures, regardless of the links with violence against women.

Table 10.6: Problems due to husband's/partner's use of alcohol or home brew, kava and gambling in the past 12 months (number and percentage of all ever-partnered respondents, N = 2058, 2060)

Type of problem from drinking or gambling	Alcohol or home brew (N=2058)		Kava (N=2060)		Gambling (N=2060)	
	Number	%	Number	%	Number	%
Money problems	453	22%	645	31%	85	4%
Family problems	335	16%	459	22%	67	3%
Other problems	40	2%	38	2%	4	0.2%



If we consider only those families where husbands/partners drink or gamble, the scale of the problems experienced is even more alarming, with almost 1 in 3 women reporting family problems due to drinking alcohol, home brew or kava, and more than 2 in 5 reporting money problems due to these behaviours. Although the number of men who gamble is relatively small, those families are even more likely to experience money and family problems (Table 10.7).

Table 10.7: Problems due to husband's/partner's use of alcohol or home brew, kava and gambling in the past 12 months (number and percentage of respondents who reported that their husband/partner drinks or gambles, N = 1105 [alcohol/home brew], 1491 [kava] and 178 [gambling])

Type of problem from drinking or gambling	Alcohol or home brew (N=1105)		Kava (N=1491)		Gambling (N=178)	
	Number	%*	Number	%*	Number	%*
Money problems	453	41%	645	43%	85	48%
Family problems	335	30%	459	31%	67	38%
Other problems	40	4%	38	3%	4	2%

* Percentages are based on the number who use alcohol/home brew or kava, or who gamble, reported in Table 10.5.

Inter-generational factors are also important predictors of whether or not men will be violent in their relationships: a man is more likely to beat his own wife/partner if his mother was beaten when he was a child; and if he was beaten regularly as a child by someone in his own family (Table 10.4). These findings – and those noted above on inter-generational factors for women – suggest that violence is learned behaviour. However, it is important to remember that some of those men whose mothers were beaten and who were beaten themselves are not physically abusing their wives and partners. Conversely, some of those who were not beaten as children, and whose mother was not beaten, are now physically abusing their wives and partners – in these cases, the violent behaviour has also been learned, based on pervasive gender inequality and a more general tolerance for violence in Vanuatu society. In more than 1 in 4 cases, respondents knew that their husbands'/partners' mothers were beaten (23%), and in 29% of cases they knew that he had also been regularly beaten as a child (Table 10.8).

Table 10.8: Characteristics of husbands/partners (number and percentage of ever-partnered respondents, N = 2050)

Characteristics relating to the husband or partner	Yes		No		Not sure/no answer	
	N	%	N	%	N	%
Husband's/partner's mother was beaten*	481	23%	1141	56%	428	21%
Husband/partner saw or heard mother beaten*	443	22%	1167	57%	440	21%
Husband/partner regularly beaten as a child	597	29%	1204	59%	249	12%
Husband/partner violent towards other men	524	26%	1446	71%	80	4%
Husband/partner had a relationship with another woman while being with respondent	551	27%	1436	70%	63	3%
Husband/partner had children with another woman while being with respondent	200	10%	345	87%	69	3%

* In 23 cases the husband's/partner's parents did not live together – these are included in “not sure/no answer”.

Men are also more likely to be violent towards their wives and partners if they are violent towards other men, and if they have affairs with other women (Table 10.4). Among the total population of ever-partnered women, more than 1 in 4 husbands/partners (26%) had been violent towards other men. In addition, respondents said more than 1 in 4 husbands/partners (27%) had relationships with another woman while they were still with her, and in 10% of cases the respondent also knew that he had children with another woman while being with her (Table 10.8).

One interesting finding to emerge from the uni-variable analysis is that some women do not know about some key characteristics of their husbands/partners. For example, more than 1 in 5 women (21%) did not know whether their husband/partner had seen or heard his own mother being beaten as a child, and more than 1 in 10 (12%) did not know whether her husband had been beaten regularly by someone in his family. Due to these high percentages of missing data (because women did not know these things about their husbands) these factors were not able to be included in the multi-variable analysis. However, they have been found to be strongly associated with intimate partner violence in a range of other countries, including in the Pacific (SPC 2009: 148; SPC 2010: 169).

10.4 FINDINGS FROM THE MULTI-VARIABLE STATISTICAL ANALYSIS OF RISK AND PROTECTIVE FACTORS

The multi-variable analysis resulted in 14 factors or variables that are the strongest predictors of women experiencing physical or sexual violence from a husband or partner in her lifetime, after controlling for all other factors. These all have a robust evidence base for developing conclusions and recommendations for future prevention strategies. These 14 factors are of three different types:

1. Five variables relate to risk factors in the partner's/husband's behaviour.
2. Seven variables relate to the background characteristics of the woman respondent.
3. Two variables relate to location (province and island/enumeration area).

For each of these factors, Table 10.9 shows both the P value (a measure of statistical significance), and the adjusted odds ratio for each variable. The odds ratio gives an estimate of the likelihood that any woman who has that particular characteristic will experience partner violence in her lifetime, compared with a reference group. Odd ratio values of more than 1 indicate that the factor or characteristic (independent variable) is associated with a *greater* risk of violence compared to the reference category; values less than 1 indicate less risk of experiencing violence and these variables are protective factors. A 95% confidence interval that includes an odds ratio of 1 indicates the risk is not significantly different to that in the reference group.

Table 10.9: Multivariable analysis of ever-partnered women's likelihood of experiencing physical or sexual violence by their husband/partner in their lifetime, by background characteristics and risk factors (P values and adjusted odds ratios using logistic regression analysis)

Characteristics, risk factors	Odds ratio (adjusted for all other risk factors)	95% confidence interval for the odds ratio		P value * * * **
		Lower	Upper	
Characteristics relating to the husband or partner				
<i>Husband/partner had at least one controlling behaviour towards the respondent</i>				<0.001***
No	1.00			
Yes	4.30	4.16	4.45	
<i>Husband's/partner's alcohol or home brew consumption</i>				<0.001***
Never drinks	1.00	Reference group		
Drinks rarely or never (less than once per month)	1.55	1.50	1.62	
Drinks once or twice per month	2.02	1.84	2.22	
Drinks every day or once or twice per week	1.82	1.67	1.98	
<i>Husband/partner had another relationship while with the respondent</i>				<0.001***
No	1.00	Reference group		
May have done	2.22	0.18	27.28	
Yes	2.44	2.34	2.55	
<i>Husband/partner has been violent with other men</i>				0.024*
No	1.00	Reference group		
Yes	1.39	1.33	1.44	
<i>Employment status of husband or partner</i>				0.047*
Working	1.00	Reference group		
Disabled	2.58	0.15	43.33	
Retired	0.39	0.30	0.52	
Student	1.22	0.59	2.52	
Unemployed/looking for work	1.21	1.17	1.25	
Characteristics relating to the woman				
<i>Woman's alcohol or home brew consumption</i>				0.002**
Drinks rarely or never (less than once per month)	1.00	Reference group		
Drinks every day or once or twice a week	2.35	2.04	2.71	
<i>Woman experienced non-partner physical abuse over the age of 15 years</i>				0.004**
No	1.00	Reference group		

Characteristics, risk factors	Odds ratio (adjusted for all other risk factors)	95% confidence interval for the odds ratio		P value * ** ***
		Lower	Upper	
Woman experienced non-partner physical abuse over the age of 15 years				0.004**
No	1.00	Reference group		
Yes	1.52	1.46	1.58	
Woman's mother was hit by a husband/partner when the respondent was a child				0.005**
No	1.00	Reference group		
Yes	0.99	0.89	1.10	
Yes and woman saw or heard the violence	1.48	1.44	1.53	
Earning her own income				0.011*
No	1.00	Reference group		
Yes	1.53	1.45	1.61	
Woman experienced child sexual abuse				0.024*
No	1.00	Reference group		
Yes	1.51	1.41	1.61	
Socio-economic status				0.028*
Low	1.00	Reference group		
Medium	0.82	0.79	0.85	
High	0.53	0.48	0.60	
Woman agrees with at least one justification for a husband hitting his wife				0.063
No	1.00	Reference group		
Yes	1.28	1.23	1.32	
Random variable: location				
Location				0.040*
Port Vila	0.41	0.21	0.80	
Luganville	0.81	0.41	1.59	
Torba	0.67	0.35	1.30	
Sanma	2.02	1.08	3.78	
Penama	1.64	0.87	3.07	
Malampa	2.44	1.29	4.60	
Shefa	0.33	0.18	0.64	
Tafea	1.65	0.87	3.12	
Enumeration area/island	Numbers too small to identify specific islands			0.035*

P values are adjusted for all other variables using multi-variable logistic regression analysis: * indicates significant; ** indicates very significant; and *** indicates extremely significant.

Factors relating to the husband's/partner's behaviour

Three of the 5 factors relating to the husband's or partner's behaviour are the most significant predictors of a woman's likelihood of experiencing violence in her relationship. These are as follows (Table 10.9):

- i. Controlling behaviours by the husband/partner (P value extremely significant at <0.001): Women who experienced at least one type of controlling behaviour by their husband/partner were 4½ times more likely to have been physically or sexually abused by him.
- ii. Alcohol or home brew consumption by husband/partner (P value extremely significant at <0.001): Women with husbands/partners who drink are between 1½ to over 2 times more likely to suffer from physical or sexual partner violence. Women with husbands/partners who rarely drink (once or twice a year) are 1½ times more likely to suffer from violence compared with women whose husbands never drink. This risk increases to 2 times more likely for women whose husbands drink once or twice a month, and is almost 2 times more likely for those who

- drink once or twice per week or more. This does not mean that drinking alcohol or home brew causes the violence, although it may trigger it.
- iii. Husband/partner having a relationship with another women while with the respondent (P value extremely significant at <0.001): Women with husbands/partners who had a relationship with another woman while being with the respondent are about 2½ times more likely to suffer from physical or sexual violence from their husbands/partners.
 - iv. Violence towards other men (P value very significant at 0.024): Women whose husbands have been involved in a physical fight with another man are almost 1½ times more likely to suffer from violence compared with women whose husbands have never been physically violent with others.
 - v. Employment status of the husband/partner (P value very significant at 0.047): Women whose husbands are unemployed are about 1¼ times more likely to suffer from violence compared with women whose husbands are working.

Factors relating to the background characteristics of the woman

There are 7 background characteristics of the woman that are significant after all other variables are controlled. If a woman experiences several of these factors, particularly in her childhood, she is at greater risk of having a relationship with a husband or partner who is violent and controlling. It should be emphasised that most of these factors are largely beyond her control, particularly those that relate to abuse as a young adult or child, and they should not be mis-interpreted as causes of violence. These factors are as follows (Table 10.9):

- i. Frequent consumption of alcohol or home brew (P value very significant at 0.002): Women who frequently consume alcohol are more than twice as likely to experience partner violence compared with women who never drink, or who drink rarely or occasionally. Frequent drinking is defined as at least once a week or more. This may be a reaction to the experience of intimate partner violence, or a trigger for a violent act, or both. Anecdotal evidence from VWC's work with clients is that there are a few who have drunk occasionally or frequently because of the violence from their husbands/partners; there are also a few who have been beaten after drinking alcohol or home brew, and this may occur whether she has been drinking with her husband/partner, or without him. Drinking frequently requires an income, and while a lot of women experience violence (60% of all ever-partnered women, Table 4.1) only 7% of all ever-partnered women drink frequently (Table 10.10). Another consideration is that studies in several countries have shown that women who have been sexually abused as children (which is strongly associated with intimate partner violence) and those subjected to either physical or sexual partner violence are also more likely to abuse alcohol (WHO 2010: 15; and UN 2006a: 48).
- ii. The experience of non-partner physical violence (P value very significant at 0.004): Women who were physically abused by people other than their husbands and partners are 1½ times more likely to also experience violence from their partner or husband, compared with those who did not report non-partner physical violence.
- iii. Mother hit by the respondent's father or partner (P value very significant at 0.005): Women who actually saw and/or heard their mother being abused were 1½ times more likely to experience intimate partner violence than those women whose mothers did not suffer from physical violence. Among all ever-partnered women, about half (51%) said that their mother was hit when they were children, by their father or their mother's partner; 44% actually saw or heard this violence (Table 10.10).
- iv. Earning her own income (P value significant at 0.011): Women who earn an income are 1½ times more likely to experience partner violence compared with those who do not earn any income. (This association has already been discussed in chapter 8.)

- v. Child sexual abuse (P value significant at 0.024): Women who were sexually abused as children were 1½ times more likely to experience partner violence from their husband or partner than women who did not suffer from any child sexual abuse.
- vi. Socio-economic status (P value significant at 0.028): Women classified as being in the higher socio-economic status group were about half as likely to experience partner violence as those in the low socio-economic group, after adjusting for other key factors. Although higher education did not prove to be a significant protective factor after controlling for all other variables, it is important to keep in mind that high socio-economic status is also closely associated with higher education levels.
- vii. Agreement with one or more justification for a man to beat his wife (P value of 0.063): Women who agree with one or more reasons were more than 1¼ times more likely to experience partner violence than women who did not agree with any reason for a husband to beat his wife. While this factor was not as significant as others after controlling for all other variables, the odds ratio suggests that these attitudes are indeed a risk factor, and this effect would be compounded if women had any of the other background characteristics mentioned above.

Table 10.10: Background characteristics relating to the woman (number and percentage of ever-partnered respondents, N = 2050)

Characteristics relating to the woman	Yes		No		Not sure/no answer	
	N	%	N	%	N	%
Frequent consumption (once a week or more) of alcohol or home brew by the woman	147	7%	1902	93%	1	0.05%
Frequent consumption (once a week or more) of kava by the woman	461	22%	1588	77%	1	0.05%
Woman's mother was hit by her father (or by her mother's husband/partner)	1038	51%	955	47%	57	3%
Woman saw or heard her mother being by her father (or by her mother's husband/partner)	909	44%	1084	53%	57	3%

Note: data on other characteristics of women that are risk or protective factors have been presented in earlier chapters.

Factors relating to location

The association between location and partner violence is less significant than most other factors discussed above (with a P value of 0.04). Nevertheless, after adjusting for all other variables, location did emerge as a protective factor (Table 10.9):

- i. Women who live in Port Vila and Shefa province are much less likely to experience partner violence in their lifetime than women in other provinces. These findings strongly suggest that the influence of VWC's counselling and community education work over the past 19 years has contributed to reducing women's risk of violence in Port Vila and Shefa, because these two places have no other significant differences with other locations where the survey was carried out.
- ii. Women who live in Malampa and Sanma provinces (excluding Luganville) are about twice as likely to experience partner violence, after adjusting for all the other factors. Malampa is the province where VWC has the least CAVAWs and has done the least community education. Even though Luganville does not have the low prevalence rates of Port Vila, they are substantially lower than the rest of Sanma and this also supports the conclusion that the work of the VWC network has been a protective factor.
- iii. Island and enumeration area also emerged as a factor indicating that some locations have a significantly higher or lower prevalence of physical and/or sexual violence by husbands and

partners than the national rate. However, it is not possible to identify which islands and enumeration areas demonstrate this effect.

10.5 DISCUSSION OF FINDINGS

The risk factors identified above have important implications for all stakeholders who aim to effectively prevent and respond to the problem of violence against women in intimate relationships. However, it is very important not to misconstrue any of these factors as causes of violence against women. As stated in the United Nations Declaration on the Elimination of Violence against Women, violence against women is the result of “unequal power relations between men and women” (UN 1993: preamble). Nevertheless, the findings on risk factors do give strong pointers to attitudes, beliefs and behaviours that need to change to strengthen prevention strategies on violence against women.

The strongest associations between risk factors and women’s experience of intimate partner violence related to the characteristics of the husband or partner. This underlines the crucial importance of working with men of all ages to prevent further violence.

Abuse of alcohol and home brew

The survey has demonstrated serious and widespread impacts on families from alcohol, home brew and kava drinking by men, with many families experiencing money or family problems or both as a result. For these reasons alone, frequent drinking of alcohol and kava need to be addressed, since these problems clearly bring considerable costs to families, communities and the nation as a whole. This study has identified drinking alcohol and home brew as a risk factor both for the men who perpetrate violence, and for the women who are subjected to violence, although very few women drink alcohol frequently compared with men. The strong association between drinking alcohol and intimate partner violence has been observed in many other countries. However, the evidence suggests that alcohol abuse by women is as much a consequence of violence as a trigger (WHO 2010: 21; UN 2006a: 34; SPC 2009: 144; and SPC 2010: 171).

These findings point to the need for community education on the impacts of alcohol and home brew, and for public health programs to reduce harmful consumption patterns. Currently there is little hard evidence internationally of the impact of programs to reduce alcohol consumption, although there are some promising approaches. These include community-based programs focused on reducing the availability of alcohol, increasing its price, and banning alcohol advertising, particularly advertising linked to key sporting and cultural events, and advertising targeted at young people (WHO 2010: 51-52). However, it is important for all stakeholders to recognise that alcohol and home brew are contributing factors or triggers of intimate partner violence, rather than causes. As noted above, the relationship between harmful use of alcohol and violence is complex, because not everyone who drinks commits violence; although 54% of husbands/partners drink alcohol or home brew, this compares with 17% of women who identify drunkenness by their husbands/partners as a trigger for his physical violence. Furthermore, it is important to recognise that reducing alcohol by itself will not necessarily reduce intimate partner violence, and it certainly will not eliminate it. Excessive and frequent drinking is only one of many risk factors.

Acceptance of violence as a form of discipline and punishment in the community

Several risk factors suggest that there is a wider pattern of acceptance of violence in general in the community, particularly as a form of discipline and punishment. These include women’s experience of non-partner violence since the age of 15 (which affects more than 1 in 4 women, see chapter 5), men

being beaten as children (which affects more than 1 in 4 men), and men being violent towards other men. Studies in other countries have also shown that exposure to violence during childhood increased both the likelihood of men perpetrating violence in intimate relationships, and of women being subjected to intimate partner violence (WHO 2010: 22). A qualitative study undertaken by the Pacific Children's Program (PCP) in Vanuatu also found high rates of child abuse: 73% of respondents in that study said they had seen or heard of various forms of abuse of children, including physical, emotional, sexual and neglect (PCP 2004 : 1, 7).

In addition, 3 in 5 women agree with one or more justification for a man to beat his wife. Other studies in Vanuatu have also found high levels of tolerance for physical violence as a form of punishment, particularly against women (Tor and Toka 2004: 43; and FSP 2005: 23, 26, 32). The acceptance of violence as a legitimate way of resolving conflict and meting out punishment, and the normalisation of these attitudes in the community, are a huge challenge for all stakeholders who aim to address the problem of violence against women. Not surprisingly, a review of evidence by the United Nations in a study on violence against children concluded that social acceptance of violence is a major problem that needs to be addressed in programs aiming to address the maltreatment of children, particularly the view that violence is acceptable when there is no lasting visible injury (UN 2006b: 9).

Several social commentators believe that Vanuatu generally has well-functioning traditional support networks and high levels of social cohesion compared with many other countries (for example, Freeland and Robertson 2010: vii); the data in chapter 9 on social capital support this view. There is great potential to address the problem of violence, particularly if Chiefs, church and other community leaders take up this challenge by condemning the use of violence as a form of punishment and discipline, and as a way of resolving conflict in relationships of any kind. A WHO review of evidence on effective approaches to prevent intimate partner violence concludes that strategies aimed at preventing all forms of child maltreatment are essential for reducing intimate partner violence. Promising approaches are: including non-violent and non-discriminatory attitudes and behaviours in school curricula; reinforcing good parenting behaviours including promoting non-violent forms of discipline; and school-based programs that help children to recognise the risk of sexual abuse in various situations (WHO 2010: 33; and UN 2006b: 9).

Inequality between women and men

The majority of risk factors that increase women's likelihood of experiencing intimate partner violence are related directly or indirectly to gender inequality in Vanuatu society. For example,

- seeing or hearing their mother beaten significantly increases the likelihood that men will perpetrate violence against their wives/partners, and that women will be subjected to intimate partner violence;
- agreeing that it is justified for a man to beat his wife increases women's risk of violence;
- women who are subjected to controlling behaviours by their husbands/partners have a greater likelihood of being physically or sexually abused by them; and
- men who have affairs with other women are more likely to physically or sexually abuse their wives and partners.

Also, behaviours and situations that challenge traditional gender roles are significant risk factors:

- a woman who earns her own income is more likely to be physically or sexually abused by her husband/partner;
- a woman who agrees with one or more reason for refusing sex is more likely to be physically or sexually abused by her husband/partner; and

- a woman who agrees with one or more reason for refusing sex is more likely to be physically or sexually abused by her husband/partner; and
- a man who is unemployed is significantly more likely to physically or sexually abuse his wife/partner.

These attitudes and behaviours are caused by unequal gender power relations, and they also reinforce inequality between women and men, as does the violence itself. Most of the associations between intimate partner violence and these behaviours and attitudes have also been found in studies in other countries, including in the Pacific (SPC 2009: 147-148; SPC 2010: 168-169; WHO 2005: 69; UN 2006a: 29, 34; and WHO 2010: 27-32). When women step outside traditional roles and expectations – by earning more money than her husband, being mobile and not accounting for her time when she is away from the home, making her own decisions, or refusing sex – violence is a way of maintaining male authority through “punishment”, “discipline” or “teaching her a lesson”, or as a way of resolving disagreements or conflicts in the relationship. A study by the United Nations Secretary General concluded:

“When a woman is subjected to violence for transgressing social norms governing female sexuality and family roles, for example, the violence is not only individual but, through its punitive and controlling functions, also reinforces prevailing gender norms. Acts of violence against women cannot be attributed solely to individual psychological factors or socio-economic conditions such as unemployment. Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or a history of exposure to violence, overlook the broader impact of systemic gender inequality and women’s subordination. Efforts to uncover the factors that are associated with violence against women should therefore be situated within this larger social context of power relations.” (UN 2006a: 29)

The close association between women’s experience of physical and/or sexual violence and controlling behaviours by the husband/partner highlights the fact that violent men use a range of strategies to exert power over and control women and has been demonstrated in a range of different studies (WHO 2005: 84; SPC 2009: 149; and SPC 2010: 173). The data from chapter 4 illustrated that unequal gender relations are maintained by a web of intimidation, emotional abuse, threats of violence, and various physically violent acts, in addition to controlling behaviours.

In addition, the situations most commonly mentioned by women as triggers for violence are also expressions of unequal gender power relations. Women most commonly report that their husbands/partners hit them for no reason, because they have been disobedient, or to discipline them. These triggers underline the fact that many men believe they have a right to treat women in this inhuman and degrading way. Other common triggers are directly linked to women stepping outside traditional roles or expectations, or not fulfilling men’s expectations of what a woman should do.

Many other studies have found that men who are violent towards their wives and partners are also more likely to have multiple sexual partners (WHO 2005: 69; SPC 2009: 149; and SPC 2010: 173). In the Vanuatu study, this link between violence and unfaithfulness was one of the strongest predictors of a woman experiencing violence. This is further evidence that gender inequality is the root cause of violence; as the WHO concluded, “the same notions of masculinity that condone male infidelity also tend to support male violence or control” (WHO 2005: 69). The fact that more than 1 in 4 women have husbands/partners who have other sexual partners is also a worrying finding because it puts women at increased risk of contracting sexually transmitted infections including HIV. The fact that 1 in 10 have children with more than one woman also has long-term and potentially damaging social consequences, including poverty among these women and their children.

Women's rights and information about services

All these findings highlight the need to focus on women's human rights including their right to equality as a centrepiece of any effective strategy to deal with violence against women in intimate relationships. With so many risk factors linked to gender inequality, it is clear that any long-term strategies to reduce violence against women must focus on changing attitudes about women's rights and gender inequality. The findings in chapter 9 showed that than 1 in 4 women said that they sought help because they knew their rights and more than 1 in 10 left home temporarily for the same reason; this has been the foundation stone of VWC's approach since its establishment, in addition to providing information about services.

The significance of location as a protective factor is a remarkable achievement for the VWC network; this is an association that has not been demonstrated in other Pacific countries where the WHO methodology has been used (SPC 2009 and SPC 2010), and it provides strong evidence of the need to continue using a rights-based approach. In addition, other strategies used by VWC have been recognised throughout the region and internationally as being on the cutting edge of prevention work; these include the home-grown strategy of community mobilisation through the establishment of CAVAWs; and the male advocacy program that trains and engages men to work for the advancement of women's rights and to reduce and confront violence wherever it occurs (AusAID 2008: 178-181).

While these programs need to continue, the findings also point to the need for more attention from all stakeholders in order to address the gender inequalities that cause violence against women. AusAID's 2008 study on violence against women in Melanesia highlighted the importance of transforming gender norms, and also the harm that can be done if stakeholders do not work within a rights-based approach (AusAID 2008: xi, 55).

This means challenging and changing attitudes and behaviours that condone violence towards women as a legitimate or "normal" form of punishment, including the beliefs that men have a right to punish or discipline women, that women are possessions owned by men, that men have the right to control women, and that women must submit to men in all respects. A review of evidence-based approaches to primary prevention of intimate partner violence by the WHO highlights the effectiveness of empowering women through participatory approaches, using mass media to challenge gender inequality and discrimination, working with men as VWC has done to advance women's rights, and mobilising communities as VWC has done with CAVAWs (WHO 2010: 40). Other promising approaches include addressing violence against women and gender inequality in primary and secondary school curricula, ensuring that violence against women and gender equality components are included in all youth activities and programs, and using entertainment education such as theatre to challenge gender-based discrimination and violence (AusAID 2008: 184-185).

CHAPTER 11: CONCLUSIONS AND RECOMMENDATIONS

11.1 CONCLUSIONS

This survey opens a door to women's lives: it challenges Vanuatu's view of itself as a happy nation that values and protects family and children. It explodes myths about who suffers from violence, the severity of violence and its impacts, and where it occurs. It reveals an intense web of intimidation, threats, humiliation, controlling behaviour and acts of physical and sexual violence imposed on the women who suffer from violence by their husbands and partners. It shows pervasive patterns of gender inequality in Vanuatu society, including widespread beliefs and attitudes that directly undermine women's human rights; and it shows that violence against women cannot be prevented unless these patterns of unequal power between women and men (gender power relations) are transformed.

The survey also shows that there are high levels of social cohesion and social capital in Vanuatu, with much respect and trust given to chiefs and church leaders. There is considerable support within the community in favour of women's rights and non-violent approaches to resolving conflict in families. These factors all put Vanuatu in a good position to reduce and prevent all forms of violence against women, by building on the positive work that has already been done by VWC and its branches and CAVAWS, other civil society organisations, government, chiefs and other community leaders.

Prevalence of violence against women

Vanuatu has alarmingly high rates of violence against women by husbands or intimate partners: 3 in 5 women experienced physical and/or sexual violence in their lifetime; 2 in 3 experienced emotional violence; about 1 in 4 was subjected to several forms of control by their husband or partner, and most of these were living with physical and sexual violence. Of those who experienced physical and/or sexual violence by husbands/partners, more than 1 in 5 also had their savings or earnings taken from them, and more than 2 in 5 had their husband/partner refuse to give them money for household expenses. Most women who are subjected to violence by husbands or partners experience multiple forms of violence.

The prevalence of intimate partner violence in Vanuatu is among the highest in the world. It occurs in all provinces and islands, and among all age groups, education levels, socio-economic groups and religions. Contrary to the expectations of some community leaders, rates of physical and sexual violence are higher in rural areas than in urban areas. For most women who experience physical or sexual violence, it occurs frequently, and it is often very severe, including being punched, dragged, kicked, beaten up, choked, burned, or hit with a weapon such as a piece of wood, iron bar, knife or axe. Pregnancy is a time of relative safety for some women living with violence. Nevertheless 15% of all women who have ever been pregnant have been hit during the pregnancy, and 1 in 10 have been hit or kicked in the stomach.

There are also high rates of physical and sexual violence against women committed by people who are not their husbands or intimate partners. Almost half of the women interviewed had experienced non-partner physical or sexual violence or both since they turned 15. Most non-partner physical abuse (experienced by more than 1 in 4 women) was by male family members, female family members, teachers and boyfriends. Most of the non-partner sexual abuse (affecting 1 in 3 women) was by boyfriends or male family members.

The prevalence of sexual abuse against girls under the age of 15 is also one of the very highest in the world. Almost 1 in 3 women were sexually abused before the age of 15 years, and the majority of

perpetrators were male family members and boyfriends. For more than 1 in 4 women, their first sexual experience was forced. These findings are disturbing because the survey has demonstrated that non-partner physical violence and child sexual abuse are both significant risk factors which increase the likelihood that women will be subjected to violence by their husbands and partners later in life.

The complex pattern of intimidation and multiple forms of violence experienced by so many women needs to be taken into account by all service providers, the law and justice sector, chiefs, faith-based organisations, civil society organisations and families who are asked to help women deal with violence. Controlling behaviours by husbands and partners prevent women from finding out about their legal and human rights, reporting the violence to authorities, and telling family, friends, or community and church leaders.

Attitudes to violence against women and women's rights

The high rates of all forms of violence against women including non-partner violence shows that the use of violence as a form of punishment and discipline is accepted as a normal part of behaviour within many families and communities. Women themselves minimise the impact of the violence on their health and well-being, and some say that they have not sought help because the violence was "normal".

Many women agree with a range of statements that seriously undermine women's rights – such as the notion that a good wife must obey her husband even if she disagrees with him, that the man should be the boss, that she becomes his property after bride price is paid, or that he should choose her friends. Between 40% and 53% of women agreed with these statements. Three in 5 women agree with at least 1 justification for a man to beat his wife: more than 1 in 3 believe that violence is justified if a wife is disobedient to her husband; more than 1 in 4 thinks it is all right for him to beat her to discipline her or teach her a lesson; and almost 1 in 3 believe that a man is justified in beating his wife if bride price has been paid. While most women have a strong sense of their sexual autonomy, between 12% and 23% are nevertheless unclear about their right to refuse sex in some situations, and 40% of women are unclear if they have the right to refuse sex if bride price has been paid. These attitudes demonstrate extraordinary control and power over women by men; they both reflect and perpetuate grossly unequal gender power relations.

Most women believe that bride price has a positive impact on how they are treated by their husband and his family. Anecdotal evidence indicates that women see bride price as positive because it confers legal rights on her and her children, and it secures her place and identity in the family. Nevertheless, the findings demonstrate clearly that bride price does not protect women from domestic violence. On the contrary, in relation to physical and sexual abuse by husbands and partners, the findings show that many women are confused about whether bride price protects their rights or undermines them.

On the other hand, it is important to remember that 2 in 5 women have not been physically or sexually abused by their husbands/partners, and more than 1 in 3 women do not agree with any justifications for a man to beat his wife. About half of respondents disagreed with each of the statements that undermine women's rights; this varied from 40% to 60% depending on the statement. In addition, although 4 in 5 women believe that family problems should only be discussed in the family, almost 3 in 4 believe that people outside the family should intervene if a man mistreats his wife. These findings indicate that there is a strong foundation of support in the community in favour of women's rights.

Education has enormous potential to help protect women from violence in their intimate relationships. Although the level of education was not a clear predictor of women's attitudes to violence, gender roles or women's human rights, all forms of violence tended to decline as the level of women's education

increased. The findings also indicate that primary and secondary schools could do much more to educate both boys and girls about human rights, and to reinforce the view that violence is never justified in any circumstances, and certainly not in intimate relationships.

Impacts of violence against women

The impacts of violence against women are wide-ranging and severe. They include serious short-term and long-term impacts on women's physical, mental and reproductive health; and impacts on children's emotional well-being and schooling, which reduce their opportunities for development and pre-dispose them to the risk of violence in their intimate relationships as adults. There are significant economic costs to communities and the nation to deal with these health and other impacts; and ongoing lost opportunities for social and economic development at community and national level.

The rates of injury from domestic physical and sexual violence are alarming and impose substantial social and economic costs, in addition to the pain and suffering of individual women. One in 4 ever-partnered women has been injured in her lifetime due to violence from her husband or partner, and 1 in 10 was injured in the previous 12 months before the survey. The data show that more than 2 women in Vanuatu are hurt badly enough every week to need health care, more than 2 are admitted to hospital every week, and between 1 and 2 women are knocked unconscious every week due to violence by intimate partners. Among those women who have been injured, more than 1 in 5 now has a permanent disability.

The impacts of physical, sexual and emotional violence on women's mental health have been underestimated. Women living with violence have more mental health problems and are between 3 and 4 times more likely to attempt suicide than women who are not experiencing violence. Women who have experienced physical or sexual violence have a significantly higher rate of miscarriage, and this is even higher for those physically abused during pregnancy.

Children living in families where their mothers are subjected to physical and/or sexual abuse are more likely to have a range of emotional and behavioural problems including aggressive behaviour towards their mothers and other children. They are also twice as likely as other children to repeat years of schooling, and to drop out of school. These long-term consequences for children are part of the overall economic costs of violence against women.

Women living with physical and/or sexual violence are more likely to have restrictions placed on their mobility and their participation in organisations, and they are more likely to be prevented from continuing their education. More than 2 in 3 women experience some form of coercive control by their husbands/partners; more than 2 in 5 need permission before getting health care and almost half before they undertake any activities. This type of control is bad for women's and children's health; it prevents women from taking opportunities and undermines their capacity to participate in social and economic development. Almost 1 in 3 women living with violence have had their work disrupted due to intimate partner violence, and women living with violence are more likely to have given up or refused a job due to their husband's/partner's behaviour. All these impacts have a negative effect on national economic and social development.

Women's coping strategies

Family members are usually the first people whom women tell about the violence, and the first ones they ask for help; they are also the people that many women would like more help from. When women do take the difficult step to ask for help outside the family or to leave home temporarily, they do so

because the violence and its consequences are severe – they cannot take any more, they are seriously injured, or they fear for their lives. About half of the women living with violence have been forced to leave home temporarily several times in their life. In these circumstances women usually seek help from chiefs, church leaders, health agencies and police. When women do ask for help or leave home temporarily, family members, chiefs, church leaders, friends and service-providers need to take their requests for help very seriously. They need to respond appropriately to ensure that women's rights are protected, and it is very important that they do not condone or excuse the violence. Given the evidence that violence continues throughout a woman's life, and the serious burden of injury that this imposes on women, the community and the economy, all stakeholders and service-providers need to take steps to stop the violence.

All stakeholders also need to take note of the serious reasons why women seek help or leave home temporarily, the reasons why more than 99% of these women have returned to the family home (often to face more violence), and the reasons why about half of the women living with violence have never left home at all. The most common reasons given by women are because they forgive their husband/partner, they don't want to leave their children, and several other reasons that are linked to the payment of bride price and belief in the sanctity of marriage, including advice from family members that they should stay with their husband/partner regardless of the violence.

11.2 RECOMMENDATIONS

Prevention

1. *All community awareness, education and training programs to address violence against women by all stakeholders must be explicitly based on a human rights and gender equality approach.*

The responses of government agencies, donor agencies, civil society organisations, chiefs, church and other community leaders need to be based on the following fundamental principles: violence under any circumstances is a crime; violence can never be justified or condoned on the basis of any tradition, culture or custom (including bride price); women have a right to live without violence; women and men are equal under Vanuatu's Constitution; and women and children can never be "owned" by men. A human rights and gender equality approach means that all training and awareness programs must be clear about the causes of violence against women, versus the situations that may trigger violent incidents: violence against women is caused by gender inequality in Vanuatu society; and violence reinforces the unequal power and control that many men have over their wives and partners. In other words, violence against women reinforces unequal gender power relations.

2. *Faith-based organisations should include human rights, gender equality, accurate information about violence against women, and non-violent methods of conflict resolution in their training and programs.*
3. *All training and other programs with men, particularly young men, must not perpetuate myths about violence against women nor condone men's control over women. In order for men to become effective advocates for women's human rights, programs with men must be based on accurate data and challenge attitudes that perpetuate gender inequality.*
4. *Programs with male perpetrators of violence against women must be based on sound evidence of effective strategies and carefully monitored to assess their outcomes. Such programs should not be supported by donors or local stakeholders unless they are firmly and explicitly based on a human rights approach which advances gender equality and women's rights.*
5. *All media organisations need to take care not to perpetuate or reinforce damaging myths about violence against women.*

The findings show that physical and sexual violence against women is part of a pattern of coercive and controlling behaviours, with men imposing power over women in a range of very damaging ways. If violence against women and children is to be prevented, programs and stakeholders working with men need to explicitly target pervasive attitudes and myths about violence and its impacts, by taking an evidence-based approach and using the data presented in this report. Some of the most damaging myths that need to be challenged and confronted are as follows: that women deserve to be punished or disciplined with violence (or that they “ask for it”); that the violence is not serious (that it is “just a slap”), and that women over-state the impacts of violence; that violence mainly occurs in urban areas; that sexual abuse is motivated by uncontrollable biological urges; and that men “own” women. Other myths exploded by the data in this report are that bride price protects women from violence, and that women are mainly home-makers who do not contribute much to family income or decision making. The media also has a very important role to play in raising awareness of women’s rights and the serious impacts of all forms of violence against women, and in shaping community attitudes.

6. *All stakeholders, agencies and programs that work with children need to have child protection policies, protocols and adequate monitoring and reporting on their implementation. This applies to government agencies at all levels, schools, health agencies, civil society organisations, sporting bodies and faith-based organisations.*
7. *Child protection, human rights, gender equality and non-violent methods of conflict resolution should be included in primary and secondary school curricula; these topics should also be included in primary and secondary teacher training curricula.*

Given the high rates of non-partner physical abuse and the sexual abuse of girls found in this and other surveys in Vanuatu, all agencies need to strengthen approaches to ensure that children are protected from physical and sexual violence. Sexual abuse of girls usually begins at an early age, and in the majority of cases the abuse occurs many times. All stakeholders, community leaders and family members need to respond assertively to child sexual assault to prevent further abuse. Effective child protection is a key primary prevention strategy for addressing the problem of intimate partner violence, since the survey has demonstrated that girls who experience non-partner physical or sexual abuse are more likely to be abused by their husbands/partners, as are girls whose mothers are abused. There is also evidence that boys who are regularly beaten or whose mothers were beaten are more likely to beat their own wives and partners.

It is important for teachers to be good role models for non-violent methods of conflict resolution. Both girls and boys need to be targeted at primary and secondary school levels for education on child protection, human rights, gender equality and non-violent methods of conflict resolution. Given the high rates of forced first sex and the use of coercion, this topic should also be included in the secondary school curriculum.

8. *All training and other programs with young women should include a focus on women’s human rights, gender equality and violence against women.*

Programs and stakeholders working with women, and particularly with young women, need to challenge community attitudes that undermine women’s rights. The findings show that abusive behaviour begins very early in some relationships. The high rates of forced first sex, the use of coercion and sexual assault by boyfriends to initiate sexual relations, and the evidence of physical abuse by some boyfriends all point to the need for assertiveness training and rights education targeted at young women. Young women need to be aware of the findings from this report, including the risk factors for intimate partner violence, the physical and mental health impacts of violence on women and children, and the findings on financial autonomy. Young women also need information about their legal rights,

child protection issues, where to get help, and how to help each other when their friends are physically or sexually abused.

Support services

9. *Service providers need to ensure that all staff are aware of the evidence in this report regarding the multiple forms of violence experienced by women: physical, sexual and emotional violence, physical abuse during pregnancy, intimidation, threats and controlling behaviours by husbands/partners including control over women's earnings, and refusal to provide money for household expenses. All service providers also need to be aware of the serious impacts of all these forms of violence, including physical injury, reproductive health problems, emotional distress, suicide risk, permanent disability, the impact on women's work and the impact on children.*
10. *All health staff need to be trained on the issue of violence against women. Assessment skills are needed for early detection of physical and sexual violence against women and children. Basic counselling skills are needed for dealing with victims in a non-judgemental, confidential, sensitive and respectful manner. These topics and the findings of this report need to be included in the nursing curriculum and refresher training for urban and rural health staff.*
11. *Protocols are needed in the health sector for the referral of victims of intimate partner violence and child abuse to other service providers (such as the VWC network and/or the police) and for ensuring that support and treatment is provided to women and children in a supportive and timely manner.*
12. *Training and services on mental health need to address the strong link found between physical, sexual and emotional violence against women, mental health problems, and significantly increased suicide risk. Specialist mental health staff such as a professional psychologist should be appointed to Port Vila hospital and specialist services should be available in rural areas to assist women who are traumatised by intimate partner violence.*

Health service providers are often the first point of contact for women living with violence and for children subjected to physical or sexual abuse. Health workers will treat women for injuries caused by intimate partner violence many times during their working life. This study has shown that women living with violence have much poorer health than other women; they are hospitalised more often, more likely to need medication for pain, anxiety and depression, more likely to need an operation, and more likely to have a miscarriage. Assisting women living with violence can be confronting and challenging and health workers need guidance and support to respond appropriately so that women's and children's needs are met and their rights are protected. Health service providers in rural and urban areas need to be open to awareness and training provided by VWC to help address this problem.

13. *Primary and secondary schools and other educational institutions need to have trained counsellors available to counsel girls and boys experiencing physical and sexual abuse, and to help address the emotional and other impacts experienced by children whose mothers are living in violent relationships.*

Training is needed to help teachers and school counsellors identify the behavioural and clinical symptoms of child sexual and physical abuse. Clear protocols need to be in place to ensure that responses are appropriate, and that they protect the rights and confidentiality of children in cases where either sexual or physical abuse is suspected. Consequences for not following these protocols also need to be clear and in place. Family violence (either child abuse and/or abuse of mothers) needs to be considered as a possible causal factor in cases of aggressive, anti-social or withdrawn behaviour among children. Schools must be safe places where female teachers, girls and boys are protected from physical and sexual abuse.

14. *A Victim Support Unit urgently needs to be established within the Vanuatu Police Force with staff trained and experienced in responding to crimes of violence against women and sexual and physical abuse of children.*
15. *The Police Family Protection Unit must be adequately resourced to respond effectively to cases of violence against women and child abuse throughout the country. At provincial level, police stations should have officers trained and dedicated to family protection cases, with adequate resources for transport and accommodation costs for cases to be followed up in remote areas.*
16. *The findings of this report should be included in police training curricula including refresher training for officers at all levels. Mandatory and refresher training should also be provided for all judicial officers and others in the law and justice sector on violence against women, human rights, gender equality and the findings of this survey.*

Staff from the Victim Support Unit will need to be provided with ongoing training and professional supervision to perform this challenging and much-needed role. Currently the Family Protection Unit plays an effective role in Port Vila with 6 staff. However, the survey shows that intimate partner physical and sexual violence against women is even more prevalent in rural areas than urban areas. This highlights the need for police officers at provincial and area level to be adequately trained and resourced to detect and assertively respond to all crimes of violence against women and children. For example, adequate resources are needed for transport to follow up on very serious violent crimes against women in remote rural areas, for police to take victims' statements and to make arrests. Training for all police and judicial officers needs to highlight the multiple forms of violence experienced by women, particularly the overlap between physical and sexual violence and the high rates of physical abuse during pregnancy. Anecdotal evidence shows that women tend to only report physical violence to the police and other service providers; great sensitivity will be needed to encourage women to report these crimes. More female police officers are needed throughout the country to encourage reporting of physical and sexual abuse of women and children.

Strengthening the legal and policy framework

17. *Urgent action is needed to recruit and train authorised persons and registered counsellors to facilitate implementation of the Family Protection Act (FPA) throughout the country. Implementation of the FPA needs to be expedited in rural areas and its implementation needs to be carefully monitored, including provisions related to the criminalisation of offences of violence against women.*
18. *The FPA needs to be reviewed to strengthen its focus on the protection of pregnant women and women with disabilities. Violence against pregnant women and violence against women with disabilities should be highlighted as aggravating factors for conviction, and these cases must be prioritised when Family Protection Orders are issued.*
19. *A no-drop policy should be introduced by the Vanuatu Police Force for all cases of physical and sexual violence against women by husbands or intimate partners; implementation of the policy should be closely monitored.*

The high prevalence of all forms of violence against women by husbands/partners, the prevalence of sexual assault of girl children, the damaging links between child sexual assault and intimate partner violence, and the lack of services and access to justice in rural areas all underline the urgency of fully implementing the FPA. Careful recruitment and training of authorised persons and registered counsellors will be needed to ensure that they fully understand the causes of violence against women and its impacts. The findings of this report should be included in training for these key people. VWC should be involved in training to ensure that a human rights and gender equality approach is taken in all dealings with victims/survivors. The survey finding that 1 in 10 ever-pregnant women were punched or

kicked in the stomach highlights the need to strengthen the FPA to protect women and children. The rate of permanent disability due to violence also highlights the need to respond assertively when women with disabilities apply for Family Protection Orders. Although the FPA criminalises all acts of domestic violence, the introduction of a no-drop policy by the Vanuatu Police Force will help to ensure that women's rights are protected by requiring police to follow up and prosecute all cases of domestic violence. Timely and vigorous responses by law and justice sector agencies including arresting perpetrators, prioritising their prosecution and ensuring appropriate sentencing will send a strong message to the community that violence against women and children are serious crimes.

20. *The Marriage Act should be amended to raise the minimum of age of marriage for women from 16 to 18 years.*
21. *The Vanuatu Government should urgently develop comprehensive family law legislation, which takes into account the prevalence, severity and impacts of violence against women and children.*
22. *The Vanuatu Government should establish a Social Welfare Department within the Ministry of Justice and Community Services to strengthen child protection measures.*
23. *Recruitment criteria for all government staff appointed to gender-related adviser and child protection positions should include knowledge and experience in the area of violence against women and child protection.*
24. *The Correctional Services Act should be reviewed to ensure that women's and children's safety is given the highest priority when restorative or alternative justice approaches are implemented, including the use of community service for offenders convicted of physical and sexual crimes of violence against women and children.*

Urgent action needs to be taken on many fronts to address the very high rates of child sexual assault. The survey findings point to the urgent need for Vanuatu to raise the minimum age of marriage for women from 16 to 18 years. This was also recommended by the United Nations Committee on the Elimination of Discrimination Against Women, and would bring Vanuatu into line with the Convention the Elimination of All Forms of Discrimination Against Women (CEDAW) and the Convention on the Rights of the Child. Dedicated resources focused on child protection within a social welfare department are needed to identify and protect children at risk of abuse. A comprehensive family law act is needed to consolidate existing legislation; this needs to reinforce the Vanuatu Government's national commitments to equal rights for women.

Recommendations for all stakeholders and development programs

25. *The findings from this study need to be considered and incorporated into policy development, training, programs and service provision across government agencies, development agencies and civil society organisations. This is particularly important for the law and justice, education and health sectors, including for mental health policy and programs. It is also critical for stakeholders and programs aimed at promoting economic development including income-generation programs and the economic empowerment of women. VWC's expertise should be used in all these areas.*
26. *All donor agencies should mainstream attention to gender equality, human rights and violence against women into all sector strategies, programs and projects.*
27. *All government agencies and service providers, particularly those in the law and justice sector and health agencies, need to systematically collect and report sex-disaggregated data on the problem of violence against women and children, to inform future policy development and programs and assist with monitoring prevention activities.*
28. *The Vanuatu Government should introduce legislation and policy to provide special leave entitlements for women living with violence.*

29. *Bilateral and multilateral donors must urgently prioritise funding for the implementation of the Family Protection Act throughout the country.*
30. *Bilateral and multilateral donors should provide funding for permanent premises for VWC and its Branches.*

Violence against women and other aspects of gender inequality affect all areas of women's lives and have a detrimental impact on women's ability to earn an income and provide and care for their families. Economic development programs including those providing micro-finance to women need to take the findings of this report into account if they want to ensure that women are supported to earn an income by their husbands/partners, are able to control their income and savings and can spend their income on the family's greatest needs. For women working in the formal sector, special leave provisions can help them to keep their jobs when their lives are in crisis due to violence. While gender mainstreaming is essential across all sectors, critical areas for donors to ensure that violence against women is addressed are the health, education and law and justice sectors, and in all income generation programs. Donors can also play an important role by ensuring that data collection on violence against women is improved and regularly reported (for example by the police and health agencies). While donors have provided some funding for awareness-raising on the FPA, funds are needed urgently to shift the focus from awareness to implementation, particularly in rural and remote locations. This survey provides evidence that VWC has had a positive impact on women's awareness of their rights and community awareness that violence against women is a crime. VWC urgently needs a permanent home to continue its work to eliminate violence against women and provide much-needed services to survivors.

11.3 FOLLOW-UP BY THE VANUATU WOMEN'S CENTRE

VWC will advocate for the urgent implementation of all the recommendations listed above. In addition, VWC will undertake the following initiatives and activities to strengthen its ongoing work and the work of its network of branches and CAVAWs.

Prevention

- i. VWC will pro-actively approach agencies and stakeholders at the national and provincial levels to disseminate and raise awareness of the information in this report, and to provide training in gender equality and human rights based approaches to addressing the problem of violence against women and children. Agencies to be approached include those in the health sector; women's organisations and groups; the Vanuatu Council of Churches and other faith-based organisations; schools and other educational institutions; government agencies at national and provincial level including provincial councillors and staff; police; and chiefs, including the Malvatumauri. Where appropriate, VWC will negotiate for referral protocols to be put in place.
- ii. VWC will approach media organisations to provide training on gender sensitivity in reporting about violence against women and children.
- iii. VWC will encourage further discussion and debate in the media, in agencies and communities of all the findings in this report, particularly those related to: the high rates of physical, sexual and emotional violence; the prevalence of male coercive control over women; the serious impacts of violence against women and children; attitudes on women's rights and violence against women and particularly those related to bride price; the alarming prevalence of violence during pregnancy; the high levels of child sexual assault; and the high levels of non-partner violence towards women and girls.
- iv. VWC will explore ways of targeting and working with young women to raise their awareness of gender equality, human rights and violence against women. Key groups and agencies who already

work with young women will be approached, including Wan Smol Bag, the Young People's Project and the Vanuatu Cultural Centre, United Nations agencies, Save the Children, church youth groups, and women active in sport and music. The potential for establishing a young women's group focused on advancing women's human rights and gender equality will also be explored.

- v. VWC already has effective training activities for men that equip them to work as advocates for women's rights and to oppose to violence in all its forms. Young men have been included in most of these trainings. A trial will be initiated that focuses primarily on young men, to compare its effectiveness with training activities that include men of all ages.

Support for victims/survivors and ongoing awareness-raising on human rights

- vi. VWC already has an ongoing community education program which includes several annual campaigns including mass media activities. However, the findings point to the need for more focus on the mass media to increase women's and children's awareness of their rights, and to inform them of the services that are available in urban and rural areas. VWC will place more emphasis in community education activities on the support that VWC and its network of branches and CAVAWs can provide.
- vii. VWC and its national network of Branches, CAVAWs and male advocates will also place more emphasis in community education, campaigns and male advocacy training on the severe impacts of violence against women on individual women, their children, and the family, clan and community. The aim will be to mobilise and influence family and clan members to respond appropriately and provide support to women living with violence in their intimate relationships, and to respond urgently when cases of child sexual or physical abuse come to their attention. Recognising the critical importance of family support for women, VWC will explore and trial strategies for targeting some community education activities at the clan level. This will include providing practical guidelines to clans on how to provide appropriate support to women and children living with violence, and how to take action to prevent violence within the family, clan and community. Broader community education and campaigning messages are that violence against women is not part of Vanuatu culture, and that bride price does not give men have the right to own, control or physical or sexually abuse women.

Further research

- viii. VWC will work collaboratively with government agencies and AusAID on a study to determine the direct and indirect economic costs of violence against women.
- ix. VWC will follow up this survey by undertaking qualitative research on custom, violence against women and community understanding of human rights, including customs surrounding marriage and bride price.
- x. Qualitative research is also needed to explore any links between cultural practices and the very high rates of sexual assault of girls in Vanuatu, and how to better protect both girls and boys from physical and sexual abuse. Quantitative research should also be done on the prevalence of physical and sexual abuse of boys.

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Vanuatu National Survey on Women's Lives and Family Relationships



Survey conducted by the Vanuatu Women's Centre in partnership with
the Vanuatu National Statistics Office

Draft 7 English language version,
16 April 2009

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Vanuatu.
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This survey instrument was adapted by Vanuatu Women's Centre with permission from the "WHO Multi-Country Study on Women's Health and Life Experiences, Final Core Questionnaire, version 10", © World Health Organization, 2003.



ADMINISTRATION FORM

IDENTIFICATION				
LOCATION (CAPITAL/TOWN - VILA = 1, LUGANVILLE = 2; RURAL PROVINCES - TORBA = 3, SANMA = 4, PENAMA = 5, MALAMPA = 6, SHEFA = 7, TAFEA = 8) VILLAGE _____ ENUMERATION AREA NUMBER HOUSEHOLD NUMBER				[] [][][] [][][]
NAME OF HOUSEHOLD HEAD : _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][] INTERVIEWER [][] RESULT [][]
INTERVIEWERS NAME RESULT***	_____	_____	_____	RESULT [][]
NEXT VISIT: DATE TIME LOCATION	_____	_____		TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED?	*** RESULT CODES			CHECK HH SELECTION FORM:
[] 1. None completed ⇒	Refused (specify): _____11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed 13 Dwelling not found, not accessible 14 Entire hh absent for extended period..... 15 No hh member at home at time of visit..... 16 ⇒Need to return Hh respondent postponed interview 17 ⇒Need to return Entire hh speaking unknown language. ... 18			TOTAL IN HOUSEHOLD (Q1) [][] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][]
[] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____21 No eligible woman in household22 Selected woman not at home23 ⇒Need to return Selected woman postponed interview24 ⇒Need to return Selected woman incapacitated25			LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____31 Rest of interview postponed to next visit32 ⇒Need to return			
[] 4. Woman's questionnaire completed ⇒41			
LANGUAGE OF QUESTIONNAIRE (Bislama = 1; English = 2; French = 3) LANGUAGE INTERVIEW CONDUCTED IN (Bislama = 1; English = 2; French = 3; Other = 4)				[] []
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)				[]
FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY		OFFICE EDITOR	ENTERED BY
NAME [][] DAY [][] MONTH [][] YEAR [][][][]	NAME [][] DAY [][] MONTH [][] YEAR [][][][]		NAME [][][]	ENTRY 1: _____ ENTRY 2: _____

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE
 THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD SELECTION FORM					
	Hello, my name is _____. I am here from the Vanuatu Women's Centre and National Statistics Office. We want to learn about women's lives and family relationships. There are 3 parts to the survey – for the first 2 parts, we would like to talk to the head of the household. If he/she is not here, we would like to talk to another adult. For the third part, we would like to talk to one woman, who will be chosen by chance.				
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as house-girls, house-boys, friends, visitors or relatives who have lived here and shared food for more than one month? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [][]	
2	Is the head of the household male or female? PUT BOTH IF THEY DON'T WANT TO SAY EITHER MALE OR FEMALE			MALE 1 FEMALE 2 BOTH 3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HH HEAD	RESIDENCE	AGE	ELIGIBLE
3	Today we would like to talk to one woman from your household. To help me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).		Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, estimate)	SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.		What is the relationship of NAME to the head of the household.* (USE CODES BELOW)			
1			1 2		1 2
2			1 2		1 2
3			1 2		1 2
4			1 2		1 2
5			1 2		1 2
6			1 2		1 2
7			1 2		1 2
8			1 2		1 2
9			1 2		1 2
10			1 2		1 2
CODES	06 ADOPTED DAUGHTER	15 MOTHER-IN-LAW			
01 HEAD	07 SISTER	16 HOUSE-GIRL			
02 WIFE (or PARTNER)	08 SISTER-IN-LAW	17 ANOTHER RELATIVE			
03 DAUGHTER OF BOTH WIFE AND HUSBAND	09 AUNTY	18 VISITOR			
04 DAUGHTER FROM FORMER RELATIONSHIP OF WIFE	10 NIECE (HUSBAND)	19 FRIEND			
05 DAUGHTER FROM FORMER RELATIONSHIP OF HUSBAND	11 NIECE (WIFE)	20 GRANDMOTHER			
	12 DAUGHTER-IN-LAW	98 OTHER NOT RELATIVE:			
	13 GRANDDAUGHTER	_____			
	14 MOTHER	99 DON'T KNOW			
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:					
• <u>HOUSE-GIRLS</u> IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.					
• <u>VISITORS, FRIENDS OR OTHER RELATIVES</u> IF THEY SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.					
(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.					
MORE THAN ONE ELIGIBLE WOMEN IN HH:					
▪ RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG, CUP OR POT. ASK THE HOUSEHOLD HEAD OR OTHER MEMBER TO PICK OUT A NUMBER – THIS SELECTS THE PERSON TO BE INTERVIEWED.					
▪ PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.					
▪ CONTINUE WITH HOUSEHOLD QUESTIONNAIRE					
NO ELIGIBLE WOMAN IN HH:					
▪ SAY “I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance.”					
▪ FINISH HERE.					

* If both (male and female) are the head, refer to the male.

THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD QUESTIONNAIRE																																																																								
	QUESTIONS & FILTERS	CODING CATEGORIES																																																																						
1	<p>If you don't mind, I would like to ask you a few questions about your household.</p> <p>What is the main source of drinking-water for your household?</p>	<p>TAP/PIPED WATER INSIDE THE HOUSE.....01</p> <p>OUTSIDE TAP (PIPED WATER) WITH HH.....02</p> <p>PUBLIC TAP03</p> <p>WELL-WATER, WITH HOUSEHOLD.....04</p> <p>PUBLIC WELL.....05</p> <p>HANDPUMP WELL, WITH HOUSEHOLD06</p> <p>PUBLIC HANDPUMP WELL07</p> <p>SPRING WATER08</p> <p>RIVER/SMALL CREEK/LAKE09</p> <p>RAINWATER TANK10</p> <p>RAINWATER DRUM11</p> <p>BOTTLED WATER FROM SHOP12</p> <p>OTHER:96</p> <p>DON'T KNOW98</p> <p>REFUSED/NO ANSWER99</p>																																																																						
2	<p>What kind of toilet does your household have?</p> <p>VIP = VENTILATED IMPROVED PIT LATRINE</p>	<p>OWN FLUSH TOILET01</p> <p>SHARED FLUSH TOILET02</p> <p>VIP LATRINE IN THE HOUSEHOLD.....03</p> <p>PUBLIC VIP LATRINE.....04</p> <p>TRADITIONAL PIT TOILET/LATRINE05</p> <p>RIVER/CANAL/SEA06</p> <p>NO FACILITY/BUSH/FIELD07</p> <p>OTHER:96</p> <p>DON'T KNOW98</p> <p>REFUSED/NO ANSWER99</p>																																																																						
3	<p>What are the main materials used in the roof of the house?</p> <p>RECORD OBSERVATION</p>	<p>ROOF FROM NATURAL MATERIALS01</p> <p>(coconut leaf, bamboo, grass, cane, natangura leaf)</p> <p>TEMPORARY ROOF (PLASTIC/CARTON).....02</p> <p>WOOD, TIMBER03</p> <p>TILED OR CONCRETE ROOF04</p> <p>CORRUGATED IRON.....05</p> <p>OTHER:06</p> <p>DON'T KNOW98</p> <p>REFUSED/NO ANSWER99</p>																																																																						
4	<p>Does your household have:</p> <p>a) Electric light</p> <p>b) A radio</p> <p>c) A television</p> <p>d) A telephone (landline or mobile)</p> <p>e) A refrigerator</p> <p>f) A washing machine</p> <p>g) A microwave oven</p> <p>h) A cooking stove</p> <p>i) An clothes iron</p> <p>j) A table</p> <p>k) A chair</p> <p>l) A bed</p> <p>m) A mattress</p> <p>n) A mat</p> <p>o) A kerosene, hurricane or kolman light</p> <p>p) An axe, big knife, spade, hammer or hoe</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) Electric light</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) Radio</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) Television</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) Telephone</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) Refrigerator</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) Washing machine</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) Microwave oven</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>h) Cooking stove</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>i) Clothes Iron</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>j) Table</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>k) Chair</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>l) Bed</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>m) Mattress</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>n) Mat</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>o) Kero/Other Light</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>p) Axe, knife etc</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) Electric light	1	2	8	b) Radio	1	2	8	c) Television	1	2	8	d) Telephone	1	2	8	e) Refrigerator	1	2	8	f) Washing machine	1	2	8	g) Microwave oven	1	2	8	h) Cooking stove	1	2	8	i) Clothes Iron	1	2	8	j) Table	1	2	8	k) Chair	1	2	8	l) Bed	1	2	8	m) Mattress	1	2	8	n) Mat	1	2	8	o) Kero/Other Light	1	2	8	p) Axe, knife etc	1	2	8		
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		YES	NO	DK	
5	Does any member of your household own:				
	a) A bicycle?	a) BICYCLE	1	2	8
	b) A motorcycle?	b) MOTORCYCLE	1	2	8
	c) A car?	c) CAR	1	2	8
	d) A truck, hilux or 4-wheel drive?	d) TRUCK/4WD	1	2	8
	e) A speedboat with an engine?	e) SPEEDBOAT	1	2	8
	f) A canoe?	f) CANOE	1	2	8
6	Do people in your household own any land?	YES	01		
		NO	02		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS	[]		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
8	Are you concerned about the levels of crime in your community (like robberies, assaults or murders)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED	01		
		A LITTLE CONCERNED	02		
		VERY CONCERNED	03		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
9	In the past 4 weeks, has someone from this household been the victim of a crime in this community, such as a robbery or assault?	YES	01		
		NO	02		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
9 a	Are you concerned about violence due to land disputes? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED	01		
		A LITTLE CONCERNED	02		
		VERY CONCERNED	03		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
9 b	In the past 4 weeks, has someone from this household been the victim of a crime in this community due to a land dispute?	YES	01		
		NO	02		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
9 c	Are you concerned about violence due to black magic/sorcery? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED	01		
		A LITTLE CONCERNED	02		
		VERY CONCERNED	03		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
9 d	In the past 4 weeks, has someone from this household been the victim of a crime in this community due to black magic/sorcery?	YES	01		
		NO	02		
		DON'T KNOW	98		
		REFUSED/NO ANSWER	99		
10	NOTE SEX OF RESPONDENT	MALE	1		
		FEMALE	2		

Thank you very much for your assistance.

Survey on women's lives and family relationships

WOMAN'S QUESTIONNAIRE

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is _____. I am from the Vanuatu Women's Centre and the National Statistics Office. We are conducting a survey to learn about women's lives and family relationships. We would like to talk to you about this. You have been chosen by chance to participate in the survey. (EXPLAIN HOW SHE WAS CHOSEN IF NECESSARY.)

All your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Vanuatu.

Do you have any questions?

(The interview takes between 30 to 60 minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

DOES NOT AGREE TO BE INTERVIEWED ~~THANK~~ → PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

REMEMBER, BEFORE YOU GO SOMEWHERE PRIVATE TO TALK, ASK THE WOMAN TO COLLECT ANY DOCUMENT THAT SHOWS HER DATE OF BIRTH, AND THE DATE OF BIRTH AND BIRTH WEIGHT OF HER YOUNGEST CHILD – FOR EXAMPLE, BIRTH CERTIFICATE AND MARRIAGE CERTIFICATE, IF SHE HAS THEM.

DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME		Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/ ABOVE AND IN THE QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
103	If someone in COMMUNITY NAME decided to undertake a community project (for example, building a church or community hall, health centre or water system) would most people be willing to contribute time, labour or money?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
104	In this community do most people generally trust one another in matters of lending and borrowing things?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY [][] MONTH [][] YEAR [][][][] DON'T KNOW YEAR 9998 REFUSED/NO ANSWER 9999	
107	How old are you now? IF NOT SURE: About how old?	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS [][] LESS THAN 1 YEAR 00 LIVED ALL HER LIFE 95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD) 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
108 a	What is your religion?	NO RELIGION 0 CATHOLIC 01 ANGLICAN 02 ASSEMBLIES OF GOD (AOG) 03 CHURCH OF CHRIST 04 PRESBYTERIAN 05 SEVENTH DAY ADVENTIST 06 APOSTOLIC 07 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
109	Can you read and write?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

110	Have you ever attended school? SCHOOL INCLUDES PRIMARY, SECONDARY, TERTIARY AND VOCATIONAL EDUCATION	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. ADD UP THE TOTAL NUMBER OF YEARS IN SCHOOLING, INCLUDING TERTIARY EDUCATION	PRIMARY _____ year 1 SECONDARY _____ year 2 TERTIARY _____ year 3 NUMBER OF YEARS SCHOOLING [][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY 1 OTHER RURAL AREA/VILLAGE/ISLAND 2 ANOTHER TOWN 3 ANOTHER COUNTRY 4 ANOTHER COMMUNITY IN SAME TOWN 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES 1 NO 2 LIVING WITH FAMILY OF BIRTH 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒115
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK 1 AT LEAST ONCE A MONTH 2 AT LEAST ONCE A YEAR 3 NEVER (HARDLY EVER) 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
115	When you need help or have a problem, can you usually ask your family of birth for support?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
116 a	Do you regularly attend a group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒118
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK: Who prevented you? MARK ALL THAT APPLY IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED A PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D SON E DAUGHTER F OTHER RELATIVE G GOVERNMENT/COMMUNITY LEADER (specify): _____ H OTHER: _____ X	

118 a	Has anyone ever prevented you from travelling to another village, community or island? IF YES, ASK: Who prevented you? MARK ALL THAT APPLY IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED A PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D SON E DAUGHTER F OTHER RELATIVE G GOVERNMENT/COMMUNITY LEADER (specify): H OTHER: X	
118 b	Has anyone ever prevented you from accessing or continuing with your education? IF YES, ASK: Who prevented you? MARK ALL THAT APPLY IF A GOVERNMENT OR COMMUNITY LEADER IS MENTIONED, PROMPT FOR TYPE OF LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTED A PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D SON E DAUGHTER F OTHER RELATIVE G GOVERNMENT/COMMUNITY LEADER (specify): H OTHER: X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED 1 LIVING WITH MAN, NOT MARRIED 3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5	⇒123 ⇒123 ⇒123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED 1 YES, LIVED WITH A MAN, BUT NEVER MARRIED 3 NO 5	⇒121 ⇒121
120 b	Have you ever had a regular male sexual partner?	YES 1 NO 2 REFUSED/NO ANSWER 9	⇒S2 ⇒S2
121	Did the <u>last</u> partnership with a man end in divorce or separation, or did your husband/partner die?	DIVORCED 1 SEPARATED/BROKEN UP 2 WIDOWED/PARTNER DIED 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT 1 HUSBAND/PARTNER 2 BOTH (RESPONDENT AND PARTNER) 3 HIS RELATIVES 4 HER RELATIVES 5 OTHER: 6 DON'T KNOW 8 REFUSED/NO ANSWER 9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER [] IF "00" DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒S2

124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONE.....A CIVIL MARRIAGEB RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGE.....D OTHER: _____ X	⇒S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR[][][][] DON'T KNOW/DON'T REMEMBER9998 REFUSED/NO ANSWER.....9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE.....5 OTHER: _____ 6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒133* ⇒133*
131 a	What was the reason that your <u>current/most recent</u> husband was chosen for you? PROBE THE REASON THAT HER HUSBAND WAS CHOSEN FOR HER	ARRANGED MARRIAGE01 SWAPPING ARRANGMENT02 COMPENSATION PAYMENT03 BRIDE PRICE WAS PAID04 PASSED ON TO A MAN IN HER HUSBAND'S FAMILY DUE TO BRIDE PRICE (AFTER HER HUSBAND'S DEATH)05 MARRIED TO THE MAN WHO RAPED HER.....06 SETTLEMENT FOR LAND DISPUTE07 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER.....99	
132	Were you forced to marry your <u>current/most recent</u> husband?	YES 1 NO.....2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
133	Did your marriage involve bride price payment? IF NO, PROBE: Do you expect bride price to be paid in future?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒S.2 ⇒S.2
134	Has all of the bride price been paid for, or does some part still remain to be paid?	ALL PAID1 PARTIALLY PAID2 NONE PAID3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
135	Do you think that the amount of bride price payment has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT1 NEGATIVE IMPACT2 NO IMPACT3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**

SECTION 2 GENERAL HEALTH

201	I would now like to ask a few questions about your health and use of health services. Would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT 1 GOOD 2 FAIR..... 3 POOR..... 4 VERY POOR..... 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
201 a	Do you have any physical or intellectual disability?	NO PROBLEM 1 PHYSICAL DISABILITY 2 INTELLECTUAL DISABILITY 3 BOTH 4 OTHER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS..... 1 VERY FEW PROBLEMS 2 SOME PROBLEMS..... 3 MANY PROBLEMS 4 UNABLE TO WALK AT ALL..... 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS..... 1 VERY FEW PROBLEMS 2 SOME PROBLEMS..... 3 MANY PROBLEMS..... 4 UNABLE TO PERFORM USUAL ACTIVITIES 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT 1 SLIGHT PAIN OR DISCOMFORT 2 MODERATE PAIN OR DISCOMFORT 3 SEVERE PAIN OR DISCOMFORT 4 EXTREME PAIN OR DISCOMFORT 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS..... 1 VERY FEW PROBLEMS 2 SOME PROBLEMS..... 3 MANY PROBLEMS 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge	YES NO DK a) DIZZINESS 1 2 8 b) VAGINAL DISCHARGE 1 2 8	
207	In the <u>past 4 weeks</u> , have you taken medication: (including medicine/tablets or custom medicine) a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	NO ONCE OR A FEW MANY TWICE TIMES TIMES a) FOR SLEEP 1 2 3 4 b) FOR PAIN 1 2 3 4 c) FOR SADNESS 1 2 3 4	

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker or church leader because you yourself were sick?</p> <p>IF YES: Whom did you consult? MARK ALL THAT APPLY</p> <p>PROBE: Did you also see anyone else?</p> <p>IF SHE MENTIONS A COUNSELLOR, PROBE: Where did you see a counsellor?</p>	<p>NO ONE CONSULTED..... A</p> <p>DOCTOR B</p> <p>NURSE C</p> <p>MIDWIFE D</p> <p>AID POST WORKER E</p> <p>PHARMACIST..... F</p> <p>CUSTOM DOCTOR G</p> <p>TRADITIONAL BIRTH ATTENDANT H</p> <p>CHURCH LEADER I</p> <p>COUNSELLOR (where?): J</p> <p>OTHER: X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Are you finding it hard to do your daily work?</p> <p>n) Do you feel unable to be active and useful in your life?</p> <p>o) Are you no longer interested in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Have you been thinking of ending your life?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>	⇒212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/DON'T REMEMBER 8</p> <p>REFUSED/NO ANSWER..... 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital/clinic/aid post/health centre or dispensary because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months?</p>	<p>NIGHTS IN HOSPITAL [] []</p> <p>NONE 00</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER..... 99</p>																																																																

214	Do you <u>now</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY..... 1 OCCASIONALLY..... 2 NOT AT ALL..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒216 ⇒216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes in your lifetime, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY..... 1 OCCASIONALLY..... 2 NOT AT ALL..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
216	How often do you drink alcohol or home brew? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY..... 1 ONCE OR TWICE A WEEK..... 2 ONCE OR TWICE A MONTH..... 3 ONCE OR TWICE A YEAR..... 4 NEVER..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒217a
217	On the days that you drank alcohol or home brew in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS [][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS 00	
217 a	How often do you drink kava? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY..... 1 ONCE OR TWICE A WEEK..... 2 ONCE OR TWICE A MONTH..... 3 ONCE OR TWICE A YEAR..... 4 NEVER..... 5 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.3 OR IF YES TO Q216, GO TO 218
217 b	On the days that you drank kava in the <u>past 4 weeks</u> , about how many shells did you usually have a day?	USUAL NUMBER OF DRINKS [][] NO KAVA DRINKS IN PAST 4 WEEKS..... 00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking of alcohol, home brew or kava? a) money problems b) health problems c) conflict with family, relatives or friends d) problems with authorities (bar owner, police, chief, church leaders) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH		
	Now I would like to ask about all of the children that you may have given birth to during your life.	
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN [][] IF 1 OR MORE⇒ NONE 00 ⇒303
302	Have you ever been pregnant?	YES..... 1 ⇒304 NO 2 ⇒310 MAYBE/NOT SURE 3 ⇒310 DON'T KNOW/DON'T REMEMBER..... 8 ⇒310 REFUSED/NO ANSWER 9 ⇒310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN [][] NONE 00
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES 1 NO 2 ⇒306
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD [][] b) DAUGHTERS DEAD [][] IF NONE ENTER '00'
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER..... 1 MORE THAN ONE FATHER 2 N/A (NEVER HAD LIVE BIRTH)..... 7 ⇒308 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9
307	How many of your children receive financial support from their father(s)? Would you say none, some children or all children? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE 1 SOME 2 ALL 3 N/A 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES..... [][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS []
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES [][] b) STILLBIRTHS [][] c) ABORTIONS [][] IF NONE ENTER '00'
310	Are you pregnant now?	YES..... 1 ⇒A NO 2 ⇒B MAYBE 3 ⇒B
DO EITHER A OR B: IF PREGNANT NOW ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
IF NOT PREGNANT NOW ==>		B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		
311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES..... 1 NO 2 ⇒315 NEVER HAD SEXUAL INTERCOURSE 3 ⇒315 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9

312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES..... 02 IUD/LOOP..... 03 FEMALE CONDOM..... 04 CALENDAR/MUCUS METHOD..... 05 FEMALE STERILIZATION..... 06 CONDOMS 07 MALE STERILIZATION/VASECTOMY..... 08 WITHDRAWAL 09 HERBS 10 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER 99	⇒315 ⇒315 ⇒315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES..... 1 NO 2 N/A: NO CURRENT PARTNER 7 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒317 ⇒317 ⇒317
316	How did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME..... D BEAT ME/PHYSICALLY ASSAULTED..... E TOOK OR DESTROYED METHOD F TOLD HIS OR HER RELATIVES G TOLD THE CHIEF H THREATENED TO GET ANOTHER WOMAN I GOT ANOTHER WOMAN J LEFT THE HOME TEMPORARILY K THREATENED TO DESERT HER OR DESERTED HER L OTHER _____ X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒318
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	

319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒S.4 ⇒S.4 ⇒S.4
320	How did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE..... A SHOUTED/GOT ANGRY..... B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED..... E TOOK OR DESTROYED CONDOM..... F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN..... G LAUGHED AT/NOT TAKE ME SERIOUS H SAID IT IS NOT NECESSARY I TOLD HIS OR HER RELATIVES J TOLD THE CHIEF K THREATENED TO GET ANOTHER WOMAN L GOT ANOTHER WOMAN M LEFT THE HOME TEMPORARILY N THREATENED TO DESERT HER OR DESERTED HER O OTHER _____ X	
BEFORE STARTING WITH SECTION 4: REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.			

SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q (s4bir)	ANY LIVE BIRTHS [] ↓ (1)	NO LIVE BIRTHS [] ⇒ (2)	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY 1 GIRL 2	
403	Is your last born child (NAME) still alive?	YES 1 NO 2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR 00	⇒406 ⇒406
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR) [][] DAYS (IF LESS THAN 1 MONTH) [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO 1 LESS THAN 5 YEARS AGO 2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN 1 WAIT UNTIL LATER 2 NOT WANT CHILDREN 3 NOT MIND EITHER WAY 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE A DOCTOR B OBSTETRICIAN/GYNAECOLOGIST C NURSE/MIDWIFE D AID POST WORKER E TRADITIONAL BIRTH ATTENDANT F OTHER: _____ _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON 1 DAUGHTER 2 DID NOT MATTER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

412	During this pregnancy, did you drink any alcohol, home brew or kava? IF YES: Which ones did you drink during this pregnancy? MARK ALL THAT APPLY	NOA ALCOHOLB HOME BREW.....C KAVAD OTHER (specify).....X	
413	During this pregnancy, did you smoke any cigarettes or use tobacco or marijuana? IF YES: Which ones did you smoke? MARK ALL THAT APPLY	NOA CIGARETTES/TOBACCO.....B MARIJUANAC OTHER (specify).....X	
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES 1 NO 2 NO, CHILD NOT YET SIX WEEKS OLD 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
415	Was this child (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒417 ⇒417
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD []:[] 1 KG FROM RECALL []:[] 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER [][] NONE 00	⇒S.5
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []	
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
420	Do any of these children (ages 6-14 years): a) Have nightmares often? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very quiet or withdrawn, or find it difficult to talk to or play with other children? e) Are any of them aggressive with you or other children?	YES NO DK a) NIGHTMARES 1 2 8 b) SUCK THUMB 1 2 8 c) WET BED 1 2 8 d) QUIET/ALONE 1 2 8 e) AGGRESSIVE 1 2 8	
421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY [] IF NONE ENTER '0'	
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 5 CURRENT OR MOST RECENT HUSBAND/PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/WITH SEXUAL PARTNER (Options K, L) [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ WITH SEXUAL PARTNER (Option M) [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER) (Option N) [] ⇒ (3)	⇒ S.5
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old was your husband/partner on his last birthday? PROBE: IF SHE DOES NOT KNOW HIS AGE: Is he much older or younger than you? IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) [][] MUCH OLDER THAN HER..... 1 A BIT OLDER 2 MUCH YOUNGER THAN HER..... 3 A BIT YOUNGER 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
502	In what year was he born?	YEAR [][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. CONVERT TO YEARS IN SCHOOL	PRIMARY _____ year 1 SECONDARY _____ year 2 TERTIARY _____ year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING [][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 508 ⇒ 508 ⇒ 509
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒ 509
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK FOR EACH ANSWER	PROFESSIONAL: 01 OWN BUSINESS: 02 LABOURER: 03 MILITARY/POLICE: 04 SELF EMPLOYED: 05 (agriculture, fishing, forestry, carving, vending, sewing) CIVIL SERVANT: 06 (national, provincial, area) POLITICIAN: 07 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		

509	How often does/did your husband drink alcohol/home brew? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒512a
510	In the <u>past 12 months</u> (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk on alcohol or home brew? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
511	In the <u>past 12 months</u> (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of alcohol or home brew? a) Money problems b) Family problems PROBE: What kind of family problems? (damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, going with another woman, sexual harassment, sexual violence, STIs, loss of job, his health) x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM: _____ x) OTHER: _____ 1 2	
511 a	How often does/did your husband drink kava? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒512
511 b	In the <u>past 12 months</u> (In the last 12 months of your last relationship), how often have you seen (did you see) your husband/partner drunk on kava? Would you say most days, once or twice a week, once or once or twice a month, once or twice a year, or never?	MOST DAYS 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
511 c	In the <u>past 12 months</u> (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of kava? a) Money problems b) Family problems PROBE: What kind of family problems? (damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, going with another woman, sexual harassment, sexual violence, STIs, loss of job, his health) y) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM: _____ x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never IF YES, PROBE: What kind of drug?	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 IN THE PAST, NOT NOW 6 TYPE OF DRUG _____ DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

512 a	How often does/did your husband gamble? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY..... 1 ONCE OR TWICE A WEEK..... 2 ONCE OR TWICE A MONTH..... 3 ONCE OR TWICE A YEAR..... 4 NEVER..... 5 IN THE PAST, NOT NOW..... 6 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒513
512 b	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's gambling? a) Money problems b) Family problems PROBE: What kind of family problems? (e.g. damage to property, quarrelling, threat to her/children/relatives/others, assault to her/children/relatives/others, loss of job, his health) x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 TYPE OF FAMILY PROBLEM (specify): _____ x) OTHER: 1 2	
513	Since you have known him, has he ever been involved in a physical fight with another man?	YES..... 1 NO..... 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒515 ⇒515
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened never, once or twice, a few times or many times?	NEVER..... 1 ONCE OR TWICE..... 2 A FEW (3-5) TIMES..... 3 MANY (MORE THAN 5) TIMES..... 4 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES..... 1 NO..... 2 MAY HAVE..... 3 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.6 ⇒S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES 1 NO..... 2 MAY HAVE..... 3 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

SECTION 6 ATTITUDES

SECTION 6 ATTITUDES					
	In this community and everywhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. I am interested in your opinion, not community opinions. There are no right or wrong answers.				
601	A good wife/partner obeys her husband/partner even if she disagrees	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
602	Family problems should only be discussed with people in the family	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
603	It is important for a man to show his wife/partner that he is the boss	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
604	A woman should be able to choose her own friends even if her husband/partner disapproves	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
605	It's a wife's obligation to have sex with her husband/partner even if she doesn't feel like it	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
606	If a man mistreats his wife/partner, others outside of the family should intervene	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
606 a	A woman or girl should not touch food when she has her monthly period/menstruation	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
606 b	It is all right for a woman or girl to be swapped or exchanged for marriage	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
606 c	If bride price has been paid, a wife becomes the property of the husband	AGREE 1 DISAGREE 2 DON'T KNOW 8 REFUSED/NO ANSWER 9			
607	In your opinion, does a man have a good reason to hit his wife/partner if:		YES	NO	DK
	a) She does not complete her household work to his satisfaction	a) HOUSEHOLD	1	2	8
	b) She disobeys him	b) DISOBEYS	1	2	8
	c) She refuses to have sexual relations with him	c) NO SEX	1	2	8
	d) She asks him whether he has other girlfriends	d) GIRLFRIENDS	1	2	8
	e) He suspects that she is unfaithful	e) SUSPECTS	1	2	8
	f) He finds out that she has been unfaithful	f) UNFAITHFUL	1	2	8
	g) Brideprice HAS NOT been paid	g) NOT PAID	1	2	8
	h) Brideprice HAS been paid	h) BRIDEPRICE PAID	1	2	8
	i) She is living in his house or on his land	i) HIS HOUSE/LAND	1	2	8
	j) He thinks she needs to be disciplined, taught a lesson or educated	j) DISCIPLINE/ TEACHING	1	2	8
	k) She is unable to get pregnant	k) NOT PREGNANT/ BARREN	1	2	8

608	In your opinion, can a married woman refuse to have sex with her husband if:		YES	NO	DK
a)	She doesn't want to	a) NOT WANT	1	2	8
b)	He is drunk	b) DRUNK	1	2	8
c)	She is sick	c) SICK	1	2	8
d)	He mistreats her	d) MISTREAT	1	2	8
e)	If she suspects/knows that he is HIV+	e) HIV+	1	2	8
f)	She suspects/knows he has an STI	f) STI	1	2	8
g)	He has sex with other women	g) OTHER WOMEN	1	2	8
h)	He has sex with men	h) SEX WITH MEN	1	2	8
i)	She does not want to get pregnant	i) PREGNANT	1	2	8
j)	Brideprice HAS NOT been paid	j) NOT PAID	1	2	8
k)	Brideprice HAS been paid	k) BRIDEPRICE			

SECTION 7 RESPONDENT AND HER PARTNER					
CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [] ⇒ (2)			
⇒\$.10					
When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?					
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings		YES	NO	DK
			1	2	8
		a) HIS DAY	1	2	8
		b) YOUR DAY	1	2	8
		c) YOUR WORRIES	1	2	8
		d) HIS WORRIES	1	2	8
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?				
		RARELY			1
		SOMETIMES			2
		OFTEN			3
		DON'T KNOW/DON'T REMEMBER.....			8
		REFUSED/NO ANSWER			9
703	I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself h) Expects you to ask his permission before you do anything		YES	NO	DK
		a) SEEING FRIENDS	1	2	8
		b) CONTACT FAMILY	1	2	8
		c) WANTS TO KNOW	1	2	8
		d) IGNORES YOU	1	2	8
		e) GETS ANGRY	1	2	8
		f) SUSPICIOUS	1	2	8
		g) HEALTH CARE	1	2	8
		h) DO ANYTHING	1	2	8
704	The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you. Has your <u>current</u> husband/partner, or <u>any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Insulted you or made you feel bad about yourself?	1 2	1 2	1 2 3	1 2 3
	b) Belittled or humiliated you in front of your parents or family?	1 2	1 2	1 2 3	1 2 3
	c) Belittled or humiliated you in front of other people?	1 2	1 2	1 2 3	1 2 3
	d) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1 2	1 2	1 2 3	1 2 3
	e) Threatened to hurt you or someone you care about?	1 2	1 2	1 2 3	1 2 3

705	Has <u>he or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
	f) Threatened to use a gun, knife, wood, iron, axe or other weapon against you?	1 2	1 2	1 2 3	1 2 3
	g) Actually used a gun, knife, wood, iron, axe or other weapon against you?	1 2	1 2	1 2 3	1 2 3
705 h	VERIFY WHETHER RESPONDENT ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE - QUESTIONS 705 (a) to (g) MARK IN BOX C OF REFERENCE SHEET	YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2			⇒706 MARK IN BOX C
705i	Was the behaviour you just talked about (mention actions reported in 705), by your current or most recent husband/partner, by any other partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER.....1 PREVIOUS PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9			
706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever physically force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse when you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever forced you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
706 d	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE - QUESTIONS 706 (a) to (c) MARK IN BOX C OF REFERENCE SHEET	YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2			⇒709 MARK IN BOX C
706 e	Was the behaviour you just talked about (mention actions reported in 706), by your current or most recent husband/partner, by any other partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER.....1 PREVIOUS PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER 9			

CHECK : Ref. sheet, Box B	(s7preg) EVER BEEN PREGNANT (option P) (s7prnum) NUMBER OF PREGNANCIES (option T) [][] (s7prcur) CURRENTLY PREGNANT? (option S) YES...1 NO... 2 ↓	NEVER PREGNANT (2) []⇒	⇒S.8
709	You said that you have been pregnant TOTAL times. Were you ever slapped, hit, beaten, punched, kicked or hit/beaten with anything by (any of) your partner(s) while you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.8 ⇒S.8 ⇒S.8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN [][]	
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
711	Were you ever slapped, hit, beaten, punched or kicked in the stomach while you were pregnant (or hit with any other thing in the stomach, such as wood, iron or pipe)?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
711 a	Has anyone ever penetrated your vagina against your will with their hand or an object when you were pregnant, in order to harm you or your baby?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who slapped, hit, punched, kicked or beat you (with any object) the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
713	Were you living with this person when it happened?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
714	Had the same person also done this you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.8 ⇒S.8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS 1 STAYED ABOUT THE SAME 2 GOT WORSE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 8 INJURIES																																																									
CHECK: Ref. sheet Box C (S&phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [] (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) []⇒ (2)																																																							
I would now like to learn more about the injuries that you experienced from (any of) your partner's actions that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTIONS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																																									
801	Have you <u>ever</u> been injured as a result of these actions by (any of) your husband/partner(s). Please think of the actions that we talked about before.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒804a																																																						
802 a	In your life, how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times (3 to 5 times) or many times?	ONCE/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9																																																							
802 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9																																																							
803 a	What type of injury did you have? Please mention any injury due to (any of) your husband/partners actions, no matter how long ago it happened. MARK ALL MENTIONED PROBE: Any other injury?	<table border="0"> <tr> <td>SMALL CUTS, PUNCTURES, BITES..... A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES.....B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES...E</td> <td></td> <td></td> <td></td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES..... F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH..... H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES FROM SEXUAL VIOLENCE I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVED J</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER INTERNAL INJURIES K</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	SMALL CUTS, PUNCTURES, BITES..... A	1	2	8	SCRATCH, ABRASION, BRUISES.....B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES...E				BROKEN EARDRUM, EYE INJURIES..... F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH..... H	1	2	8	INTERNAL INJURIES FROM SEXUAL VIOLENCE I	1	2	8	INTERNAL INJURY REQUIRING SPLEEN TO BE REMOVED J	1	2	8	OTHER INTERNAL INJURIES K	1	2	8	OTHER (specify): X	1	2	8	<p>b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</p> <table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	YES	NO	DK	1	2	8
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803 c	Have you got any <u>permanent disability</u> from any of your injuries? Please mention any permanent disability due to (any of) your husband/partners actions, no matter how long ago it happened. PROBE: IF YES, WHAT TYPE OF DISABILITY? (for example, loss of hearing, loss of sight in 1 or 2 eyes, loss of voice, loss of limbs, unable to bear children, unable to walk)	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9 TYPE OF DISABILITY _____ _____																																																							

804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES 1 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒805a ⇒805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: Estimate how many times?	TIMES NEEDED HEALTH CARE [][] REFUSED/NO ANSWER 99 NOT NEEDED 00	⇒S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.9
807	In your life, have you ever had to spend any nights in a hospital, clinic, aid post, or health centre due to the injury/injuries? IF YES: How many nights? IF NOT SURE: Estimate how many times?	NUMBER OF NIGHTS IN HOSPITAL..[][] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
808	Did you tell a health worker the real cause of your injury?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's actions has had on you. By actions, I mean... (REFER TO SPECIFIC ACTIONS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF SHE REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.

SECTION 9 IMPACT AND COPING			
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IF SHE REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the <u>most recent/last partner who did these things to you.</u>			
CHECK: Ref. sheet Box C (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) (2)	
	[] ↓	[] ⇒	⇒906
901	Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTIONS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON A WHEN HE IS DRUNK ON ALCOHOL..... B WHEN HE HAS HAD KAVA..... C MONEY PROBLEMS D DIFFICULTIES AT HIS WORK E WHEN HE IS UNEMPLOYED..... F NO FOOD AT HOME G PROBLEMS WITH HIS OR HER FAMILY H SHE IS PREGNANT I HE IS JEALOUS OF HER..... J SHE REFUSES SEX..... K SHE IS DISOBEDIENT L DURING FESTIVITIES M HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER..... N SHE IS UNABLE TO GET PREGNANT O OTHER (specify): X	
CHECK: (Ref. sheet, Box B, option R) (s9child)	CHILDREN LIVING [] (1)	NO CHILDREN ALIVE [] ⇒ (2)	
	[] ↓	[] ⇒	⇒903
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, sometimes or most of the time?	NEVER..... 1 ONCE OR TWICE..... 2 SOMETIMES..... 3 MANY TIMES/MOST OF THE TIME..... 4 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
902 a	For any of these incidents, were your children also beaten? IF YES: How often? Would you say once or twice, sometimes or most of the time?	NEVER..... 1 ONCE OR TWICE..... 2 SOMETIMES..... 3 MANY TIMES/MOST OF THE TIME..... 4 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, sometimes or most of the time?	NEVER 1 ONCE OR TWICE 2 SOMETIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	

904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, sometimes or most of the time?	NEVER..... 1 ONCE OR TWICE 2 SOMETIMES..... 3 MANY TIMES/MOST OF THE TIME..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒905
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS..... 3 VIOLENCE STOPPED..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
905	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, sometimes or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SOMETIMES..... 3 MANY TIMES..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
906	Would you say that your husband /partner's behaviour towards you has affected your physical or emotional health, or your spiritual well-being? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTIONS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER	NO EFFECT 1 A LITTLE..... 2 A LOT 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY) A WORK NOT DISRUPTED B PARTNER INTERRUPTED WORK..... C UNABLE TO CONCENTRATE D UNABLE TO WORK/SICK LEAVE E LOST CONFIDENCE IN OWN ABILITY F PARTNER STOPPED HER FROM WORKING G OTHER (specify): X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE..... A FRIENDS..... B PARENTS C BROTHER OR SISTER..... D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY..... F HER FAMILY G CHILDREN H NEIGHBOURS..... I POLICE..... J DOCTOR/HEALTH WORKER..... K CHURCH LEADER..... L COUNSELLOR FROM VWC NETWORK..... M OTHER COUNSELLOR N OTHER NGO/WOMEN'S ORGANIZATION O CHIEF P OTHER COMMUNITY LEADER..... Q OTHER (specify): X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONEA FRIENDSB PARENTSC BROTHER OR SISTERD UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF HER FAMILYG CHILDRENH NEIGHBOURSI POLICEJ DOCTOR/HEALTH WORKERK CHURCH LEADERL COUNSELLOR FROM VWC NETWORKM OTHER COUNSELLORN OTHER NGO/WOMEN'S ORGANIZATIONO CHIEFP OTHER COMMUNITY LEADERQ OTHER (specify):X																																																											
910 a	Did you ever go to any of the following for help? READ EACH ONE a) Police b) Hospital/health centre/aid post c) Public solicitor/lawyers d) Court e) Chief f) Church leader g) Other community leader h) VWC network (for example Vanuatu Women's Centre, Sanma Counselling Centre, Tafea Counselling Centre, Committee Against Violence Against Women, male advocate) i) Other women's organization x) Anywhere else? Where?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) PUB SOL/LAWYERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) CHIEF</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) CHUCH LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) OTHER LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) VWC NETWORK (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) WOMEN'S ORGANIZATION (specify): _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____ _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) PUB SOL/LAWYERS	1	2	d) COURT	1	2	e) CHIEF	1	2	f) CHUCH LEADER	1	2	g) OTHER LEADER	1	2	h) VWC NETWORK (specify): _____	1	2	i) WOMEN'S ORGANIZATION (specify): _____	1	2	x) ELSEWHERE (specify) : _____ _____	1	2		*	**	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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CHECK: Question 910a *** (s9check)	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [] (2)	⇒912																																																										

911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/HER FAMILYA ENCOURAGED BY HIS FAMILYB HAD INFORMATION ABOUT WHERE TO GO.....C AWARE OF HER RIGHTSD KNEW OTHER WOMEN WHO HAD BENEFITED.....E COULD NOT TAKE ANY MOREF BADLY INJUREDG HE THREATENED OR TRIED TO KILL HERH HE THREATENED OR HIT CHILDRENI SAW THAT CHILDREN SUFFERINGJ THROWN OUT OF THE HOMEK AFRAID SHE WOULD KILL HIML AFRAID HE WOULD KILL HERM</p> <p>OTHER (specify): _____ _____X</p>	<p>FOR ALL OPTIONS GO TO 913</p>
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWERA FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCEB HE STOPPED HER FROM GOINGC HE THREATENED TO KILL HERD VIOLENCE NORMAL/NOT SERIOUSE EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDF BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPEDG AFRAID WOULD END RELATIONSHIPH AFRAID WOULD LOSE CHILDRENI BRING BAD NAME TO FAMILYJ</p> <p>OTHER (specify): _____ _____X</p>	
913	<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p>MARK ALL MENTIONED</p> <p>PROBE: How would you like them to help more?</p>	<p>NO ONE MENTIONEDA HER FAMILYB HIS FAMILYC HEALTH CENTRE/AID POST/HOSPITALD POLICEE PUBLIC SOLICITOR/LAWYERSF CHIEFG CHURCH LEADERH OTHER COMMUNITY LEADERI VWC NETWORKJ</p> <p>OTHER (specify): _____X</p> <p>HOW: _____</p>	
914	<p>Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? IF NOT SURE: Estimate how many times?</p>	<p>NUMBER OF TIMES LEFT [] NEVER00 N.A. (NOT LIVING TOGETHER)97 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER99</p>	<p>⇒919 ⇒S.10</p>

915	What were the reasons why you left <u>the last time</u> ? MARK ALL MENTIONED	NO PARTICULAR INCIDENTA ENCOURAGED BY FRIENDS/HER FAMILY B ENCOURAGED BY HIS FAMILY C HAD INFORMATION ABOUT WHERE TO GO D AWARE OF HER RIGHTS E KNEW OTHER WOMEN WHO HAD BENEFITED F COULD NOT TAKE ANY MORE G BADLY INJURED H HE THREATENED OR TRIED TO KILL HER I HE THREATENED OR HIT CHILDREN J SAW THAT CHILDREN SUFFERING K THROWN OUT OF THE HOME L AFRAID SHE WOULD KILL HIM M AFRAID HE WOULD KILL HER N ENCOURAGED BY ORGANIZATION (specify): O OTHER (specify): X	
916	Where did you go <u>the last time</u> ? MARK ONE VWC network: specify VWC, SCC, TCC, CAVAW, male advocate	HER RELATIVES 01 HIS RELATIVES 02 HER FRIENDS/NEIGHBOURS 03 HOTEL 04 STREET 05 CHIEF 06 CHURCH LEADER 07 VWC NETWORK (specify): 08 OTHER (specify): 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
917	How long did you stay away <u>the last time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH)..... [] [] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)..... [] [] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER 3	⇒S.10
CHECK: (Ref. sheet, Box B, option R) (s9child)		CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2) ⇒918
917a	The last time that you left, did you take any of the children with you? Did you take all of the, some of them or none of them?	ALL CHILDREN 1 SOME CHILDREN 2 NONE OF CHILDREN 3 N/A HAD NO CHILDREN AT THE TIME 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒918 ⇒918
917b	What was the reason that you did not take any/all of your child/children with you when you left? PROBE: Any other reasons	CHILDREN NOT HOME AT THE TIME A PREVENTED FROM TAKING CHILDREN B CHILDREN REFUSED TO LEAVE C NO TRANSPORT TO TAKE CHILDREN D OTHER (specify): X	

918	<p>What were the reasons that you returned?</p> <p>MARK ALL MENTIONED AND GO TO SECTION 10</p>	<p>DIDN'T WANT TO LEAVE CHILDRENA</p> <p>SANCTITY OF MARRIAGEB</p> <p>FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR)C</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>HE ASKED HER TO GO BACKF</p> <p>FAMILY SAID TO RETURNG</p> <p>FORGAVE HIMH</p> <p>THOUGHT HE WOULD CHANGEI</p> <p>THREATENED HER/CHILDREN/FAMILYJ</p> <p>COULD NOT STAY THERE (WHERE SHE WENT).....K</p> <p>VIOLENCE NORMAL/NOT SERIOUSL</p> <p>BRIDEPRICE WAS PAIDM</p> <p>FEAR OF BLACK MAGIC/SORCERYN</p> <p>HE USED A LOVE SPELLO</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDERP</p> <p>RECEIVED COUNSELLING FROM (specify): Q</p> <p>OTHER (specify):X</p>	<p>FOR ALL OPTIONS GO TO Section 10</p>
919	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDRENA</p> <p>SANCTITY OF MARRIAGEB</p> <p>DIDN'T WANT TO BRING SHAME ON FAMILYC</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM.....E</p> <p>DIDN'T WANT TO BE SINGLEF</p> <p>FAMILY SAID TO STAYG</p> <p>FORGAVE HIMH</p> <p>THOUGHT HE WOULD CHANGEI</p> <p>THREATENED HER/CHILDREN/FAMILYJ</p> <p>NOWHERE TO GOK</p> <p>VIOLENCE NORMAL/NOT SERIOUSL</p> <p>BRIDEPRICE WAS PAIDM</p> <p>FEAR OF BLACK MAGIC/ SORCERYN</p> <p>HE USED A LOVE SPELLO</p> <p>OBTAINED A DOMESTIC VIOLENCE, FAMILY PROTECTION OR RESTRAINING ORDERP</p> <p>RECEIVED COUNSELLING FROM (specify): Q</p> <p>OTHER (specify):X</p>	

SECTION 10 OTHER EXPERIENCES

SECTION 10 OTHER EXPERIENCES																																																				
		In their lives, many women experience different forms of violence from relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private. May I continue?																																																		
1001 a	<p>Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever beaten or physically mistreated you in any way?</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	NO ONEA	⇒1002																																																	
		<p>FATHERB</p> <p>STEPFATHERC</p> <p>OTHER MALE FAMILY MEMBERD</p> <p>FEMALE FAMILY MEMBER: _____E</p> <p>TEACHERF</p> <p>POLICE/ SOLDIERG</p> <p>MALE FRIEND OF FAMILYH</p> <p>FEMALE FRIEND OF FAMILYI</p> <p>BOYFRIENDJ</p> <p>STRANGERK</p> <p>SOMEONE AT WORKL</p> <p>CHURCH LEADERM</p> <p>CHIEFN</p> <p>OTHER (specify): _____X</p>	<p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	
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1002 a	<p>Since the age of 15 years, has anyone (FOR WOMEN WITH CURRENT OR PAST PARTNER: other than your partner/husband) ever forced you to have sex or to perform a sexual act when you did not want to?</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	NO ONEA	⇒1003																																																	
		<p>FATHERB</p> <p>STEPFATHERC</p> <p>GRANDFATHERD</p> <p>BROTHERE</p> <p>OTHER MALE FAMILY MEMBER _____F</p> <p>FEMALE FAMILY MEMBER: _____G</p> <p>TEACHERH</p> <p>POLICE/ SOLDIERI</p> <p>MALE FRIEND OF FAMILYJ</p> <p>FEMALE FRIEND OF FAMILYK</p> <p>BOYFRIENDL</p> <p>STRANGERM</p> <p>SOMEONE AT WORKN</p> <p>CHURCH LEADERO</p> <p>CHIEFP</p> <p>OTHER (specify): _____X</p>	<p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1
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1003 a	<p><u>Before the age of 15 years</u>, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE A	⇒1004				
			ASK ONLY FOR THOSE MARKED IN 1003a				
			b) How old were you when it happened with this person for the first time? (estimate)	c) How old was this person? PROBE: Estimate the age if not sure.	d) How many times did this happen?		
					Once/ twice	Few times	Many times
		FATHER B	[] []	[] []	1	2	3
		STEPFATHER C	[] []	[] []	1	2	3
		GRANDFATHER D	[] []	[] []	1	2	3
		BROTHER E	[] []	[] []	1	2	3
		OTHER MALE FAMILY MEMBER					
	 F	[] []	[] []	1	2	3
		FEMALE FAMILY MEMBER: G	[] []	[] []	1	2	3
		TEACHER H	[] []	[] []	1	2	3
		POLICE/ SOLDIER I	[] []	[] []	1	2	3
		MALE FRIEND OF FAMILY J	[] []	[] []	1	2	3
		FEMALE FRIEND OF FAMILY K	[] []	[] []	1	2	3
		BOYFRIEND L	[] []	[] []	1	2	3
		STRANGER M	[] []	[] []	1	2	3
		SOMEONE AT WORK N	[] []	[] []	1	2	3
		CHURCH LEADER O	[] []	[] []	1	2	3
		CHIEF P	[] []	[] []	1	2	3
		OTHER (specify): X	[] []	[] []	1	2	3
				DK = 98			

1004	How old were you when you first had sex? IF SHE IS NOT SURE: About how old?	AGE YEARS [] [] NOT HAD SEX 95 REFUSED/NO ANSWER 99	⇒1006
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1 NOT WANT BUT HAD SEX 2 FORCED TO HAVE SEX 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒s10mar* ⇒s10mar* ⇒s10mar*
1007	As a child, did you see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

* CHECK: Ref. sheet Box A (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N) [] ⇒ (2)	⇒S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES..... 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	⇒ 1010 ⇒ 1010 ⇒ 1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER..... 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES..... 1 NO..... 2 DON'T KNOW..... 8 REFUSED/NO ANSWER..... 9	

SECTION 11 FINANCIAL AUTONOMY

Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.

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Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.																																																																																	
1101	<p>Please tell me if you own any of the following, either by yourself or with someone else:</p> <p>a) Land b) Your house c) A company or business d) Large animals (cows, horses, pigs etc.) e) Small animals (chickens, goats, etc.) f) Vegetables/fruits from gardens or trees g) Handcrafts (mats, baskets etc.) h) Large household items (TV, bed, cooker) i) Jewellery, gold or other valuables j) Water tank/well k) Lawn mower l) Motor car/Hilux/4 wheel drive/Truck m) Bicycle n) Canoe o) Boat with motor p) Savings in the bank? q) Other savings? x) Other property, specify</p> <p>FOR EACH, PROBE: Do you own this on your own, or do you own it with others?</p>		<table border="1"> <thead> <tr> <th></th> <th>YES Own by self</th> <th>YES Own with others</th> <th>NO Don't own</th> </tr> </thead> <tbody> <tr><td>a) LAND</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>b) HOUSE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>c) COMPANY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>d) LARGE ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>e) SMALL ANIMALS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>f) VEGETABLES,FRUIT</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>g) HANDCRAFTS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>h) HOUSEHOLD ITEMS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>i) JEWELLERY</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>j) WATER TANK/WELL</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>k) LAWN MOWER</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>l) CAR/TRUCK</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>m) BICYCLE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>n) CANOE</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>o) BOAT WITH MOTOR</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>p) SAVINGS IN BANK</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>q) OTHER SAVINGS</td><td>1</td><td>2</td><td>3</td></tr> <tr><td>x) OTHER PROPERTY:</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES Own by self	YES Own with others	NO Don't own	a) LAND	1	2	3	b) HOUSE	1	2	3	c) COMPANY	1	2	3	d) LARGE ANIMALS	1	2	3	e) SMALL ANIMALS	1	2	3	f) VEGETABLES,FRUIT	1	2	3	g) HANDCRAFTS	1	2	3	h) HOUSEHOLD ITEMS	1	2	3	i) JEWELLERY	1	2	3	j) WATER TANK/WELL	1	2	3	k) LAWN MOWER	1	2	3	l) CAR/TRUCK	1	2	3	m) BICYCLE	1	2	3	n) CANOE	1	2	3	o) BOAT WITH MOTOR	1	2	3	p) SAVINGS IN BANK	1	2	3	q) OTHER SAVINGS	1	2	3	x) OTHER PROPERTY:	1	2	3		
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1102	<p>a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, market, trading d) Seasonal work in Vanuatu e) Seasonal work overseas x) Any other activity, specify</p>	<p>NO A</p> <p>b) JOB: c) SELLING/MARKET/TRADING: d) SEASONAL WORK VANUATU: e) SEASONAL WORK OVERSEAS: x) OTHER:</p>	<p>⇒ *s11mar</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2																																																																		
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* CHECK: Ref. sheet, Box A (s11mar)	<p>CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] ↓ (1)</p>	<p>NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [] ⇒ (2)</p>		⇒S.12																																																																													
CHECK 1102	1. OPTIONS b) to e) or x) MARKED [] ↓	2. OPTION a) MARKED [] ⇒		⇒1105																																																																													
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	<p>SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9</p>																																																																															
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	<p>MORE THAN HUSBAND/PARTNER 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9</p>																																																																															

1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times (5 to 10 times) or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES (5-10 TIMES)..... 3 MANY TIMES/ALL OF THE TIME..... 4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times (5 to 10 times) or many times?	NEVER..... 1 ONCE OR TWICE..... 2 SEVERAL TIMES (5-10 TIMES)..... 3 MANY TIMES/ALL OF THE TIME..... 4 N/A (PARTNER DOES NOT EARN MONEY)..... 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES..... 1 NO..... 2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	
1108 a	Do you think you alone could raise enough money to pay back the brideprice if you were asked to?	YES..... 1 NO..... 2 N/A: NO BRIDEPRICE..... 3 DON'T KNOW 8 REFUSED/NO ANSWER..... 9	

SECTION 12 COMPLETION OF INTERVIEW		
1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. AFTER LEAVING THE INTERVIEW WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE IMMEDIATELY. LATER, SECURELY STAPLE THE ENVELOPE TO THE QUESTIONNAIRE.</p>	<p>CARD GIVEN FOR COMPLETION 1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION 2</p>
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER 1</p> <p>BAD/WORSE 2</p> <p>SAME/ NO DIFFERENCE 3</p>
1204	<p>Finally, do you agree that we may contact you again over the next day or two if we need to ask a few more questions for clarification?</p>	<p>YES 1</p> <p>NO 2</p>

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

Lined area for interviewer comments, containing multiple horizontal lines for text entry.

REFERENCE SHEET

Box A. MARITAL STATUSCopy exactly from Q119 and 120a. Follow arrows and mark **only ONE** of the following for marital status:

119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED 1 LIVING WITH MAN, NOT MARRIED 3 <i>CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART</i> 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (no current sexual relationship) (M1) <input type="checkbox"/> Previously had sexual relationship (M2)
120 a	Have you ever been married or lived with a male partner?	YES, MARRIED 1 LIVED WITH A MAN, NOT MARRIED 3 NO 5	
120 b	Have you ever had a regular male sexual partner?	YES 1 NO 2	<input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)
123. Number of times married/lived together with man: [][] (O)			

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

- (P) Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No
- (Q) Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No
- (R) Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No
- (S) Respondent is currently pregnant (Question 310, option 1) [] Yes [] No
- (T) Number of pregnancies reported (Question 308): [][]

Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

- (U) Respondent has been victim of physical violence (Question 705h) [] Yes [] No
- (V) Respondent has been victim of sexual violence (Question 706d) [] Yes [] No

ANNEX 3: RESEARCH TEAM

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ANNEX 4: GUIDELINES FOR CLASSIFYING SOCIO-ECONOMIC STATUS

Socio-economic status was classified by combining and correlating respondents' answers to four questions on the household questionnaire into a single overall measure. These questions covered the main source of drinking water for the household (question 1), the type of toilet used by household members (question 2), the type of household possessions in the household (question 4), and ownership of transport-related possessions by any member of the household (question 5). The classification followed a three-step process.³⁵

Step 1: initial classification of answers to questions on the household questionnaire

This was done during a workshop with VWC and Branch staff to identify the answers to each question that would be classified as low, medium or high socio-economic status. Initially, the first 7 questions on the household questionnaire were to be included in the overall single measure of socio-economic status. However, it was not possible to identify unambiguous or mutually exclusive determinations of socio-economic status for questions relating to the following: the main roofing materials used on the house (question 3); land ownership by any member of the household (question 6); or the number of rooms in the house used for sleeping (question 7). The classification of answers according to socio-economic status for questions 1, 2, 4 and 5 are outlined in the tables below.

Question 1, drinking water: What is the main source of drinking water for your household?

Coding Categories	Codes	High socio-economic status	Medium socio-economic status	Low socio-economic status
Tap/piped water inside the house	01	✓		
Outside tap (piped water) with HH	02		✓	
Public tap	03			✓
Well-water, with household	04		✓	
Public well	05			✓
Handpump well, with household	06	✓		
Public handpump well	07			✓
Spring water	08			✓
River/small creek/lake	09			✓
Rainwater tank	10		✓	
Rainwater drum	11			✓
Bottled water from shop	12	✓		

Question 2, toilet: What kind of toilet does your household have?

Coding Categories	Codes	High socio-economic status	Medium socio-economic status	Low socio-economic status
Own flush toilet	01	✓		
Shared flush toilet	02		✓	
VIP latrine in the household	03		✓	
Public VIP latrine	04			✓
Traditional pit toilet/latrine	05			✓
River/canal/sea	06			✓
No facility/bush/field	07			✓

³⁵ No questions were asked regarding income levels. The classification into 3 socio-economic groups was assumed to capture long-term wealth based on ownership of key assets. The classification is a ranking of households by assets, and does not provide any information on absolute poverty, income or expenditure. The ranking applies only to the data set from the VWC sample. However the final classification is consistent with the ranking into 5 socio-economic groups (quintiles) used by the Vanuatu Multiple Indicator Cluster Survey (MOH 2008: 13-14).

Question 4, household possessions: Does your household have...? (code 1 for YES)

Questions	High socio-economic status	Medium socio-economic status	Low socio-economic status
a) electric light		✓	
b) A radio			✓
c) A television		✓	
d) A telephone	Not used for determining socio-economic status		
e) A refrigerator		✓	
f) A washing machine	✓		
g) A microwave oven	✓		
h) A cooking stove		✓	
i) A clothes iron		✓	
j) A table			✓
k) A chair			✓
l) A bed		✓	
m) A mattress		✓	
n) A mat			✓
o) A kerosene, hurricane or kolman light			✓
p) An axe, big knife, spade, hammer or hoe			✓

Categories for classifying socio-economic status:

- Low: NO (code 2) to all the questions ticked above for high status (f and g); and NO to any 5 out of any of the 7 identified above as medium status (a, c, e, h, i, l and m)
- Medium: NO (code 2) to questions f and g identified above as high status; and YES to at least 6 of any of the 7 codes ticked for medium (a, c, e, h, i, l, m)
- High: YES (code 1) to questions f and g and to all the questions ticked for Medium (a, c, e, h, i, l, m)

Question 5, transport-related possessions: Does any member of your household own...? (code 1 for YES)

Questions	High socio-economic status	Medium socio-economic status	Low socio-economic status
a) A bicycle		✓	
b) A motorcycle	✓		
c) A car or bus	✓ (6 rural samples)	✓ (2 urban samples)	
d) A truck, hilux or 4-while drive vehicle	✓		
e) A speedboat with an engine	✓		
f) A canoe			✓

Step 2: analysis of responses to ensure that all possible combinations were covered

In this step, all answers were cross-checked by 2 qualified statisticians contracted by VWC, to ensure that all possible combinations of answers were included in the classification system.

Drinking Water and Toilet Type

Since only a single answer per household was used for the socio-economic status measure based on water supply and a single measure per household for toilet type, these were straight forward to enumerate and mutually exclusive.

Household Possessions

The classification for the socio-economic status rating based on household possessions was based on two sets of questions:

- Set 1: Q4f, g (indicators of high socio-economic status)
- Set 2: Q4a, c, e, h, i, l, m (indicators of medium socio-economic status)

However, this classification did not cover all combinations of Set 1 and Set 2 responses, and very few households were classified as high socio-economic status (or even medium socio-economic status) making the classification of limited value. To address this, the following classification was used:³⁶

Set 2	Set 1 Items			Missing	Total	
	0	1	2			
0	58	0	0	0	58	
1	235	0	0	0	235	Low
2	905	0	0	0	905	Medium
3	301	1	0	0	302	High
4	278	1	0	0	279	
5	195	5	2	0	202	
6	138	22	6	0	166	
7	113	55	19	0	187	
Missing	1	0	0	2	3	
Total	2224	84	27	2	2337	

Transport Information

Transport was based on the number of positive responses to two sets of questions:

- Set 1: Q5b, c (if rural), d, e (indicators of high socio-economic status)
Set 2: Q5a, c (if urban) (indicators of medium socio-economic status)

Set 2	Set 1 items				Missing	Total	
	0	1	2	3			
0	1753	111	15	0	0	1879	
1	353	59	12	3	0	427	Low
2	15	9	4	1	0	29	Medium
Missing	1	0	0	0	1	2	High
Total	2122	179	31	4	1	2337	

Step 3: Combining and correlating all responses into a single overall measure

All four measures were observed to be in agreement. Low, medium, and high socio-economic status were coded as a numeric scale of 1, 2 and 3, and the following Spearman's correlations were obtained:

Correlation matrix (adjusted for ties)

Water	1	1.000				
Toilet	2	0.255	1.000			
HH Possessions	3	0.312	0.449	1.000		
Transport	4	0.106	0.193	0.385	1.000	
		1	2	3	4	

³⁶ The tables above showing the distribution for household and transport-related possessions show socio-economic rankings for the 2337 respondents who completed the women's interview. However, the socio-economic classification used in Table 3.1 of the report covers the total sample that completed the relevant questions of the household questionnaire (2712 of the 3141 households that completed the household questionnaire).

All correlations are highly significant (all $P < 0.001$), though the transport-related indicators appear to be less correlated. Nonetheless, this confirmed that they could be combined meaningfully into a single measure. The one adopted was to take the MEDIAN socio-economic status rank across the four measures for each household. When this median rank occurs between two values (1.5, 2.5, or 3.5) the transport component is dropped (as this is the least in agreement, and a median based on three will always give a whole number). Thus, ranks of 1, 2 and 3 are converted back to Low, Medium and High as an overall measure.

ANNEX 5: LOCATIONS INCLUDED IN THE SURVEY SAMPLE

Province and Island	Area Councils and number of enumeration areas
Torba Province	9 enumeration areas
Vanualava	Central Torba
Motalava	Central Torba
Rah	Central Torba
Gaua	South Torba
Sanma Province	29 enumeration areas
Santo	South Santo, South East Santo, East Santo, North Santo, North West Santo, Canal-Fanafo
Aore	Canal-Fanafo
Malo	East Malo, West Malo,
Penama Province	34 enumeration areas
Pentecost	Malpangpang, Ulinsalean, Bitakan
Ambae	South Ambae, West Ambae, Lungei Tagaro,
Maewo	North Maewo, South Maewo, Vatunmalan
Malampa Province	34 enumeration areas
Ambrym	South East Ambrym, West Ambrym
Malekula	North West Malekula, North East Malekula, Central Malekula, South East Malekula, South Malekula, South West Malekula
Uri	Central Malekula
Uripiv	Central Malekula
Rano	North East Malekula
Shefa Province	29 enumeration areas
Epi	Vermali, Vermaul, Varisu
Lamen	Vermali
Tongoa	Tongariki, North Tongoa
Efate	North Efate, Eton, Malorua, Mele, Eratap, Erakor, Pango
Emae	Emae
Hideaway	Mele
Erakor	Erakor
Ifira	Ifira
Pele	Nguna
Nguna	Nguna
Tafea Province	26 enumeration areas
Tanna	West Tanna, Middle Bush, South West Tanna, South Tanna, White Sands, South West Tanna, North Tanna
Erromango	Erromango
Aneityum	Aneityum
Aniwa	Aniwa
Municipalities	
Port Vila	31 enumeration areas
Luganville	22 enumeration areas

ANNEX 6: GLOSSARY OF STATISTICAL TERMS

Statistical significance

In statistics, a result is statistically significant if it is unlikely to have occurred by chance or coincidence. Statistical significance is a measure of how strong the evidence is that findings from research are not due to chance, or to other unknown factors that might have arisen in the sampling process or in the process of carrying out the research (for example, in the selection of enumeration areas, the selection of households, the selection of respondents interviewed, any error due to the way the questionnaire was constructed, or any bias or errors by the interviewer).

In the VWC research, one of the aims was to measure what factors tend to increase women's risk of intimate partner violence (risk factors), what factors help to protect women from violence (protective factors), and the health and other impacts of intimate partner violence on women and children. These relationships between violence and various factors or impacts are called **associations** – for example, the association between violence and the risk of someone attempting suicide. One way of assessing how strong the evidence is between these types of associations is by calculating P values; another is by calculating odds ratios. Both of these terms are explained below.

The P value

A P value is a measure statistical significance. For example, it is a measure of how strong the association is between the experience of intimate partner violence, and each factor or characteristic (or variable, using the statistical term) that we want to explore. The lower the P value, the stronger the association between violence and the factor or characteristic.

- A P value higher than 0.05 is usually regarded as not significant. This means that the association between violence and that particular characteristic or factor (such as age) is not statistically significant. For example, even though it looks like more women in a particular age group have a higher rate of violence, if the P value is more than 0.05 and if we were to do the survey over and over again, or if we were to survey every woman in Vanuatu, we would most likely find very few differences in the rates of violence between age groups.
- The standard measure of significance is usually a P value of less than 0.05 (<0.05). This means that there is 5% likelihood (or one possibility in every 20) that the result we got from the survey is due to chance, or due to error, rather than being due to a real association between violence and the particular factor or characteristic (or variable) that we are looking at.
- A P value of less than 0.01 (<0.01) is very significant. It means that there is 1% likelihood (or one possibility in every 100) that the result we got from the survey is due to chance, or due to error.
- A P value of less than 0.001(<0.001) is extremely significant. It means that there is only 0.1% likelihood (or one possibility in every thousand) that the result we got from the survey is due to chance, or due to error. So, where we have P values of less than 0.001 we can be very sure that women with that particular factor or characteristic have a greater likelihood of experiencing either physical or sexual violence in their lifetime.

Odds ratio

The odds ratio for a factor (or variable) gives an estimate of the likelihood that any woman who has that particular factor (or characteristic) will experience partner violence in her lifetime, compared to any other woman. Adjusted odds ratio just means that the odds have been adjusted to take into account all the other variables or factors that may be associated with violence – so the adjusted odds ratio gives us a stronger evidence base. A 95% confidence interval for the odds ratio gives us more evidence of how strong an association is between partner violence and any particular factor, because it gives us a range of error for the odds ratio; and it tells us that there is only once chance in 20 that our odds ratio will be wrong.

Logistic regression analysis

This is a method of statistical analysis commonly used in medical and social science research to test a hypothesis (or assumption) about the association between an outcome and various other variables (or factors or characteristics). In the VWC survey, the outcome was women's experience of violence by a husband or intimate partner. This type of mathematical analysis helps understand how likely it is that a woman will experience intimate partner violence, by considering the various factors in her background, or her husband's/partner's background.



SOMEBODY'S LIFE, EVERYBODY'S BUSINESS!



National Research on Women's Health and Life Experiences in Fiji (2010/2011):
A survey exploring the prevalence, incidence and attitudes to intimate partner
violence in Fiji.



SOMEBODY'S LIFE, EVERYBODY'S BUSINESS!

National Research on Women's Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji.



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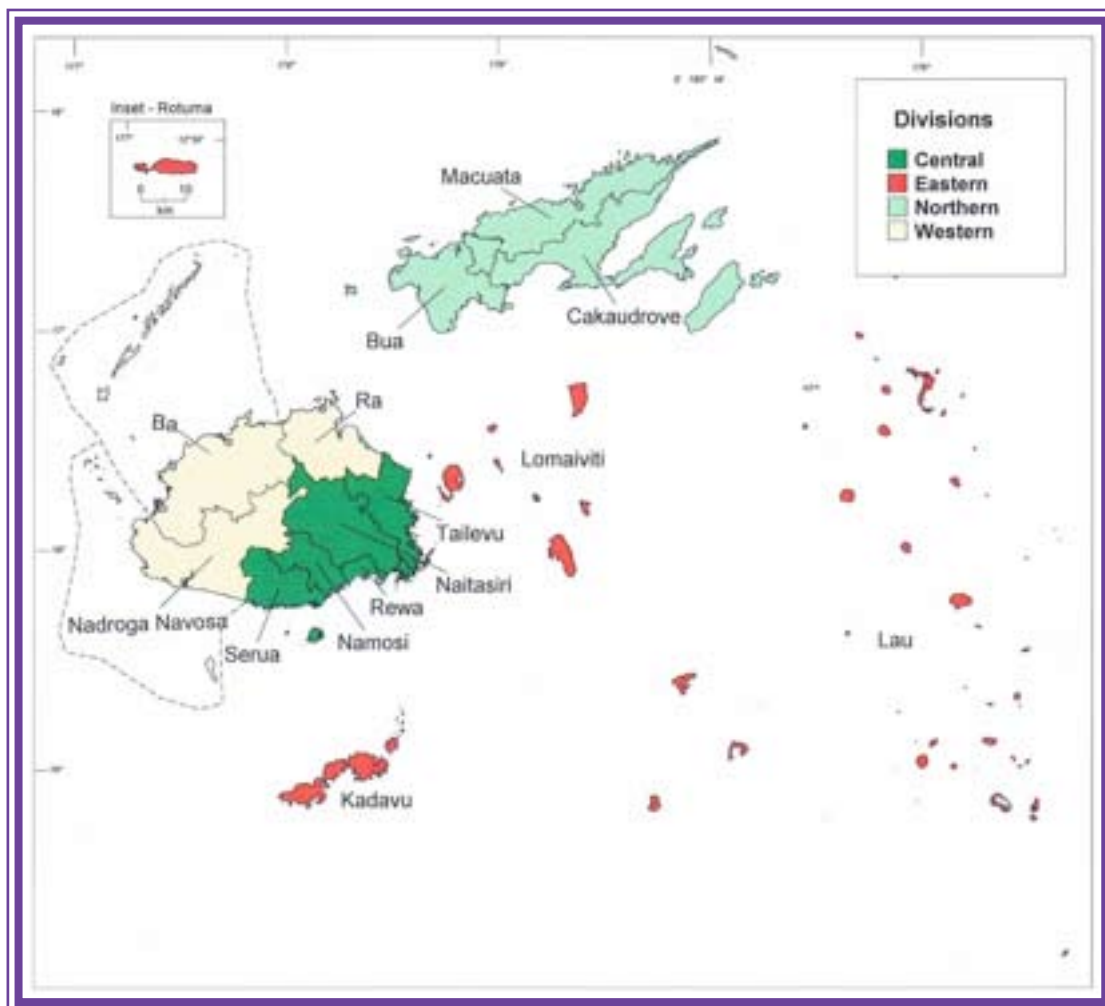
Shamima Ali
Coordinator,
Fiji Women's Crisis Centre



Map of Fiji

Divisions & Provinces

map showing divisional and provincial boundaries



Abbreviations

ADB	Asian Development Bank
AOG	Assemblies of God Church
ABC	Australian Broadcasting Corporation
AusAID	Australian Agency for International Development (integrated into the Australian CSW Commission on the Status of Women (United Nations))
DEVAW	United Nations Declaration on the Elimination of Violence Against Women
DVRO	Domestic Violence Restraining Order
EVAW	Elimination of violence against women
FBOS	Fiji Islands Bureau of Statistics
FWCC	Fiji Women's Crisis Centre
FWRM	Fiji Women's Rights Movement
ILO	International Labour Organization
MDGs	Millennium Development Goals
MOH	Fiji Islands Ministry of Health
MOW	Fiji Islands Ministry of Women
N	Number (refers to the denominator in statistical tables)
P value	A measure of statistical significance (see Annex 6)
RRRT	Regional Rights Resource Team of the SPC
SRQ-20	Self reporting questionnaire (a tool used to assess emotional distress, see WHO 1994)
SDA	Seventh Day Adventist Church
SES	Socio-economic status (in this report, this refers to 3 clusters based on an assets index, see Annex 4)
SPC	Secretariat of the Pacific Community
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USP	University of the South Pacific
VWC	Vanuatu Women's Centre
WHO	World Health Organisation



Contents

ACKNOWLEDGEMENTS	i
ABBREVIATIONS	iii
EXECUTIVE SUMMARY	1

CHAPTER 1: INTRODUCTION 11

1.1 The Fiji Women's Crisis Centre (FWCC)	12
1.2 Violence against women	13
1.3 Legal, policy and institutional context of violence against women in Fiji	15
1.3.1 Policy context	15
1.3.2 Legal framework and implementation of the law	16
1.3.3 Institutional and social context	18
1.4 The status of women in Fiji	19

CHAPTER 2: RESEARCH OBJECTIVES AND METHODOLOGY 21

2.1 Overview of research method and objectives	22
2.2 The survey questionnaire	23
2.2.1 Overview of the survey instrument	23
2.2.2 Operational definitions used in the survey	24
2.2.3 Child sexual abuse	26
2.3 Design of the survey sample	26
2.4 Fieldwork, data processing and quality control	27
2.4.1 Interviewer selection, training, pilot and fieldwork	27
2.4.2 Quality control	28
2.4.3 Data entry, tabulation and analysis	29
2.5 Ethical and safety considerations	29
2.6 Strengths and limitations of the research design	30

CHAPTER 3: RESPONSE RATE AND DESCRIPTION OF THE SAMPLE 31

3.1 Response rates	32
3.2 Description of respondents in the sample	32
3.2.1 Characteristics of respondents	32
3.2.2 Household head	32
3.2.3 Socio-economic assets index	33
3.3 Representativeness of the sample	33
3.4 How women felt after the interview	34

CHAPTER 4: VIOLENCE AGAINST WOMEN BY HUSBANDS AND INTIMATE PARTNERS 35

Summary of main findings	35
4.1 Definition of prevalence	36
4.2 Overview of violence against women by husbands and partners	36
4.2.1 National prevalence of physical, sexual and emotional violence	36
4.2.2 Who experiences intimate partner violence?	37
4.2.3 Overlap of physical, sexual and emotional partner violence	43
4.3 Types, frequency and severity of physical partner violence	45
4.4 Types and frequency of sexual partner violence	48
4.5 Types and frequency of emotional violence	50
4.6 Types of controlling behaviours	51
4.6.1 National prevalence of controlling behaviours	51
4.6.2 Who experiences control by husbands/partners?	52
4.6.3 How are controlling behaviours associated with physical and sexual violence?	53
4.7 Discussion of findings	54
4.7.1 Myths about intimate partner violence against women	54
4.7.2 Intimate partner violence and gender inequality	55
4.7.3 Explaining ethnic differences in prevalence	57

CHAPTER 5: NON-PARTNER VIOLENCE AGAINST WOMEN AND GIRLS 59

Summary of main findings	59
5.1 Overview of violence against women and girls	60
5.1.1 Combined prevalence and overlap of non-partner and partner violence	60
5.1.2 Prevalence of child sexual abuse	61
5.2 Prevalence of physical and sexual abuse by non-partners	62
5.3 Features of physical violence by non-partners	66
5.4 Features of sexual violence by non-partners	67
5.5 Women's first sexual experience	69
5.6 Discussion of findings	70
5.6.1 High tolerance for violence	70
5.6.2 Myths about the risks of sexual violence to women and girls	71
5.6.3 Perpetrators of child sexual assault	72



CHAPTER 6: WOMEN'S ATTITUDES TO GENDER POWER RELATIONS AND VIOLENCE AGAINST WOMEN 73

Summary of main findings	73
6.1 Women's attitudes to gender power relations	74
6.1.1 Overview of women's attitudes to gender power relations	74
6.1.2 Differences in women's attitudes to gender power relations	75
6.1.3 Association between women's attitudes and their experience of violence	76
6.2 Women's attitudes to physical violence by husbands/partners	77
6.2.1 Overview of women's attitudes to physical intimate partner violence	77
6.2.2 Differences in women's attitudes to physical intimate partner violence	77
6.2.3 Association between women's attitudes to physical violence and their experience of violence	78
6.3 Women's attitudes to sexual autonomy	78
6.4 Women's views about situations when physical violence occurs	79
6.5 Discussion of findings	80

CHAPTER 7: IMPACTS OF VIOLENCE AGAINST WOMEN ON PHYSICAL, MENTAL AND REPRODUCTIVE HEALTH, INCLUDING DURING PREGNANCY 83

Summary of main findings	83
7.1 Impacts of partner violence on physical health	84
7.1.1 Injuries caused by partner violence	84
7.1.2 Other impacts on physical health	86
7.1.3 Use of health services and medication	88
7.2 Impacts of partner violence on mental health	88
7.3 Prevalence of partner violence during pregnancy and other impacts of partner violence on reproductive health	89
7.3.1 Prevalence and features of violence during pregnancy	90
7.3.2 Impacts of partner violence on reproductive health behaviours and outcomes	93
7.4 Discussion of findings	93
7.4.1 Physical and mental health impacts	93
7.4.2 Reproductive health impacts	97

CHAPTER 8: IMPACTS ON CHILDREN OF INTIMATE PARTNER VIOLENCE 99

Summary of main findings	99
8.1 Impacts of intimate partner violence on children's well-being	100
8.2 Discussion of findings	102

CHAPTER 9: ECONOMIC ABUSE AND IMPACTS OF PARTNER VIOLENCE ON WOMEN'S WORK 105

Summary of main findings	105
9.1 Women's financial autonomy	106
9.1.1 Income generation and ownership of assets	106
9.1.2 Prevalence of economic abuse and impacts of partner violence on financial autonomy	107
9.2 Women's participation in organisations	109
9.3 Discussion of findings	109

CHAPTER 10: WOMEN'S COPING STRATEGIES 113

Summary of main findings	113
10.1 Who women told about the violence and who helped	114
10.2 Agencies and authorities women asked for help	115
10.3 Leaving home	117
10.4 Self-defence and communication patterns	119
10.4.1 Women's self-defence	119
10.4.2 Communication patterns and quarrelling	119
10.5 Discussion of findings	120

CHAPTER 11: RISKS AND PROTECTIVE FACTORS FOR VIOLENCE BY HUSBANDS AND INTIMATE PARTNERS 125

Summary of main findings	125
11.1 Method for statistical analysis of risk and protective factors	126
11.2 What factors increase women's lifetime risk of domestic violence?	127
11.3 What factors increase women's risk of domestic violence today?	128
11.4 Discussion of findings	130
11.4.1 What factors are protecting women from partner violence now?	130
11.4.2 Gender inequality	132
11.4.2 Alcohol abuse	134
11.4.3 Ethnicity	135
11.4.4 Age	136

CHAPTER 12: INTERNATIONAL COMPARISONS OF PREVALENCE 137

Summary of main findings	137
12.1 Global comparisons	138
12.2 Pacific comparisons	140
12.3 Discussion of findings	144



CHAPTER 13: CONCLUSION AND RECOMMENDATIONS		145
13.1	Conclusions on findings	146
	Prevalence and nature of violence against women and girls	146
	How women cope with the violence	147
	Health, social and economic impacts of violence against women and girls	147
	Gender inequality: causes, attitudes and risk factors	148
	Differences in prevalence and help-seeking behaviour	149
13.2	Has FWCC's work helped to prevent violence and change attitudes?	150
	Comparing findings from previous FWCC research	151
	Comparing findings from areas where FWCC has been most and least active	152
	Qualitative evidence from FWCC's monitoring and evaluation	152
13.3	Implications and recommendations	154
	Prevention	154
	Targeting high-risk areas and groups	155
	Improving health sector responses	157
	Economic empowerment	158
	 ANNEX 1: STATISTICAL TABLES	 159
	ANNEX 2: SURVEY QUESTIONNAIRE	241
	ANNEX 3: REFERENCES	285
	ANNEX 4: METHOD FOR DEVELOPING AN INDEX OF SOCIO-ECONOMIC CLUSTERS	293
	ANNEX 5: RESEARCH TEAM	307
	ANNEX 6: GLOSSARY OF STATISTICAL TERMS	309

TEXT BOXES

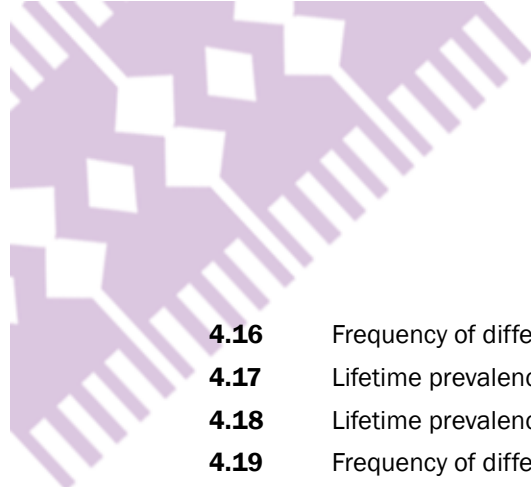
1.1	United Nations Declaration on the Elimination Violence Against Women (DEVAW)
2.1	Operational definitions of violence against women and girls used in the survey
2.2	Face card used for reporting of child sexual assault
7.1	Estimates of the impact of intimate partner violence in Fiji each year
7.2	Health impacts of intimate partner violence documented in other studies
10.1	Women's reasons for seeking help, or not seeking help
10.2	Women's reasons for leaving home, returning home, and for not leaving home at all
11.1	Lifetime risk factors for physical or sexual partner violence
11.2	Current risk factors for physical or sexual partner violence

TEXT TABLES

- 2.1** Selection of sample enumeration areas and households
- 4.1** Lifetime and current prevalence of physical, sexual and emotional violence against women by husbands/partners
- 4.2** Lifetime prevalence of different types of physical violence against women by husbands / partners
- 4.3** Lifetime prevalence of different types of sexual violence against women by husbands/ partners
- 4.4** Lifetime prevalence of different types of emotional violence against women by husbands/partners
- 5.1** Prevalence of child sexual abuse under the age of 15
- 5.2** Frequency of physical abuse by non-partners since age 15
- 5.3** Perpetrators of non-partner physical violence against women since age 15
- 5.4** Perpetrators of non-partner rape, attempted rape and child sexual abuse (percentage of women who experienced non-partner sexual violence)
- 5.5** Perpetrators of child sexual abuse among FWCC clients, 2001-2011
- 6.1** Women's attitudes to gender relations, according to their experience of physical or sexual violence from their husbands/partners
- 6.2** Women's attitudes to physical intimate partner violence, according to their experience of physical or sexual violence from their husbands/partners

TEXT FIGURES

- 3.1** Age distribution of survey respondents compared with the Fiji population of women aged 18-64 years (2007 Census)
- 4.1** Prevalence of physical, sexual and emotional violence by husbands/partners
- 4.2** Lifetime prevalence of physical and sexual violence by husbands/partners, by location
- 4.3** Lifetime and current prevalence of emotional violence by husbands/partners, by location
- 4.4** Lifetime and current prevalence of physical violence by husbands/partners, by age
- 4.5** Lifetime and current prevalence of sexual violence by husbands/partners, by age
- 4.6** Lifetime and current prevalence of emotional violence by husbands/partners, by age
- 4.7** Lifetime prevalence of intimate partner physical, sexual and emotional violence, by level of education
- 4.8** Current prevalence of intimate partner physical, sexual and emotional violence, by level of education
- 4.9** Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, by ethnicity
- 4.10** Current prevalence of physical, sexual and emotional violence by husbands/partners, by ethnicity
- 4.11** Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, by religion
- 4.12** Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, by socio-economic cluster
- 4.13** Overlap of lifetime prevalence of physical and sexual partner violence by husbands/partners
- 4.14** Overlap of lifetime prevalence of physical, sexual and emotional violence by husbands/partners
- 4.15** Current prevalence of physical and sexual violence and emotional abuse by husbands/partners, represented according to FWCC's experience

- 
- 4.16** Frequency of different types of physical partner violence in the past 12 months
 - 4.17** Lifetime prevalence of “moderate” and “severe” physical partner violence, by location
 - 4.18** Lifetime prevalence of “moderate” and “severe” partner violence, by age
 - 4.19** Frequency of different types of sexual partner violence in the past 12 months
 - 4.20** Frequency of forced sex following incidents of physical violence
 - 4.21** Frequency of different types of emotional partner violence in the past 12 months
 - 4.22** Lifetime prevalence of types of controlling behaviours by husbands/partners
 - 4.23** Lifetime prevalence of controlling behaviours by husbands/partners, according to women’s experience of physical and/or sexual partner violence
 - 4.24** Comparison of FWCC client statistics and domestic violence reports to the Fiji Police, by ethnicity, 2011
 - 5.1** Lifetime prevalence of physical and/or sexual violence against women since the age of 15 by both non-partners and husbands/partners
 - 5.2** Overlap of lifetime prevalence of partner and non-partner physical and/or sexual violence
 - 5.3** Lifetime prevalence of non-partner violence, percentage of women by location (physical and sexual violence since age 15 and child sexual assault)
 - 5.4** Lifetime prevalence of non-partner violence, percentage of women by age (physical and sexual violence since age 15 and child sexual assault)
 - 5.5** Lifetime prevalence of non-partner violence, percentage by level of education and socio-economic cluster (physical and sexual violence since age 15 and child sexual assault)
 - 5.6** Lifetime prevalence of non-partner violence, percentage by ethnicity (physical and sexual violence since age 15 and child sexual assault)
 - 5.7** Lifetime prevalence of non-partner violence, percentage by religion (physical and sexual violence since age 15 and child sexual assault)
 - 5.8** Frequency of non-partner rape, attempted rape and child sexual abuse, percentage of those who experienced each type of sexual abuse
 - 5.9** Number of perpetrators of non-partner rape, attempted rape and child sexual abuse
 - 5.10** Age of first sexual experience, percentage of women interviewed who ever had sex
 - 5.11** Nature of first sexual experience, percentage of women interviewed who ever had sex
 - 6.1** Women’s attitudes to gender power relations, percentage of all women interviewed who agree with each statement
 - 6.2** Women’s attitudes to gender power relations, by level of education
 - 6.3** Women’s attitudes to physical partner violence, percentage of all women interviewed who agree with each statement
 - 6.4** Women’s attitudes to sexual autonomy, percentage of all women interviewed who agree with each statement
 - 6.5** Women’s views on factors associated with physical violence
 - 7.1** Percentage of women ever injured, among women who experienced physical or sexual intimate partner violence
 - 7.2** Frequency of injuries, percentage of women ever injured due to physical or sexual violence

- 7.3** Types of injuries experienced by women in their lifetime
- 7.4** Percentage of women who ever needed health care and the proportion who received it, among women who experienced physical or sexual intimate partner violence
- 7.5** Percentage of women who experienced physical health problems, according to their experience of physical or sexual partner violence
- 7.6** Percentage of ever-partnered women with mental health symptoms, according to their experience of different forms of intimate partner violence
- 7.7** Prevalence of violence during pregnancy, percentage of ever-pregnant women
- 7.8** Features of violence during pregnancy, percentage of pregnant women ever beaten
- 7.9** Reproductive health outcomes, according to women's experience of physical or sexual partner violence
- 7.10** Factors relating to the last pregnancy, percentage of women with a live birth in the last 5 years, according to experience of physical or sexual partner violence
- 7.11** Use of contraception, percentage of women according to their experience of physical or sexual partner violence
- 8.1** Percentage of women who reported that their children witnessed violence
- 8.2** Percentage of women reporting behavioural problems with children aged 6-14, according to experience of partner violence
- 8.3** Physical violence in the family of the respondent and her partner, according to the respondent's experience of partner violence
- 9.1** Women's ownership of assets
- 9.2** Financial autonomy among women with a current husband/partner, according to experience of partner violence
- 9.3** Disruptions in women's work and income-generation, percentage of women who work and have experienced partner violence
- 9.4** Right to freedom of association, percentage of women prevented from attending organisations, according to experience of partner violence
- 10.1** Persons who were told about the violence, and persons who tried to help
- 10.2** Agencies or persons of authority where women sought help
- 10.3** Percentage of women who ever left home because of partner violence, and the number of times she left
- 11.1** Sample used for the risk factor analysis - number of women in the survey according to their partnership status and experience of physical and/or sexual intimate partner violence
- 12.1** Prevalence of lifetime and current physical or sexual partner violence around the world
- 12.2** Prevalence of lifetime physical or sexual and emotional partner violence around the world
- 12.3** Prevalence of lifetime and current emotional partner violence around the world
- 12.4** Lifetime and current physical and/or sexual partner violence across the Pacific
- 12.5** Non-partner violence across the Pacific
- 12.6** Prevalence of lifetime physical or sexual violence against women by anyone (partners and/or non-partners) since age 15
- 12.7** Lifetime prevalence of controlling behaviours by husbands/partners across the Pacific



Executive Summary



This report presents findings from a national survey on violence against women and girls conducted by the Fiji Women's Crisis Centre (FWCC). The survey was undertaken in cooperation with the Fiji Islands Bureau of Statistics in 2011. It provides reliable data on the prevalence of physical, sexual, emotional and economic violence against women by husbands/intimate partners, and on physical and sexual assault of women and girls by others (non-partners), including rape, attempted rape and child sexual assault. It provides detailed information on the impacts of men's violence, including on women's physical, mental and reproductive health, women's work and ability to earn an income, their participation in organisations, and the short-term and long-term effects on children. It also provides data on women's attitudes to gender based violence and women's human rights, how women cope with violence, and the risk factors associated with gender based violence.

Methodology

FWCC replicated the survey approach developed by the World Health Organisation (WHO) for its *Multi-country Study on Women's Health and Domestic Violence Against Women* (Chapter 2 and Annex 2). The WHO questionnaire is a well-tested and validated instrument, based on extensive learning about ethical research on violence against women. The WHO methodology has been used in several other Pacific countries including Samoa, the Solomon Islands, Kiribati, Vanuatu and Tonga. Studies using the WHO approach are currently underway in several other countries including Nauru, the Federated States of Micronesia, Marshall Islands, Cook Islands, and Palau. The use of the WHO methodology has been recommended in order to enhance credibility, comparability and the sharing of experience and expertise in the region.

Technical assistance was provided by the Fiji Islands Bureau of Statistics (FBOS), including the design of the survey sample, training of interviewers and data processors, and monitoring of data processing. Random sampling techniques were used to select rural and urban enumeration areas in each Division, and to select households in each enumeration area. The sample was nationally representative and included enumeration areas from all provinces and major islands in each of Fiji's 4 Divisions. In each household, one woman was randomly selected to be interviewed, among all the women living in the household aged between 18 and 64.

The total number of households included in the sample was 3538. From these, 3389 household interviews were completed and 3193 interviews with individual women. This is a very high response rate. All members of the research team received 3 weeks training before the survey. WHO ethical and safety guidelines and quality control procedures were followed throughout the design and implementation of the study.

Summary of findings

Prevalence and nature of violence against women and girls

Violence by husbands and partners

Fiji's rates of violence against women and girls are among the very highest in the world: 64% of women who have ever been in an intimate relationship have experienced physical and/or sexual violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today. This includes 61% who were physically attacked and 34% who were sexually abused in their lifetime. Rates of emotional abuse are also high: 58% of ever-partnered women experienced emotional violence in their lifetime, and 29% in the previous 12 months before the survey. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many suffered from all 3 forms of abuse simultaneously (see Chapter 4).



In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to 4 or more types of control. For example, 39% of women (2 in 5) have to ask permission from their husbands before seeking health care for themselves and for 57% their husband or partner insists on knowing where they are at all times. Women living with intimate partner violence are also subjected to economic abuse: more than 1 in 4 ever-partnered women (28%) had husbands/partners who either took their savings or refused to give them money.

Some individuals, organisations and sections of the media continue to trivialise the problem and many people in Fiji believe that violence happens rarely, or that it is minor. These myths are exploded by the findings in this report, which describe a terrible reality for many women living with violence. This includes severe and repeated attacks akin to torture, coupled with humiliating emotional abuse and high levels of coercive control. The high proportion of women who have experienced very severe physical attacks is alarming: 44% or more than 2 in 5 ever-partnered women have been punched, kicked, dragged, beaten up, choked, burned, threatened with a weapon, or actually had a weapon used against them.

Fiji has an image of itself as a society that values family, children and community. Yet 15% of women have been beaten during pregnancy, and one-third of these were punched or kicked in the abdomen by their husband or partner. The global prevalence for physical and/or sexual intimate partner violence over a woman's lifetime is 30%, compared with 64% in Fiji.

The complex web of control, intimidation, humiliation and multiple forms of violence needs to be recognised by all service providers who aim to prevent violence and assist women living with violence. Coercive control by husbands and partners prevents women and girls from finding out about their legal and human rights and the services available to help them. It prevents them from reporting the violence to authorities and getting the help they need from health services and other agencies for their injuries and trauma. It also prevents women from telling their family and friends about the violence.

Physical and sexual violence against women and girls by non-partners

There are also high rates of non-partner violence against women and girls: overall, 31% were subjected to physical and/or sexual assault since the age of 15 by someone other than their husbands and partners. This includes 27% who were physically abused and 9% who were sexually abused. Among those who were sexually abused, 3.5% were raped and 6.8% were attempted rapes; some women have suffered from both rape and attempted rape since age 15. However the most prevalent form of sexual violence is child sexual abuse: 16% of all women were sexually abused when they were children under the age of 15 (see Chapter 5).

The majority of perpetrators of rape, attempted rape and child sexual assault were people known by their victims. The largest groups of perpetrators are male family members, boyfriends and male friends of the family. For those sexually abused over the age of 15, about 1 in 3 (30%-36%) were subjected to multiple attacks; for child sexual assault 2 in 5 (41%) were repeatedly abused. The majority of girls subjected to child sexual assault (95%) had one perpetrator, whereas 1 in 3 of those sexually abused over the age of 15 had more than one attacker (32% of those raped and 39% for attempted rapes). For physical assault over the age of 15, the major perpetrators were male family members and teachers, followed by female family members.

For 29% of women, their first sexual experience was either forced or coerced, including 5% who were forced and 24% who were coerced. All the findings on sexual assault are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will also be subjected to intimate partner violence. Overall, 71% of women were subjected to physical and/or sexual violence by anyone in their lifetime – including partners and/or non-partners.



How women cope with the violence

Women show enormous resilience and strength in the face of repeated and serious violence and abuse. The findings demonstrate that they try to cope with the violence themselves before telling anyone about it. Only about half of the women living with violence (53%) have ever told anyone about it; when they do tell someone, they usually turn first to family members or friends. Forty percent (40%) of women who experienced violence have left home temporarily at least once due to the violence, but many have not disclosed the true reason for leaving. Only 24% have ever gone to an agency or formal authority for help, and the police and health services are usually the first agencies that women go to (see Chapter 10).

Given these findings, it is not surprising that almost 3 in 5 women (58%) believe that people outside the family should not intervene if a man mistreats his wife. These entrenched community attitudes are a serious disincentive to women disclosing violence and taking steps to deal with it (see Chapter 6).

When women do take the very difficult step of asking for help or leaving home, the evidence shows that the majority do so because the violence is extremely serious, they cannot endure any more, or because they are badly injured (see Chapter 10). Service-providers, traditional and church leaders, families and friends need to take note of these findings by not condoning, excusing or tolerating the violence. When women do ask for help or leave home, it means that the problem has reached crisis point. Requests for help need to be taken seriously; service-providers, families and friends need to respond appropriately to ensure that women's rights, health, access to resources and life are protected.

Health, social and economic impacts of violence against women and girls

The findings demonstrate costly impacts from Fiji's very high levels of violence against women and girls. These include:

- severe short-term and long-term impacts on the physical, reproductive and mental health of individual women (see Chapter 7);
- short-term and long-term impacts on children (see Chapter 8); and
- economic and social costs to families, communities and the nation (see Chapters 7-11).

Intimate partner violence against women imposes a high burden of injury on women and the economy: 43 women are injured, 1 is permanently disabled, and 71 lose consciousness every day in Fiji; 16 women are injured badly enough every day to need health care. However, the findings also show that women under-estimate the impacts of violence on their health and well-being (an important coping strategy for many women); only about 1 in 10 tell a health worker the true cause of their injury, and many do not get the health care they need.

With 30% of ever-partnered women injured due to domestic violence in their lifetime, and a significantly increased risk of emotional distress symptoms including suicidal thoughts and actions, domestic violence is undoubtedly one of the biggest risks to women's physical health and mental well-being in Fiji. Injuries and emotional distress have a severe impact on women's physical health, their ability to care for their families, earn an income, and engage in social and economic development. The findings also show that women living with domestic violence have higher rates of miscarriage and an increased likelihood of unwanted pregnancies, which also brings damaging health impacts and social and economic costs to the community.



Domestic violence has negative impacts on children's emotional well-being; it is associated with increased aggressive behaviour in some children, and increased timidity and social withdrawal in others. Children whose mothers are subjected to intimate partner violence are significantly more likely to fail or repeat at school. These impacts affect both boys and girls; they reduce their life opportunities and pre-dispose them to the risk of violence in their own intimate relationships in adult life, as either perpetrators or survivors. These findings have highlighted the fact that children need emotional support to address the range of emotional and behavioural problems that they experience due to violence perpetrated against their mothers. Most importantly, they need the violence to stop.

A range of economic and social costs of domestic violence have been highlighted by the survey findings. Direct costs to the health system are substantial, even though many women do not receive the health care they need for their injuries. High levels of control by men over women's mobility and access to employment reduces women's ability to earn income and provide for themselves and their families, and thus results in direct and indirect costs to families and communities. There are significant and ongoing lost opportunities for social and economic development due to men placing restrictions on women's participation in organisations and meetings, their disruptions to women's work, the long-term behavioural and educational impacts on children, and enormous costs due to lost productivity as a result of injury, disability and emotional distress.

Men's control over women's access to health care is pernicious and exacerbates health problems for both women and children. It increases the long-term costs of providing treatment, as opposed to early intervention in preventative health care.

Gender inequality: causes, attitudes and risk factors

The findings describe patterns of extreme gender inequality in Fiji: patterns of physical, sexual and emotional abuse coupled with coercive control, with men imposing power over women in a range of damaging ways, including by intimidation and threats. In addition, many women agree with statements that undermine or negate women's rights, and 43% agree with one or more "justifications" for a man to beat his wife. Sixty percent of women (60%) agree that "a good wife obeys her husband even if she disagrees", 55% believe that "it is important for a man to show his wife/partner who is the boss", 53% do not agree that woman has the right to choose her own friends, and 33% believe that a wife is obliged to provide sex, even if she doesn't feel like it (see Chapter 6).

The most common situations mentioned by women where violence occurs include jealousy by her husband, her disobedience, and his desire to show he is the boss, in addition to drunkenness. Women subjected to intimate partner violence are significantly more likely to agree with statements that negate women's human rights, and with a range of "justifications" for violence by husbands and partners. This is a common finding in other studies and indicates strongly that unequal gender norms and power relations are reinforced by women as well as men.

The high rates of both partner and non-partner abuse show that the use of violence as a form of punishment and discipline is accepted within many families and communities. Women themselves minimise the impact of the violence on their health and well-being; many even say that they have not sought help because the violence was "normal" (see Chapter 10). All these findings demonstrate that a tolerance for men's violence against women and unequal gender power relations remain entrenched in social norms, and in the belief systems of some women.



On the positive side, most women have a strong sense of sexual autonomy and 57% do not agree with any reasons for physical violence by a husband/partner. Overall, the more education a woman has, the more likely she is to agree with statements that support equal gender power relations and women's human rights. However there is an exception to this generalisation: tertiary educated women are less likely to agree that people outside the family should intervene if a man mistreats his wife, compared with secondary and primary school graduates (see Chapter 6). Moreover, these attitudes do not protect them from experiencing violence today (see Chapter 4).

Several findings also demonstrate clearly that men's violence against women is learned behaviour. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality by both women and men. Risk factors that increase women's likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence. Most factors in the background of husbands/partners are related to the social construction of masculinity, such as having multiple sexual relationships and fighting with other men; being regularly beaten as a child and frequent alcohol abuse are also key risk factors. The main risk factors in the women's background relate to acts of sexual abuse or coercion that she has already suffered, and a history of inter-generational violence (see Chapter 11).

Differences in prevalence and help-seeking behaviour

All forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women's mobility. The lifetime prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world.

All forms of partner and non-partner violence against women and girls are very high compared with global averages among all groups, regardless of ethnicity, religion, location, education levels and socio-economic cluster. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women (but nevertheless considerably higher than global prevalence), and substantially higher for both i-Taukei women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions. Seventy-two percent (72%) of i-Taukei women experienced physical and/or sexual violence by a husband or partner in their lifetime, compared with the national prevalence of 64%; 65% of i-Taukei women have experienced emotional violence compared with a national rate of 58%, and they have a higher prevalence of all forms of coercive control by husbands.

These same patterns and differences in prevalence are also found for violence during pregnancy, with 18% of i-Taukei having been attacked while pregnant compared with 11% for women from the Indo-Fijian community and a national rate of 15%. I-Taukei women have a higher prevalence of the most severe forms of physical violence (55% compared with a national rate of 44%); consequently, i-Taukei women and those from the Eastern Division also have much higher rates of injury.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than i-Taukei women. Indo-Fijian women were more likely to ask for help from the police and courts, and to seek legal advice, social welfare services and assistance from FWCC or its Branches. In contrast, i-Taukei women were more likely to seek help from a hospital or health centre or a religious leader. I-Taukei women were less likely to tell immediate family members about the violence, and more likely to tell aunts, uncles and friends, compared with Indo-Fijian women who were more likely to tell immediate family members (such as parents and siblings).



Implications and recommendations

Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Entrenched social norms and mind-sets about women's roles and status need to be challenged and changed to prevent violence; changes in attitudes, behaviours and institutional practices are also essential to respond effectively to this widespread problem. Concerted action is needed by all stakeholders, and these actions need to be well-informed by an understanding of the problem, its scope and causes.

Although the survey findings reinforce the scale of the problem and the need for long-term commitments to address it, they also provide evidence that attitudes are changing. Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights.

The findings from this survey have implications for all stakeholders engaged in efforts to eliminate violence in Fiji, and particularly those who provide services to women, girls and boys who have experienced violence in their families or other contexts. Although substantial progress has been made by FWCC and others to prevent and respond to men's violence against women, long-term and innovative efforts will be needed to reduce prevalence, particularly among those women who are currently most at risk.

While FWCC's strategies have been effective, the findings highlight the need for increased focus in key areas, and for ongoing efforts to promote women's human rights and gender equality and to reduce the tolerance of violence within the community. The recommendations listed below are based on: the evidence documented in this report; FWCC's experience in trialling, implementing and evaluating strategies over the past 28 years; and the deliberations and resolutions from the Sixth Pacific Regional Meeting on Violence Against Women and Girls in 2012.

Prevention

Being young is a key risk factor for violence. The findings show that violence begins very early in relationships, that younger women are more likely to experience intimate partner violence, and that younger men are more likely to perpetrate it. The missed potential of the formal education system at preventing violence and changing attitudes has been a consistent theme through several findings discussed in this report (see Chapters 4-6).

A family history of violence significantly increases the risk that girls will suffer from violence as adults; men are more likely to become perpetrators if they are beaten regularly during their childhood (see Chapter 11). This evidence underscores the importance of responding appropriately to violence whenever and wherever it occurs. Service delivery for women living with violence is usually categorised nowadays as an intervention focused on response rather than prevention.



The findings show clearly that helping women to take steps to stop the violence is imperative to prevent violence in future generations of young women and men. Preventing violence towards boys and girls at home and at school is also essential to prevent young men from learning and repeating these damaging behaviours. Rights-based and integrated approaches that encompass both prevention and response are essential to eliminate and circumvent violence before the behaviour is repeated by future generations.

There is strong evidence that men's power over women has to be challenged to increase the effectiveness of prevention efforts. The intense web of coercive control and the damaging impacts of emotional abuse also need to be acknowledged and addressed by stakeholders seeking to prevent violence against women and girls, in addition to physical and sexual violence.

Recommendations

1. *Prevention programs by all stakeholders must be evidence-based, and grounded in a sound understanding and gender analysis of the problem and dynamics of violence against women and girls.*
2. *Gender equality and awareness on violence against women and girls should be included in the education curriculum in schools and in teacher training programs.*
3. *Prevention programs should focus on the prevention of coercive control and emotional violence, as well as physical and sexual violence, in addition to actively promoting the rights of women and girls.*
4. *Innovative methods for reaching young women and men should be trialled to enhance the effectiveness of awareness-raising and behaviour change strategies, such as: building and mentoring a network of creative artists from various forms of performance art and social media; working through sports groups; and through social media.*

Targeting high-risk areas and groups

The different rates of prevalence between ethnic groups is one of the most challenging findings from the survey and suggests that different methods may be needed to reach out to different communities, to both prevent and respond to violence. High rates of all forms of violence in the Eastern Division require concerted action by all stakeholders (see Chapters 4-7). The central message that gender inequality and the low status of women are the fundamental causes of violence against women and girls cannot be compromised if prevention strategies are to be effective.

Many women do not seek help because they lack access to services. Entrenched belief systems that reinforce gender inequality, condone violence and extol the "virtues" of obedience and punishment are also significant barriers to women seeking help, and to the effectiveness of prevention efforts. When women do seek help, many turn first to law and justice sector agencies including the police; all stakeholders and relatives need to heed the evidence in this report that women only ask for help when the violence and its consequences are very severe indeed.

There is strong evidence that focusing on one risk factor alone (such as alcohol abuse) will not end violence against women. Most research on men's violence against women in other settings concurs with the evidence in Fiji that intimate partner violence is largely driven by factors related to gender inequality including a sense of sexual entitlement among some men, childhood experiences, and behaviours linked to harmful expressions and interpretations of masculinity (see Chapter 11).



This study was not designed to investigate whether there is an increased risk of violence faced by women and girls living with a disability, although there is considerable international evidence that this is the case. However, it has demonstrated clearly that intimate partner violence increases disability among women due to a range of serious injuries (see Chapter 7).

Recommendations

Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence against women and girls need to be acknowledged by all service-providers in their prevention and response efforts.

- 5. Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence against women and girls need to be acknowledged by all service-providers in their prevention and efforts.*
- 6. More attention needs to be given to targeting isolated and vulnerable communities where this research has shown women and girls to be at the greatest risk, including the Eastern Division.*
- 7. Traditional leaders need to demonstrate strong commitment and active involvement in community based initiatives and mobilisation to end violence against women and girls.*
- 8. Faith based organisations should be actively involved in the prevention of violence against women and girls through their missionary work as well as through their welfare and support programs.*
- 9. Community based initiatives and mobilisation should focus on providing knowledge, skills and practical strategies to family and community members and friends who witness violence against women and girls, and assist them to respond appropriately when women turn to them for help or disclose violence for the first time.*
- 10. All service providers should be trained to respond appropriately to cases of violence against women and girls using a gender equality and rights based approach, including police, judiciary staff and officers, traditional leaders, faith based organisations and welfare agencies.*
- 11. Perpetrator programs should be based on a sound understanding of the causes and dynamics of violence against women; they should focus on behavioural change and holding offenders accountable, and be adequately monitored and evaluated from a rights based perspective.*
- 12. Prevention and service delivery programs should take into account the links between violence and disability, and be responsive to the needs and rights of women and girls with disabilities and other vulnerable groups.*
- 13. Quality standards should be developed for both prevention and service delivery programs that address violence against women; standards should articulate a rights based and gender equality approach, and be grounded in evidence regarding the scope, nature, dynamics and impacts of violence against women and girls.*
- 14. The Fiji Police Force should systematically and consistently implement its No Drop Policy for all offences against women and girls; police and other law and justice sector agencies should be adequately resourced and skilled to respond expeditiously and sensitively.*
- 15. Donors that support prevention and response programs should assess proposals from a rights based and gender equality perspective, and ensure that funded programs and organisations adhere to quality standards.*



Improving health sector responses

The high rates of injury and the damaging range of physical, mental and reproductive health problems associated with violence against women calls for informed, skilled and sensitive responses from health sector workers (see Chapter 7). The significant burden of injury, disability and emotional distress needs to be acknowledged in health policies and strategies, including in mental health policy and strategy. Health professionals are seeing women every day whose injuries or health problems are directly or indirectly due to the violence in their lives; in many cases, health workers are also the first people to be asked for help.

Recommendations

16. *Protocols need to be established within the health sector for dealing with cases of violence against women against children.*
17. *All health workers should be trained to ensure sensitive and appropriate responses when victims/survivors access health services, to ensure protection of their rights, confidentiality and their health.*
18. *Health services in rural and maritime areas should be equipped to provide appropriate prevention and response services to women and girls.*
19. *Physical, reproductive and mental health prevention strategies need to take into account the serious impacts of violence against women including men's control over women's access to health care, by reinforcing women's rights to decision-making about their own health, access to health care, and sexual and reproductive rights.*

Economic empowerment

Employment and ownership of assets do not protect women from violence. Nonetheless, without employment and assets, women have no means to support themselves and their children, and therefore no escape route from violent relationships. Women in Fiji have very limited access to employment and own few assets; women living with violence need to earn income, since their husbands/partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without permission. On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence (see Chapter 9). Programs aimed at increasing women's employment and the productivity of small and medium enterprises have the potential to empower women and advance social and economic development. However for this to occur, gender inequalities need to be explicitly addressed. For women who are beginning to earn an income for the first time, economic empowerment programs could help prevent partner violence – if they work with women to enable them to claim their rights, and work with men to increase their understanding of women's rights, and the benefits to the whole family and community when women's productivity is increased.

Recommendations

20. *Economic empowerment programs should be based on an understanding of how gender inequality and gender based violence impacts on women's lives and their ability to earn and control income and assets; they should support women to claim their rights to earn and control income and assets, by working with both women and men.*
21. *Targeted activities are needed to support women who have made the difficult decision to leave a violent relationship, to ensure they have access to long-term housing and secure income-generating opportunities.*



Chapter 1: Introduction



This report presents the methodology and findings from the Fiji Survey on “Women’s Health and Life Experiences”. The survey was conducted by the Fiji Women’s Crisis Centre in cooperation with the Fiji Islands Bureau of Statistics (FBOS) in 2011. This is the third national study undertaken by FWCC on the prevalence of and attitudes to violence against women in Fiji.

1.1 The Fiji Women’s Crisis Centre (FWCC)

The Fiji Women’s Crisis Centre (FWCC) is an autonomous, multi-racial non-government organisation which was established in 1984. FWCC’s goal is to eliminate violence against women in Fiji and throughout the Pacific region. To achieve this aim, FWCC has an integrated and comprehensive program designed to both prevent and respond to violence, by reducing individual and institutional tolerance of violence against women, and increasing the availability of appropriate services for survivors. FWCC has its main centre in Suva in Fiji’s Central Division, 3 Branches in Ba, Nadi and Rakiraki on Viti Levu in the Western Division, and 1 Branch in Labasa on Vanua Levu in the Northern Division. FWCC plans to open a fifth branch in Savusavu in the southern part of Vanua Levu within the next 2 years, along with two shelters for women in the Western and Northern Divisions and a shelter for girls in Suva. FWCC also manages a Regional Training Institute for the Pacific based in Suva.

FWCC addresses the problem of violence against women using a human rights and development framework. This focus on human rights includes a gender and social analysis of the problem and permeates all aspects of FWCC’s work, recognising that the root causes of violence against women are unequal gender power relations, and lack of knowledge and belief in human rights. Hence, the promotion of gender equality and an understanding of human rights are foundational strategies for all FWCC’s work. Several reinforcing strategies are used in FWCC’s program including the following:

1. *Empowering women to be more aware of their rights and to bring about positive changes in their lives.*

This is achieved through the provision of crisis counselling, advocacy, legal and other support services to women, including the provision of temporary accommodation where needed. Providing counselling and support services is a core strategy in FWCC’s efforts to eliminate violence against women, because all other aspects of FWCC’s work draw on this lived experience of women and children survivors. FWCC’s Counsellor Advocates provide psycho-social support and non-judgemental counselling aimed at enabling women to make their own decisions, and assisting women to claim their rights from other service-providers.

2. *Increasing awareness, understanding and skills to prevent and respond to violence against women.*

This includes community education and mobilisation, media, campaigning, training and other prevention activities targeted at key agencies, educational and religious institutions and community groups. FWCC aims to create awareness, discussion and debate on violence and women’s human rights, which in turn leads to changes in knowledge, belief systems and skills, which ultimately can lead to behavioural and practice changes in individuals, organisations and institutions. FWCC’s activities to select, train, monitor and support men to become effective male advocates for women’s human rights has been a key part of this work, along with targeted training provided to a range of service providers in the law and justice, education, health and civil society sectors.

3. *Influencing key agencies to improve policy, legislation and services.*

This is done at a number of levels through the monitoring of service provision, the implementation of the law, and the portrayal of women in the media. FWCC collaborates with other agencies and stakeholders in Fiji and across the Pacific region to advocate for policy and legislative change, effective and evidence-based prevention strategies, and improved service delivery. FWCC’s research activities are an integral part of its efforts to influence other agencies, in Fiji and across the Pacific region.



4. *Providing accessible services through FWCC's Branches to prevent and respond to violence against women in rural areas.*

Branches provide counselling and community education including outreach to villages, settlements and isolated areas. They replicate the work of FWCC at the national level and engage in collaborative efforts with local community groups, traditional leaders, local government authorities and service-providers to take prevention messages to remote areas, in addition to enabling easier access and improved services for women and children experiencing violence.

5. *Providing a regional program of training, networking and institutional support and mentoring.*

FWCC is the Secretariat of the Pacific Women's Network Against Violence Against Women – a vibrant and active network of committed and effective individuals, civil society organisations and government agencies – that has been working to prevent and respond to violence against women in the Pacific region for over 20 years. The Sixth Regional Meeting of the Network was held in November 2012 to review prevention and response activities and plan future strategies. FWCC runs the 4-week Regional Training Program twice a year, which provides a foundation for individuals and agencies working on violence against women in Fiji and the region. Attachment training programs are provided at FWCC, along with tailored in-country programs on specific topics and approaches, such as counselling skills, male advocacy for women's human rights, gender training, and how to run effective programs to address gender based violence. FWCC's work to raise awareness of the impact of militarisation, conflict and political instability on women's human rights is fundamental to achieving its aims, because respect for the rule of law and human rights is a pre-condition for ending violence against women.

The FWCC receives core funding from the Australian Government's aid program for its national and regional activities, including for the implementation of this research. The New Zealand Aid Programme provides funding for FWCC's 4 Branches. FWCC has widespread community support and receives small donations from several other organisations and community members.

1.2 Violence against women

Violence against women and girls is widely condemned as a fundamental violation of human rights, and is recognised as a significant public health problem, causing enormous social harm and costs to national economies (AusAID 2008; UN 2006; UN Millennium Project 2005; World Bank 2011; WHO 2013). In recognition of the scale and impact of the problem, the 2013 session of the United Nations (UN) Commission of the Status of Women (CSW) was dedicated to addressing the problem of violence against women and girls (UN CSW 2013).

The Commission reaffirmed the definition of violence against women outlined in the UN Declaration of Violence Against Women (UN 1993, see Box 1.1), and recognised that domestic violence remains the most prevalent form that affects women and girls of all social strata across the world. It noted that women and girls who face multiple forms of discrimination are exposed to increased risk of violence, including women with disabilities (UN CSW 2013: 2, 10).

UN Commission on the Status of Women:

*"The Commission affirms that violence against women and girls **is rooted in historical and structural inequality in power relations between women and men**, and persists in every country in the world as a pervasive violation of the enjoyment of human rights. Gender-based violence is a form of discrimination that seriously violates and impairs or nullifies the enjoyment by women and girls of all human rights and fundamental freedoms. Violence against women and girls is **characterized by the use and abuse of power and control in public and private spheres, and is intrinsically linked with gender stereotypes that underlie and perpetuate such violence**, as well as other factors that can increase women's and girls' vulnerability to such violence." (UN CSW 2013: 2, emphasis added.)*



Box 1.1: United Nations Declaration on the Elimination Violence Against Women (DEVAW)¹

Violence against women is defined as any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including the threat of violence, coercion, or arbitrary deprivations of liberty. Violence against women includes:

- a. physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, and violence related to exploitation;
- b. physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution; and
- c. physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

The Declaration says that violence against women:

- violates women's human rights and fundamental freedoms (including the rights to life, equality, liberty and security, equal protection under the law, physical and mental health, just and favourable conditions of work, and the right not to be subjected to torture or other cruel, inhuman or degrading treatment or punishment;
- results from historically unequal power relations between men and women;
- is a social mechanism that forces women into a subordinate position compared to men;
- is pervasive in the family and society, and cuts across lines of income, class and culture; and
- limits women's opportunities to achieve legal, social, political and economic equality.

The Declaration says that Governments should:

- condemn violence against women;
- not refer to any custom, tradition, religion or any other consideration to avoid eliminating violence against women;
- adopt without delay appropriate policies and measures to eliminate violence against women;
- prevent, investigate and punish acts of violence against women;
- promote the protection of women through legal, political, administrative and cultural measures and inform women of their rights;
- ensure that women are not victimised through gender-insensitive laws and enforcement practices; and
- recognise the important role of the women's movement and non-government organisations in raising awareness, and in speaking out and acting on the problem of violence against women.

The Commission outlined a comprehensive agenda for action to address the problem, which aligns with FWCC's approach over the last 3 decades. This includes the following (UN CSW 2013: 5-17):

- a) strengthening the implementation of legal and policy frameworks and accountability;
- b) addressing structural and underlying causes and risk factors to prevent violence against women and girls across all sectors;
- c) strengthening multi-sectoral services, programs and responses to violence against women and girls; and
- d) improving the evidence base on prevalence, underlying causes, risk factors, costs and best practices.

¹ The text in this box is drawn from UN General Assembly 1993, and from a poster prepared for "Beneath Paradise: Documentation by Women in Pacific NGOs" by Juliet Hunt for the International Women's Development Agency, in cooperation with the Pacific Network Against Violence Against Women, 1994.



1.3 Legal, policy and institutional context of violence against women in Fiji

1.3.1 Policy context

Fiji ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995 and is signatory to several other key international and regional instruments which uphold the rights of women and oppose violence against women and girls. These include the following (Fiji Ministry of Women 2013; and UNFPA 2008):

- the Convention on the Rights of the Child;
- the Jakarta Declaration for the Advancement of Women in Asia and the Pacific;
- the Commonwealth Plan of Action for Gender Equality 2005–2015 arising from the 7th meeting of Commonwealth Ministers responsible for Women’s Affairs; and
- the Revised Pacific Platform for Action on gender equality and the advancement of women, arising from the 2nd conference of Pacific Ministers responsible for women, and the 9th Triennial Conference on Pacific Women (SPC 2005).

The Fiji Islands Ministry of Women’s (MOW) website refers to the National Women’s Plan of Action (1999–2008) as the guiding document for work undertaken by the Ministry to address women’s needs, interests and aspirations across economic, social, legal and political spheres. Five major areas of concern were covered in the National Plan of Action including: mainstreaming women’s and gender concerns; women and the law; micro enterprise development; balancing gender in decision making; and violence against women and children (Fiji MOW 2013). Fiji’s report on progress towards achieving the Millennium Development Goals (MDGs) refers to a new Women’s Plan of Action 2010–2019 which also has 5 strategic objectives (Fiji Ministry of National Planning 2010: 26):

1. Formal Sector Employment and Livelihood
2. Equal Participation in Decision Making
3. Elimination of Violence Against Women and Children
4. Access to Services, including health and HIV and AIDS, education and other basic services (water and sanitation, housing and transport)
5. Women and the Law

Five task forces composed of representatives of key government departments and civil society organisations were set up to implement the 1999-2008 Plan of Action in each area, with varying degrees of success. The task forces on women and the law and violence against women were judged as being the most effective at formulating clear objectives for action and implementing activities, due in large part to the efforts of FWCC and its sister organisation the Fiji Women’s Rights Movement (FWRM) (ADB 2006: 11).

The task forces were disbanded after several years. However, after the release of some of the preliminary findings from this research in January 2013, two were re-established by the Ministry of Women. The national elimination of violence against women (EVAW) task force met regularly in 2013 and FWCC has conducted training for Ministry of Women staff and Task Force. The EVAW task force plans to assist with formalising a gender policy for the Government, assessing Government initiatives on EVAW, evaluating access to EVAW services, and drawing up a National Plan of Action on EVAW. An Inter-Agency Task Force on Women and the Law was also re-established (FWCC 2013).



The Ministry of Women’s “Violence Free Community” initiative is focused on communities declaring themselves to have “zero tolerance” for violence against women (Fiji MOW 2013). This ongoing program begins by setting up and training “gate-keeper committees” in each village or community, made up of church, traditional, women and youth leaders. According to the Minister for Women, one role of these committees is to “mediate between the community and the police department so that the couple can undergo counselling (and) reconciliation”, given that the Domestic Violence Decree requires prosecution. The committees also monitor sexual abuse of women and children in the community and provide support to those affected by violence (ABC Radio Australia 2012).

Policies in the health sector generally give little attention to the problem of violence against women and children and its impact. For example, there is no mention of violence against women in the *Ministry of Health Strategic Plan 2011–2015*, the *Non-Communicable Diseases Prevention and Control National Strategic Plan 2010–2014*, or the *Draft Suicide Prevention Policy and Implementation Action Plan*² (Fiji MOH no date [a] and [b]; and Fiji MOH 2008). However, the Ministry of Health’s *Child Health Policy and Strategy 2012–2015* acknowledges that children need to grow up in a home and community environment that are free from violence, abuse, exploitation and neglect (Fiji MOH no date [c]: 12). Furthermore, the Ministry of Education has a Child Protection Policy with zero tolerance for child abuse, and includes mandatory reporting obligations (Fiji Ministry of Education 2012).

1.3.2 Legal framework and implementation of the law

Several pieces of legislation and decrees have been introduced aimed at reinforcing women’s rights and addressing violence against women in Fiji. The *Family Law Act* (2003) established a Family Court and covers marriage, divorce, maintenance, and custody. The law includes provisions for no-fault divorce, recognition of the role of both partners in the marriage, and the protection of the interests of children (FWRM, RRRT and UNDP 2007). Partners in the marriage can also apply for injunctions for their personal protection. Two other important reforms put in place before the 2006 coup were the abolishment of the law of corroboration in sexual offences through case law³, and the setting of a precedent in case law recognising marital rape as a serious crime (FWCC 2013). The Fiji Police Force has had a no-drop policy for domestic violence offences since 1995. This means that the victim/survivor cannot withdraw or drop a complaint after it has been made with the police, who are required to follow up on all cases.

Five decrees relating to violence against women and children have been introduced by the Interim Administration in Fiji since the 2006 coup. The *Domestic Violence Decree* (2009), *Criminal Procedure Decree* (2009), and the *Crimes Decree* (2009) were based on draft legislation that FWCC had a significant input into over several years prior to the December 2006 coup. The *Child Welfare Decree* (2010) provides for mandatory reporting of physical and sexual abuse of children. The *Family Law Amendment Decree* (2012) extends the coverage of the Family Law Act to de facto couples.

These decrees have improved the legal framework for criminalising and prosecuting cases of sexual and domestic violence. The *Domestic Violence Decree* provides expanded authority to police to investigate and prosecute cases of domestic violence and provides for victims/survivors to obtain a Domestic Violence Restraining Order (DVRO). The *Crimes Decree* improved and expanded on the previous *Penal Code* in relation to sexual assault and other crimes of violence against women, including by expanding the legal definition of rape. It also includes offences of trafficking in women and children and puts in place harsher penalties (12–25 years imprisonment) for such offences (SPC 2010a: 63; and Ellsberg et al 2011).

2 A final National Suicide Prevention Policy and Implementation Action Plan was not available at the time of writing.

3 *Balelala v State* [2004] Fiji Court of Appeal (FJCA) 49.



Despite these changes to law, Fiji has not adopted a comprehensive or integrated approach to legislative reform in the area of violence against women; nor has any other country in the Pacific region. The SPC describes the approach to law reform in this area as piecemeal, because the changes do not address the full range of gender-based violence or the underlying systemic discrimination against women (SPC 2010a: 67). Moreover, decrees have been introduced without dialogue with civil society or public consultation; while some training has been provided for police and other law and justice sector officials on the new decrees, this has not been comprehensive. These factors reduce the likelihood that they will be fully understood or implemented (Ellsberg et al 2011).

FWCC's experience with clients points to significant problems with the implementation of all aspects of the law. There is a lot of pressure on women to reconcile with their husbands/partners following incidents of domestic violence, rather than seek access to justice. This pressure can come from traditional, community and religious leaders, the Police, the Family Court and other Courts – even in cases of the most extreme forms of violence and where the woman has made the very difficult decision to leave temporarily or permanently to protect her safety and end the violence. A large part of the FWCC Counsellor Advocate role is following up on lack of action by the Police, delays by the Courts, and actions taken by service-providers that undermine women's and children's rights and their access to justice. Re-victimisation of women remains a serious issue in Fiji; while many women will choose to reconcile with their husbands/partners, forcing reconciliation often results in further violence and blame of survivors.

Some of the specific issues with implementation of the law include lack of knowledge of laws including the Domestic Violence Decree, and manipulation of the law to undermine women's rights. The Decree was framed in a "gender neutral" way to enable both men and women equal rights under the law to seek DVROs. While many women are taking advantage of the law to gain protection, the framing of the law in this manner has enabled police, perpetrators and others to use DVROs to punish vulnerable women who report violence. Examples include informing perpetrators when their wives have lodged an application for a DVRO, and encouraging perpetrators to lodge DVROs against victims; issuing DVROs to husbands in cases where this is not warranted and contrary to the law; and discouraging women from reporting domestic violence. Lengthy delays in the serving of DVROs (over several weeks or months), has frequently resulted in women suffering from further serious abuse and injuries. Blaming women for both domestic violence and sexual assault perpetrated against their children is not uncommon. An emerging issue is a tendency for men to access legal aid before their wives (due to their knowledge about available services and funds to travel to legal aid centres); in these cases, legal aid officers can only provide assistance to one party in a dispute and this prevents women from being able to access legal aid.⁴

There are signs of a positive trend towards increased sentencing for sexual crimes of violence against children and a recognition in society generally that these are very serious crimes. However, the duration of sentencing still varies according to the presiding magistrate or judge, even for sexual crimes committed against children.⁵ Unfortunately some members of the judiciary express discriminatory and blaming attitudes during hearings of cases of violence against women.

⁴ FWCC client files.

⁵ For example: Mary Rauto "10 years for rape" *Fiji Times*, 24 January 2012 (rape of an 8 year-old girl – State v Ratuva [2012] Fiji High Court 31); Repeka Nasiko "Eight-year sentence for riverside rape" *Fiji Times*, 18 March 2012 (rape of a 9 year-old girl – State v Nado [2012] Fiji High Court 953); Torika Tokalau "13 years for rape" *Fiji Times*, 9 April 2013 (rape of 12 year-old girl – State v Navunidakua [2013] Fiji High Court 155); and DPP v Veresa [2013] Fiji Magistrates Court 73 (where a brother was sentenced to weekend detention of the rape of his sister; the sentence was later increased to 17 years and 8 months prison on appeal to the High Court – DPP v Veresa [2013] Fiji High Court 361).



Delays in having cases heard and final judgements delivered are excessive: preliminary research undertaken by FWCC indicates that some cases reported in 2000/2001 were only finalised in 2013, and many cases reported after 2001 have not yet been heard. Moreover, many offenders do not spend their full term in prison due to reductions in sentences because of good behaviour while in prison, and the practice of providing automatic remissions in sentences from time to time.⁶

1.3.3 Institutional and social context

Cultural and religious fundamentalism promotes and reinforces conservative ideas and myths about women and their rights. Many traditional and conservative leaders are reinforcing traditional roles of women as caregivers and homemakers. These types of views were reinforced during the period of political upheaval and conflict following the 2006 coup and are still widespread today. For example, Fiji's 2010 report on the MDGs notes that one of the biggest impediments to addressing women's very low participation in politics, higher levels of the civil service and employment in non-traditional sectors is "customary notions about women's 'true' position in the society" and other social, political, economic and legal barriers (Fiji Ministry of National Planning 2010: 34).

When women assert their rights, this is often blamed for family breakdowns, sexual abuse and domestic violence. In the context of political and ethnic conflict and military rule, issues concerning women and



their rights are often seen as secondary to those of national security and poverty by many opinion makers. In this context, women's organisations such as FWCC and other civil society organisations have had to work much harder to highlight human rights issues in general, including those of violence against women (UNFPA 2008: 7-8). In addition, issues relating to women's human rights and violence against women are often trivialised in the mainstream media in Fiji, particularly in radio shows where myths about domestic violence and rape continue to be aired.

Although entrenched attitudes opposing women's rights remains an ongoing problem, compared with 20-30 years ago there is now considerably more support for addressing the problem of violence against women and promoting women's rights among a range of organisations, institutions, communities and individuals with influence and authority. This is largely due to the long-term and persistent efforts of FWCC and other civil society organisations, such as the Fiji Women's Rights Movement.

For example, several Churches have taken up the issue of violence against women in recent years including the Anglican, Catholic, Presbyterian and Methodist Churches, and the Pacific Council of Churches. The Ministry of Education through the National Advisory Council on Substance Abuse has undertaken a program in schools on violence against women and girls, targeting senior students; they have also taken on the "Thursdays in black" campaign (which acknowledges women affected by sexual violence), and drafted a curriculum on gender equality for the subject of Family Life Education with FWCC input.

⁶ FWCC staff workshop, July 2013.



Many other government agencies, civil society organisations and sporting groups now organise and run their own campaigns during the 16 Days of Activism on Gender Violence in November/December, whereas in years gone by these activities were led by FWCC. Notwithstanding the challenges of mainstream media coverage noted above, there are also more people leading and engaging in debate on violence against women and human rights, particularly through social media but also in mainstream media through letters to the editor. On the whole there are more well-informed local commentators on violence against women.

A National Network was formed at FWCC's initiative in December 2009 which includes a range of service providers. Participants resolved to work towards the establishment of counselling and support services to ensure that women in isolated communities can access services. The National Network committed to building the capacity of influential leaders in communities to enable them to support victims; they also resolved to involve people at community level in outreach awareness programs to strengthen prevention. All FWCC's Branches attend regular inter-agency committees where various stakeholders focus on improving the effectiveness of interventions targeted at preventing violence against women and girls, and responding to it.

By using their influence and authority to promote gender equality in their personal and work lives, FWCC's trained male advocates have helped to bring about some of these changes in communities and organisations. They have helped to prevent violence from occurring, assisted women and girls living with violence to claim their rights and end the violence, and with FWCC's support have taken anti-violence and women's rights messages into their communities and workplaces.

1.4 The status of women in Fiji

Fiji's report on the MDGs provides the most recent assessment of women's status in Fiji across a range of indicators. The report concludes that Fiji has succeeded in achieving gender equality in primary and secondary school enrolments and completion rates, and has made good progress in reducing maternal mortality (Fiji Ministry of National Planning 2010: viii, 26-36). Maternal mortality was 26 per 100,000 live births in 2011, but the adolescent fertility rate (for girls aged 15-19) was 43 per 100,000 live births in 2011; this is high compared with a rate of 20 for the East Asian and Pacific region (World Bank 2013).

According to the World Bank's Gender Equality Data and Statistics, women made up 30% of employment in the non-agricultural sector in Fiji in 2005 (World Bank 2013). Women's overall participation in the labour force has increased since 1990, when 29% of women were engaged in formal sector employment, to 39% in 2007. This compares with 84% of men engaged in formal sector employment in 1990 and 79% in 2007. Overall, labour force participation rates have remained stagnant for both women and men over the last decade or more. This underscores the considerable increase in poverty rates in Fiji from 25% in 1990 to around 40% in 2008, which is attributed to economic and political challenges in expanding the pool of jobs in Fiji's MDG report. Moreover, the Ministry of National Planning notes that much of the work engaged in by women has low health and safety standards, particularly in the garment industry. Although women are increasingly engaged in self-employment, they nevertheless make up only 20% of the registered micro and small businesses in Fiji (Fiji Ministry of National Planning 2010: viii, 30-31).



Fiji's MDG report acknowledges that cultural and traditional attitudes towards women's roles in social and economic development limit their participation in formal employment. The highest levels of employment by women are found in the civil service, where they made up 47% of employees in 2007. However, the vast majority of these civil servants are nurses, teachers, dental assistants and administrative officers, and the gender wage gap is very high, with men dominating in decision making and higher paid positions. Gender stereotyping and wage gaps are also evident in private sector employment: sectors with the highest representation of women employees in 2007 were hotel, retail and restaurant businesses, and community, social, and personal services, which employed 41% women and 59% men. Women made up 33% of employees in the manufacturing sector, and 34% in finance and real estate. The MDG report notes that women with disabilities are more likely to be engaged in self-employment and that they are "almost invisible" in formal sector employment (Fiji Ministry of National Planning 2010: 31-33).

Women make up 22% of paid employees in agriculture, forestry and fisheries (Fiji Ministry of National Planning 2010: 31), but no data is available on their level of unpaid contribution to work in these sectors. However, the Asia-Pacific Human Development Report cites recent research that puts the value of unpaid household work at almost FJD480 million (US \$237 million), "a figure greater than the income from sugar or tourism, the country's two largest industries" (UNDP 2010: 63).

In 2005, 9% of seats were held by women in the national parliament (World Bank 2013); this compares with no women at all in the national parliament in 1990 (Fiji Ministry of National Planning 2010: 30), but remains very low by international standards. Overall, the equal opportunities and achievements of girls in primary and secondary education have not translated into equal treatment in the workforce, politics or decision-making in social and economic life in Fiji.



Chapter 2: Research Objectives & Methodology



This chapter describes key features of the research methodology, including research objectives and questions, an overview of what is covered in the survey questionnaire, the design of the survey sample, and how fieldworkers were trained and supported to ensure valid and reliable findings. Ethical and safety issues and the strengths and limitations of the research design are also discussed.

2.1 Overview of research method and objectives

The aim of the study was to provide updated data on the prevalence of violence against women in Fiji, attitudes to violence, its impacts on women and children, and women's coping strategies. FWCC conducted its first survey on the incidence, prevalence and nature of domestic violence and sexual assault in 1999 (FWCC 2001), and followed this up with a qualitative study on community perceptions of women's rights in 2006 (FWCC 2006). For the current research, FWCC replicated the survey method developed by the World Health Organisation (WHO) for its Multi-country Study on Women's Health and Domestic Violence against Women (WHO 2005).

Although the WHO methodology does not provide directly comparable findings with FWCC's earlier studies, it is a well-tested and validated methodology, based on extensive experience and learning about research on violence against women. The WHO methodology has been used in several other Pacific countries including Samoa (SPC 2003), the Solomon Islands (SPC 2009), Kiribati (SPC 2010), Vanuatu (VWC 2011) and Tonga (Ma`a Fafine mo e Famili 2012). Studies using the WHO approach are currently underway in several other Pacific countries including the Republic of Nauru, Federated States of Micronesia, Republic of the Marshall Islands, Cook Islands, and Republic of Palau (UNFPA 2013). The use of the WHO methodology has been recommended in order to enhance credibility, comparability and the sharing of experience and expertise in the region (Jansen 2010: 16; and AusAID 2008: 29).

Most of the Pacific studies mentioned above combined the WHO questionnaire instrument with qualitative research, although this was not the case for the Vanuatu study (VWC 2011: 31). A qualitative component was not used in FWCC's study because qualitative documentation was available from FWCC's previous research activities (FWCC 2001 and FWCC 2006); in addition, rich information including extensive case studies has been gathered through FWCC's work over many years, including from annual program monitoring and evaluation workshops.

Samoa was the only country in the WHO multi-country study that surveyed men as well as women (SPC 2003). This was rejected by the WHO for other study sites due to the substantial additional resources required (WHO 2007: 22). For ethical and safety reasons, a different sampling framework is needed to interview men, an additional survey instrument, and a different group of (male) interviewers (Jansen 2010:16). Both men and women were included in FWCC's 2 previous national research studies (FWCC 2001 and FWCC 2006). For all these reasons a decision was made to focus the current study solely on women.

FWCC's research used the study protocol developed by WHO (WHO 2007) which included the following research questions.

Prevalence and incidence

1. What is the prevalence of physical abuse of women since the age of 15 years, and what is the frequency of abuse reported by these women?
2. What is the prevalence and frequency that women report being forced to have sex against their will? At what age(s) did this occur, and who are the main perpetrators?
3. What is the prevalence and frequency that women are physically, sexually or emotionally abused by a current or former intimate partner?
4. To what extent does physical violence occur during pregnancy?



Effects of violence against women

5. To what extent is intimate-partner violence against women witnessed by children within the household?
6. To what extent is a history of intimate partner violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
7. What are the consequences of domestic violence for different aspects of women's life? To what extent does violence affect women's ability to work, provide for their families, and interact with the community?
8. What are the consequences of domestic violence against women for their children? Does it affect children's behaviour, or their progress at school?

Attitudes, risks and protective factors

9. What factors in a woman's family and individual life are associated with intimate partner violence against women, such as her attitudes to gender equality and violence against women, access to and control of resources, membership of groups, witnessing violence against her mother during childhood, contact with family members, alcohol use, or access to different kinds of support? To what extent are other family members aware of the abuse?
10. What individual factors are associated with men being violent towards their wives/partners, such as witnessing violence against his mother during childhood, being physically abused as a child, his employment status, male violence towards other men, or alcohol use?

Coping strategies

11. What strategies do women use to minimise or end violence? To what extent do women retaliate against the perpetrator, leave the relationship, and seek help from family members, friends, or different support agencies? Are there groups from whom they would like to receive more help?
12. What are the implications of the research findings for preventative and supportive interventions?

2.2 The survey questionnaire

2.2.1 Overview of the survey instrument

The WHO questionnaire instrument (version 10) was the outcome of an extensive process of international consultation, trialling and validation (WHO 2007: 25-26), and only minor adaptations were made by FWCC for the Fiji context. The questionnaire included the following sections: an administration form; a household selection form; a household questionnaire; and the women's questionnaire. The household selection form was used to randomly select one individual woman aged 18 to 64 from each household. Each woman selected was interviewed using the women's questionnaire. The women's questionnaire included the following sections (see Annex 2):

- **Individual consent form:** introduces the survey and its focus on women's health and life experiences, assures the respondent that her answers will be confidential, and requires the interviewer to certify that the woman consents to be interviewed.
- **Section 1, respondent and her community:** includes questions on the respondent's contact with family and local organisations, and characteristics of the respondent including her relationship status.
- **Section 2, general health:** includes questions on the respondent's physical and mental health including during the previous month such as the use of medication and health services, frequency of smoking and drinking, suicidal thoughts and actions.
- **Section 3, reproductive health:** includes questions on the respondent's history of pregnancy, miscarriage, contraceptive use, and her husband's/partner's responses to family planning.
- **Section 4, children:** includes questions on the number of children, the most recent pregnancy and the behaviour of children and their schooling.



- **Section 5, current or most recent husband/partner:** includes questions on his age, education level, employment, frequency of drinking and drug use, involvement in physical fights with other men, and whether he had relationships with other women, or children with other women, while he was in a relationship with the respondent.
- **Section 6, attitudes:** includes questions on attitudes to gender relations, situations where a man may have “good reason” for physical violence against his wife, and attitudes to women’s sexual autonomy.
- **Section 7, respondent and her partner:** includes a request for permission to continue the questionnaire, questions on the respondent’s communication patterns with her husband/partner, her experiences of controlling behaviours by her partner, and emotional, physical and sexual violence, including violence during pregnancy.
- **Section 8, injuries:** includes questions on the frequency, type and severity of injuries resulting from physical violence by a husband/partner, and the use of health services for these injuries; this section was only asked of women who disclosed physical or sexual violence in section 7.
- **Section 9, impact and coping:** includes questions on the situations or factors associated with violence by husbands/partners, whether children witnessed the violence, the association between physical violence and rape, whether women retaliated and the impact of this, her view of the impact of the violence on her physical and mental health and work, and any actions she took to tell anyone about the violence or seek help (including leaving home), and the reasons for doing so or not doing so; this section was only asked of women who disclosed physical or sexual violence in section 7.
- **Section 10, other experiences:** includes questions on women’s experiences of physical and sexual violence by people other than husbands/partners since the age of 15, child sexual assault, her first sexual experience, whether there was a history of violence towards mothers in her or her husband’s/partner’s family, and whether her husband/partner was beaten regularly as a child by someone in his family.
- **Section 11, financial autonomy:** includes questions on the respondent’s ownership of assets, control over her own income, and capacity to support herself and her family in an emergency.
- **Section 12, completion of interview:** includes an opportunity for anonymous reporting of child sexual abuse using a face card (Box 2.2), and a question on how she felt after the interview.

Adaptations made by FWCC to the WHO generic questionnaire included: a question on non-partner physical abuse was reworded to include the same acts as for partner abuse; a question on non-partner sexual violence since age 15 was added to investigate other forms of sexual abuse including attempted rape; and several other minor changes were made for the Fiji context. The questionnaire was translated into iTaukei and Hindi, and the wording and translation was improved and finalised during training of interviewers and the pilot fieldwork (Jansen 2011a: 3, 8).

2.2.2 Operational definitions used in the survey

Eligible and ever-partnered women

Women eligible to participate in the survey were those aged between 18 and 64 years who lived in the household. This included visitors if they slept in the household for the past 4 weeks, or domestic workers (“house help”) if they slept 5 nights a week or more in the house. Only 1 eligible woman was interviewed per household; in households with more than 1 eligible woman, the respondent was selected randomly. In households with no eligible women, only the household questionnaire was completed and no individual woman’s interview was done.

Ever-partnered women are those who could potentially be at risk of experiencing violence by a husband or partner; hence the number of ever-partnered women in the sample is used as the denominator for calculating prevalence figures. This was defined as women and girls who were ever in an intimate sexual relationship with a man.



This includes women who were ever legally married, those who ever lived with a male partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who ever had an intimate relationship with a man they were dating or were engaged to.

Violence against women

The survey focused on physical, sexual and emotional violence by husbands or intimate partners, coercive and controlling behaviours by husbands/partners, physical and sexual violence perpetrated by people other than husbands/partners since the age of 15, and child sexual abuse before the age of 15. The specific acts used to define each of these types of violence are summarised in Box 2.1.

Box 2.1: Operational definitions of violence against women and girls used in the survey

<p>Physical violence by a husband/partner</p> <ul style="list-style-type: none"> • Slapped or had something thrown at her that could hurt her • Pushed or shoved, or had her hair pulled • Hit with a fist or something else that could hurt her • Kicked, dragged, or beaten up • Choked or burnt on purpose • Threatened to use or actually used a gun, cane knife or other weapon against her <p>Sexual violence by a husband/partner</p> <ul style="list-style-type: none"> • Physically forced to have sexual intercourse when she did not want to • Had sexual intercourse when she did not want to because she was afraid of what her husband/partner might do • Forced to do something sexual by her partner that she found degrading or humiliating <p>Emotional abuse by a husband/partner</p> <ul style="list-style-type: none"> • Insulted or made to feel bad about herself • Belittled or humiliated her in front of other people • He did things to scare or intimidate her on purpose (e.g. by the way he looked at her, or by yelling or smashing things) • He threatened to hurt her or someone she cared about 	<p>Controlling behaviours by a husband/partner</p> <ul style="list-style-type: none"> • Tries to keep her from seeing her friends • Tries to restrict contact with her family of birth • Insists on knowing where she is at all times • Ignores her or treats her indifferently • Gets angry if she speaks with another man • Is often suspicious that she is unfaithful • Expects her to ask his permission before seeking health care for herself <p>Physical violence during pregnancy</p> <ul style="list-style-type: none"> • Slapped, hit or beaten while pregnant • Punched or kicked in the stomach while pregnant <p>Physical violence by non-partners (over 15 years)</p> <ul style="list-style-type: none"> • Hit, beaten, kicked, had something thrown at her, pushed, choked or burnt on purpose, threatened to use or actually used a gun, knife or other weapon against her <p>Sexual violence by non-partners (over 15 years)</p> <ul style="list-style-type: none"> • Forced to have sex or to perform a sexual act that she did not want to • Attempted to force her to have sex, touched her sexually, or did anything else sexually that she did not want <p>Sexual violence before the age of 15</p> <ul style="list-style-type: none"> • Ever touched sexually or made to do something sexual that she did not want to
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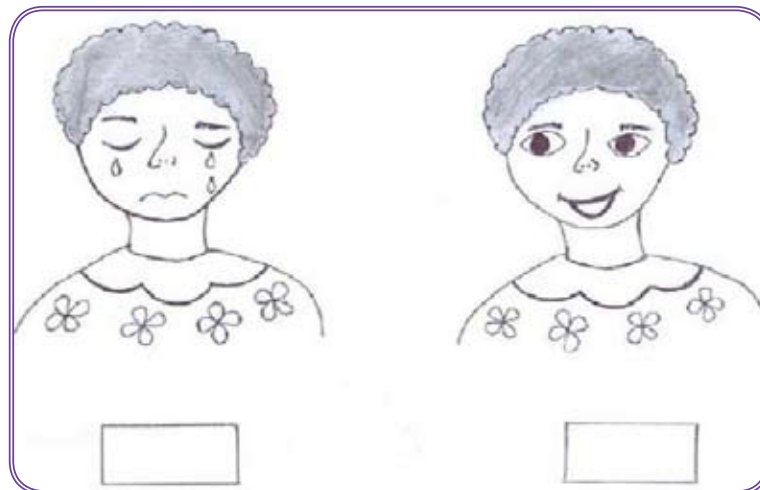
For each act of physical, sexual or emotional abuse by a husband/partner, the respondent was asked whether it occurred in the previous 12 months, or before the previous 12 months. Respondents were also asked how frequently the violent and abusive acts had occurred: once, a few (2-5) times or many (more than 5) times.



2.2.3 Child sexual abuse

This is a difficult topic to explore in a questionnaire because of the highly sensitive nature of childhood sexual abuse and the shame and trauma associated with it, which results in considerable under-reporting of the problem. Three different ways of exploring this topic were used. First, in section 10 (see Annex 2, question 1003a), respondents were asked whether anyone ever touched them sexually, or made them do something sexual that they did not want to before the age of 15 years. Then respondents were asked their age when they first had sex, and whether their first sexual experience was forced, coerced, or by choice (questions 1004-1005). Finally, at the end of each interview, each respondent was handed a card with 2 pictures of a sad and happy face (Box 2.2) which allowed them to report on this topic anonymously (question 1201). The respondent was asked to mark the sad face if someone ever touched her sexually or made her do something sexual against her will before the age of 15 years; and to mark the happy face if this did not happen to her. Respondents were asked to seal this card in an envelope before handing it back to the interviewer, enabling her to keep her response secret.

Box 2.2: Face card used for reporting of child sexual assault



The WHO found that that this combination of methods helps ensure that a more complete estimate of the prevalence of childhood sexual abuse is obtained. In the WHO multi-country study, anonymous reporting did not always encourage the most reporting: some women disclosed childhood sexual abuse during the interview but did not mark the card in this way, and some did the opposite. Because of this, the combined prevalence – obtained if a positive response was given to either the interview question or the face card – is used as the most accurate estimate (WHO 2005: 50; WHO 2007: 29-30).

2.3 Design of the survey sample

A multi-stage sampling strategy was prepared by a consultant from the Fiji Islands Bureau of Statistics (FBOS). A target sample of 3,000 households was chosen. This was inflated by 25% to allow for possible non-response, due to the highly sensitive nature of the survey content, giving a total target sample of 3750. In the first stage, the 2008-2009 sampling frame of the Household Income and Expenditure Study was used, which was based on 1,602 enumeration areas identified from 2007 population census data. A representative sample was selected from 8 strata covering urban and rural areas in Fiji's 4 Divisions (Central, Eastern, Northern and Western).



In these 8 strata, 357 enumeration areas were systematically selected using a probability proportional to size (PPS) sampling technique.⁷ Some adjustments were made to this selection, taking into account geographical features and transportation difficulties; to ensure geographical and ethnic representation, proper sampling measures were taken to replace these areas (Jansen 2011a: 9; and FBOS 2011).

In the second stage of sampling, 10 households were randomly selected from each enumeration area. This represented 22.3% of all enumeration areas and 2.1% of all households in Fiji. Two urban enumeration areas were omitted from the sample, to avoid full coverage of households and over-representation of the only urban centre in one province; this was essential for ethical and safety reasons to promote the confidentiality of the survey content. The sample included 355 enumeration areas with a target of 3553 households (Table 2.1) (Jansen 2011a: 9; and FBOS 2011). Final adjustments resulted in a total sample of 3538 households visited (see Chapter 3 and Table 3.1 of Annex 1). Enumeration areas from all provinces and major islands were included in the final sample.

Table 2.1: Selection of sample enumeration areas and households

Enumeration Areas	Central Division	Eastern Division	Northern Division	Western Division	Total
Urban EA	98	2	16	48	164
Rural EA	48	29	44	70	191
Total EAs	146	31	60	118	355
Households					
Urban	982	20	160	480	1642
Rural	481	290	440	700	1911
Total Households	1463	310	600	1180	3553

Sources: Jansen 2011a: 9; and FBOS 2011. Note: 3538 households were visited in the final sample (Table 3.1 of Annex 1).

In the third stage of sampling, one woman aged 18-64 years was randomly selected to be interviewed from each household. The WHO multi-country study interviewed women aged 15-49, due the WHO's special interest in reproductive health. FWCC chose a minimum age of 18 for legal reasons, since women over 18 do not need parental consent to participate in a survey. Interviewing women up to 64 years of age enabled FWCC to explore the experiences of older women (Jansen 2011a: 9).

2.4 Fieldwork, data processing and quality control

2.4.1 Interviewer selection, training, pilot and fieldwork

Lessons learned on conducting population-based surveys on violence against women show that the selection and training of interviewers can have an impact on whether respondents are comfortable to talk about their experiences of violence. Supervision in the field, monitoring and ongoing support are also essential to achieve valid findings (Ellsberg and Heise 2005; and Jansen 2010: 21-22). WHO guidelines highlighted the following important skills for interviewers: ability to interact with all types of people; emotional maturity; skill at building rapport; and experience in dealing with sensitive issues (WHO 2007: 38).

⁷ This sampling technique ensures that households in larger enumeration areas have the same probability of getting into the sample as those from smaller enumeration areas. It is commonly used to generate a representative and random sample when sampling units vary in size.



Thirty-four members of the FWCC research team were trained over 3 weeks in October 2010 including 19 nominated by the FBOS and 15 who were staff of FWCC and its Branches. Trainees included 33 women and 1 man (who was engaged to provide logistical support and not as an interviewer). The training was led by FWCC's research consultant, with some sessions provided by FWCC and FBOS staff (Jansen 2011a: 7).

WHO's standard training curriculum was used. This covered the following topics: gender sensitisation (2 days), interviewing techniques, a detailed question-by-question explanation and discussion of the questionnaire, and roleplays in small groups. In the first week all participants were provided with the questionnaire, an interviewer's manual, and question-by-question manual in English. Fijian and Hindi questionnaires were provided to those trainees who spoke these languages. Supervisors were provided with a supervisor manual in English during the third week of the training. The third week concentrated on field practice with two days field piloting. The training and pilot provided an opportunity to thoroughly review and fine-tune the questionnaire. The questionnaire was not translated into Rotuman; however interviews in Rotuman were extensively practiced by 3 interviewers whose mother tongue was Rotuman (Jansen 2011a: 7).

FWCC formed 8 teams, each with 3 interviewers and 1 editor/supervisor. For the pilot, each team visited separate enumeration areas in or close to Suva that were not included in the sample design, covering all social strata and types of living conditions. Each interviewer practiced 2 full interviews per day. Interviews were done in all languages. Each pilot day was followed by a day of debriefing where interviewers discussed their experiences and proposed strategies and lessons learned. The pilot study demonstrated that the field procedures worked well and that respondents were cooperative and happy to tell their story (Jansen 2011a: 10). Fieldwork was undertaken from mid November 2010 with a break for the holiday season and was completed in August 2011. The fieldwork began in enumeration areas in Suva (Jansen 2011a: 12).

2.4.2 Quality control

The WHO methodology included several standardised procedures and formats for quality control during fieldwork (WHO 2007: 40-41). These included the following in the Fiji study (Jansen 2011a: 12-13):

- Close supervision of each interviewer during fieldwork. For example, supervisors were instructed to observe the beginning of a proportion of the interviews.
- Random checks of one household per enumeration area by the supervisor, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the interview.
- Continuous monitoring of each interviewer by field supervisors using a standard monitoring format that included performance indicators such as response rate, the number of completed interviews, and the rate of identification of physical violence.
- Review of all completed questionnaires by the editor/supervisor in each team to identify inconsistencies and skipped questions, thus enabling gaps or errors to be noted and corrected before the team moved on to another enumeration area.
- Questionnaires were edited by FWCC before data entry.
- Close contact with field teams by FWCC staff at all times during the fieldwork, to identify and resolve issues and provide support.



2.4.3 Data entry, tabulation and analysis

Quality control mechanisms were also applied during data entry. Data entry screens (one for each section of the questionnaire) were set up by FBOS on CSPro software so that automatic consistency checks were incorporated into the data entry system. FBOS trained data processors and provided ongoing technical assistance including supervision and monitoring of data entry (Jansen 2011a: 13). All questionnaires were entered twice by the data processors to verify that data was entered correctly. FWCC's research consultant assisted with cleaning the data files before tabulating the findings and undertaking statistical analysis.

A workshop was held in Suva with FWCC and Branch staff in September 2012 to discuss and analyse the findings. This was an additional opportunity to check the accuracy of tables and charts included in this report. The interpretations, analysis and recommendations in the following chapters are based on the discussion at this workshop.

2.5 Ethical and safety considerations

WHO's guidelines on ethical and safety considerations guided the development and implementation of the research (WHO 2007: 36-37). Some of the specific measures used were the following (Jansen 2011a: 11-12):

- **Safe name for the survey:** For women experiencing violence, the mere act of participating in a survey may provoke violence, or place the respondent or interviewer at risk. The name of the study used throughout implementation was: "Survey of Women's Health and Life Experiences". This enabled respondents to explain the survey to others safely, and was used by fieldwork teams to describe the survey to the community and to other members of the household. Interviewers and supervisors carried an official letter explaining the survey. Fieldwork teams advised provincial administrators, the police post or local officials as appropriate as they entered each enumeration area.
- **Informed consent:** Interviewers introduced themselves by saying that they were part of a team working for FWCC and the Fiji Bureau of Statistics. Although there was a risk that FWCC would be associated with domestic violence, fieldworkers did not mislead communities or respondents on this point. Fieldwork teams were confident that could address any myths or concerns by explaining FWCC's work in positive terms, and by focusing on the benefits to families of FWCC's work. The teams found that communities, households and individual women were overwhelmingly welcoming to FWCC.
- **Confidentiality agreement:** On the second day of the training all staff signed a confidentiality agreement as part of their work contract.
- **Support for interviewers:** Trained counsellors from FWCC were available to provide support and counselling to interviewers where needed, in recognition of the traumatic nature of the subject matter, with interviewers hearing disclosures of violence each day.
- **Support for respondents:** Interviewers informed their team supervisors of the following cases: respondents with suicidal thoughts in previous 4 weeks; respondents who specifically asked for help; cases where the household or the woman refused to complete the interview; and cases where current child abuse was reported. Protocols were in place to refer women who requested assistance to the FWCC or its Branches for counselling, immediate or follow-up assistance as needed.
- **Information about services:** A pocket-size leaflet with information on FWCC services was given to each respondent at the end of the interview, together with several health leaflets; this strategy was designed to protect women, in case the leaflets were discovered by perpetrators of violence.



2.6 Strengths and limitations of the research design

By using the WHO methodology, FWCC followed international best practice in the research design and implementation. Consequently, the findings are robust and reliable with the most accurate estimates possible of prevalence of violence against women. However, with this type of research design, it is not possible to “prove” that violence causes the various health problems and other impacts described in the following chapters. Nevertheless, it is possible to identify statistically significant associations between violence and the various impacts described, to do so with full confidence, and to apply FWCC’s many years of experience in interpreting these findings. One important strength of the research design was the nationally representative sample that provides reliable estimates of prevalence for each of Fiji’s 4 Divisions and for urban and rural areas.

Any survey based on self-reporting has some possibility of bias associated with respondents’ memory of events and incidents. However, lessons learned from research on violence against women indicate that recall bias tends to result in under-estimates of the prevalence of violence, rather than over-estimates (WHO 2005: 23). The findings presented in Chapter 7 on health impacts and Chapter 10 on women’s coping strategies reinforce this international experience.

The decision to select only 1 woman per household introduces bias because it means that women living in households with more than 1 woman are under-represented. The WHO multi-country study tested the degree of this bias by weighting the main prevalence outcomes to compensate for differences in the number of eligible women per household; the same testing was done for the Fiji study (see Chapter 3). In all cases the results showed no significant differences in prevalence rates; consequently the chapters below use the international standard for calculating rates of prevalence recommended by WHO (WHO 2005: 28).

Chapter 3: Response Rate & Description of the Sample





This chapter describes the response rates to the survey, the characteristics of the respondents, and how well the sample reflects the general population of women in Fiji. It also describes how women felt after the interview.

3.1 Response rates

There was a very high response rate to the survey despite the sensitive nature of the questions. Members of the FWCC field team commented that communities and women were very welcoming to FWCC and demonstrated an interest in participating in the research.⁸ There were no significant differences in response rates between urban and rural areas, or between Divisions.

Of 3538 households included in the sample, 3474 were true households and 64 were not. Most of the latter were permanently vacant, destroyed, or unable to be located. Of these 3474 households, 3389 completed the household interview (the first section of the questionnaire), 43 (1.2%) refused to participate, and 42 (1.2%) had no adult household members at home during several repeat visits; this provides a household response rate of 97.6%. Of the 3389 households who completed the household section of the questionnaire, 142 (4%) had no eligible women aged between 15 and 64 (Table 3.1 of Annex 1).

This gives a total of 3247 households that had eligible women. Among these, 3193 women (98.3%) participated in the survey interview. Only 13 women from the 3247 households refused to participate (0.4%); 21 women were either not at home during several visits or were incapacitated (0.7%) and therefore could not participate. Of the 3247 participating households, only 23 women partially completed the questionnaire (Table 3.1 of Annex 1).

3.2 Description of respondents in the sample

3.2.1 Characteristics of respondents

Of the 3193 respondents, 41% were from the Central Division, 10% from the Eastern Division, 18% from the Northern Division and 31% from the Western Division. Overall, 47% of respondents live in urban areas and 53% in rural areas. Sixty-three percent of respondents were i-Taukei women, 32% were Indo-Fijian and 5.5% were from other ethnic groups (Table 3.3 of Annex 1).

Nine percent (9%) of respondents were educated to primary level, 74% to secondary level and 18% to tertiary level. Forty-seven women had never received any education at all.

Seventy-six percent (76%) of respondents were married, 4% were living with a man at the time of the survey, and 3% were dating a regular partner. Six percent (6%) were widowed, and another 6% were divorced or separated. In total, 3035 of the 3193 respondents (95%) had ever had an intimate partner and 5% had not (Tables 3.2 and 3.3 of Annex 1).

3.2.2 Household head

The household selection form section of the questionnaire (Annex 2) asked respondents whether the household head was male or female: 83.5% of respondents said that the household was headed by a man, 14.9% said the household head was a woman, and 1.6% said that both were heads of the household. There were more female-headed households in urban areas (18.4%) and in the Central and Western Divisions (16.7% and 16.4%) compared with the national average. There were also more female-headed households among primary school graduates (24.2%) (Table 3.6 of Annex 1).

⁸ Workshop with FWCC staff, September 2012.



3.2.3 Socio-economic assets index

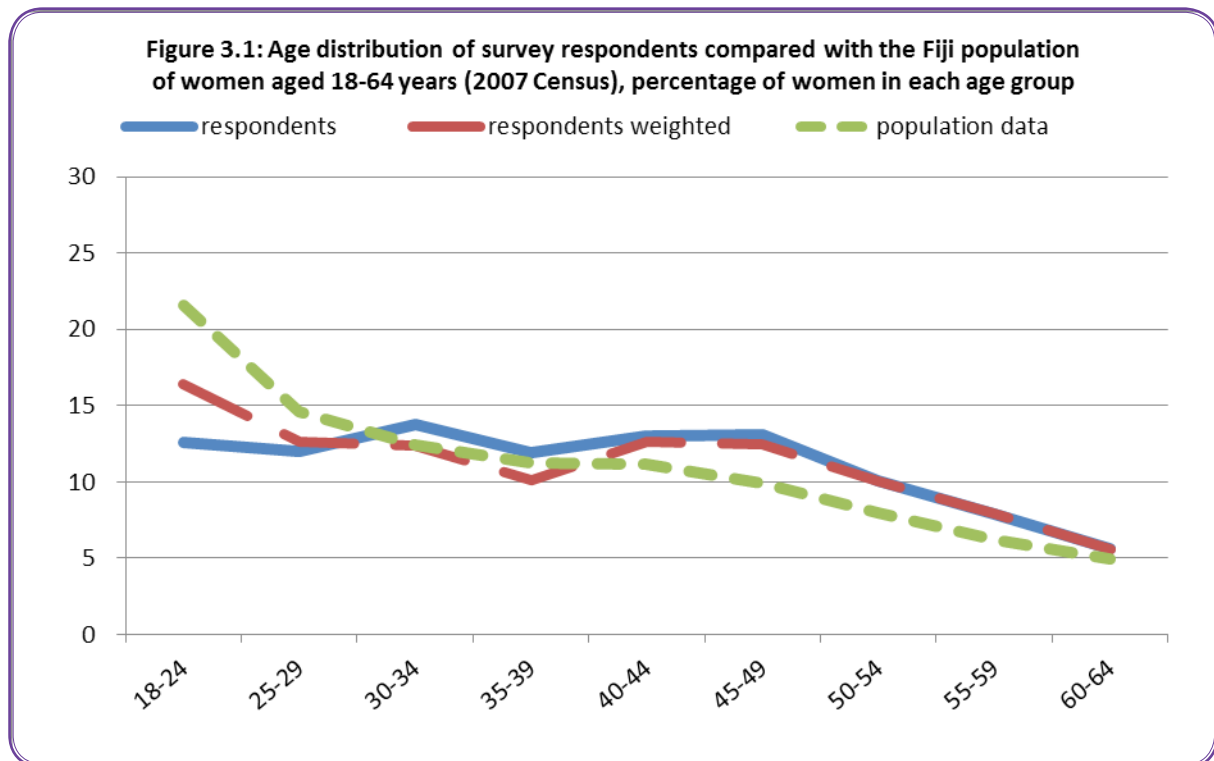
A socio-economic assets index was developed using data collected from the household section of the questionnaire on source of drinking water, toilet facility, wall materials, source of lighting, ownership of several household assets, land ownership, and a measure of household crowding based on the number of rooms in the house and the total number of household members. Rather than dividing sample households into 3 equal-sized groups (terciles) or 5 equal-sized groups (quintiles), statistical analysis was used to cluster all the responding households into 3 groups based on the ownership of assets: 23% of households were clustered into the lowest group, 28% into the medium group, and 48% into the higher group (Table 3.2 of Annex 1 and Annex 4). The statistical method used to cluster households into 3 groups is described in detail in Annex 4.

The 2008/2009 Household Income and Expenditure Survey reported that 31% of Fiji's population was below the basic needs poverty line (Narsey et. al. 2010: vi), and the 2010 Millennium Development Goals Report estimated that around 40% of Fijians were living in poverty (Ministry of National Planning 2010: 8). **It is important to emphasise that the socio-economic clusters used in this report do not represent socio-economic status as it is commonly understood, and should not be interpreted as a measure of the levels of poverty in Fiji.** The household questionnaire was not designed to measure the incidence of poverty. No questions were asked in the household survey about income. Consequently the 3 socio-economic clusters used in this report describe groups with similar ownership of assets (see the household questionnaire in Annex 2): those in the higher cluster own all or many of the assets listed in the household questionnaire, those in the middle cluster own some of the assets, and those in the lower cluster own very few or none of the assets.

3.3 Representativeness of the sample

To assess whether survey respondents were representative of the population of women aged 18-64 in Fiji, a comparison was made with 2007 Census data by Division, religion, education, ethnicity, age and partnership status (Table 3.3 of Annex 1). For safety reasons, only one woman was selected for interview from each household (see Chapter 2); consequently women from larger households (that is, with more than one woman aged 18-64) had a lower probability of being selected to participate in the survey. To explore the impact of this potential bias, the sample of respondents and the main prevalence outcomes were weighted to compensate for differences in the number of eligible women in each household (Table 3.4 of Annex 1).

The results of these comparisons show that differences in the probability of a woman being selected did not significantly affect the prevalence rates of the various forms of violence against women (Table 3.4 of Annex 1). Hence, unweighted prevalence rates are used throughout this report. The comparison also shows that young women were less likely to be randomly selected where there was more than one eligible woman per household. However overall, differences between weighted and unweighted data, and between the survey sample and 2007 Census data are not significant (Figure 3.1 and Table 3.3 of Annex 1). In other words, the survey sample is broadly representative of the population of women aged 18-64 in Fiji.



Sources: Fiji Islands Bureau of Statistics. 2007 Population Census and Table 3.3 of Annex 1.

3.4 How women felt after the interview

The average duration of the interview was 45 minutes. Interviews with women who had not experienced violence lasted about 40 minutes on average, and those with women who had experienced violence ranged from 44 to 51 minutes, with longer interviews for those who had experienced both physical and sexual violence.

When asked how they felt at the end of the interview, 92% of the survey respondents said they felt good or better, 1% said they felt the same, and 7% said they felt worse. Women who experienced physical or sexual violence by their husband/partner appreciated the opportunity to talk about it during the survey; among those women who experienced both physical and sexual violence, 96% said they felt good or better (Table 3.5 of Annex 1). For about half of the women living with violence, this was the first time they had told anyone about their experiences (see Chapter 10). Among those who had never experienced violence, 88% felt good or better, 1% felt the same, and 11% felt worse (Table 3.5 of Annex 1). These findings are a testament to the skill and sensitivity of FWCC's interviewers.

This positive response to the survey was also found in the WHO's multi-country study (WHO 2005) and in studies undertaken in the Pacific region in the Solomon Islands (SPC 2009), Kiribati (SPC 2010), Vanuatu (VWC 2011) and Tonga (Ma`a Fafine mo e Famili 2012). In addition to providing an opportunity for women to talk about their experiences with a non-judgemental and empathic person, FWCC believes that undertaking the study has contributed to raising women's awareness of their rights, supported by FWCC's ongoing campaigning and community education activities. Every woman interviewed by the survey team was provided with information on FWCC services. Counsellors have noticed that there is an ongoing impact from the research fieldwork; women who were interviewed in 2010 and 2011 are still finding their way to FWCC and the Branches.⁹

⁹ Monitoring and evaluation workshops with FWCC staff, July 2012 and July 2013.

Chapter 4: Violence Against Women by Husbands & Intimate Partners



Summary of main findings

- **64% of women (almost 2 in 3) who have ever been in an intimate relationship experienced physical and/or sexual violence or both by a husband or intimate partner in their lifetime; 24% (almost 1 in 4) experienced physical and/or sexual violence in the last 12 months.**
- 61% of ever-partnered women experienced physical violence in their lifetime (more than 3 in 5), and 19% in the last 12 months (almost 1 in 5).
- 34% of ever-partnered women experienced sexual violence in their lifetime (more than 1 in 3), and 14% in the last 12 months.
- 58% of ever-partnered women experienced emotional violence in their lifetime (almost 3 in 5), and 29% in the last 12 months.
- **Overall, 72% of ever-partnered women experienced at least one or more of these three forms of violence (physical, sexual or emotional) by their husband/partner in their lifetime; most of these women experienced multiple types of violence.**
- For the majority of women living with physical violence by their husband/partner, the violence occurs repeatedly and is often severe, including being punched, kicked, dragged, beaten up, choked, burned, threatened with a weapon, or actually having a weapon used against them.
- 69% of women have been subjected to at least one form of controlling behaviour by their husband/partner, and 28% (more than 1 in 4) were subjected to 4 or more types of control.
- Rates of physical, sexual and emotional violence are higher in rural areas than urban areas. They are highest in the Eastern Division and lowest in the Central Division.
- There are high rates of intimate partner violence among women from all ethnic, religious, and socio-economic groups, but prevalence is higher for i-Taukei women and those from all other ethnic groups.



4.1 Definition of prevalence

This chapter presents findings on the prevalence of violence against women by their husbands or partners, including physical and sexual violence, emotional abuse, and the types of control that men exert over their wives and partners. Section 4.2 presents an overview of national prevalence rates, comparing rates of physical, sexual and emotional violence. Section 4.3 focuses in detail on acts of physical violence and their severity and frequency; section 4.4 on sexual violence; section 4.5 on emotional violence; and section 4.6 on controlling behaviours by men. More detailed data on each is presented in the statistical annex (Annex 1). Section 4.7 discusses the findings in all these areas.

Of all the women interviewed, 3035 had ever been married or had an intimate sexual relationship with a partner. Throughout this report, this group is referred to as “ever-partnered” women, and includes all those who were ever legally married (including those currently married as well as those now divorced, separated or widowed), those who ever lived with a partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who had an intimate relationship with a man they were dating (Tables 3.2 and 3.3 of Annex 1).¹⁰

In order to measure the prevalence rates of physical, sexual and emotional violence, women were asked whether they had ever experienced specific acts of violence and emotional abuse by their husband/partner (see section 7 of the questionnaire in Annex 2 and the operational definitions in Box 2.1 of Chapter 2). The calculation of national prevalence rates follows the international standard used by the WHO. Lifetime prevalence is the proportion of ever-partnered women who have ever experienced at least one act of a specific type of violence by her husband/partner, at least once in her life. Current prevalence is the proportion of ever-partnered women who experienced any one act of violence in the 12 months before the survey interview occurred.

The lifetime prevalence of physical and/or sexual violence among women aged 15-49 years is commonly used for international comparisons (WHO 2005: 19), because both types of violence tend to be committed together by the same perpetrator. FWCC’s survey sampled women aged 18-64 (see Chapter 2). Thus, two national prevalence rates are presented below: the rate for all women in the survey, and the rate for those aged 18-49 years, which may be used for international comparisons.

The acts of violence that women were questioned about in the survey were comprehensive, but not exhaustive. As such, the WHO concluded that prevalence estimates are more likely to underestimate the true prevalence of violence in any country where the methodology is used (WHO 2005: 14, 23).

4.2 Overview of violence against women by husbands and partners

4.2.1 National prevalence of physical, sexual and emotional violence

Overall, 64% of ever-partnered women aged 18-64 experienced physical and/or sexual violence by their husband or partner in their lifetime, and 24% suffered from either or both of these forms of violence in the last 12 months (Table 4.1 and Figure 4.1).

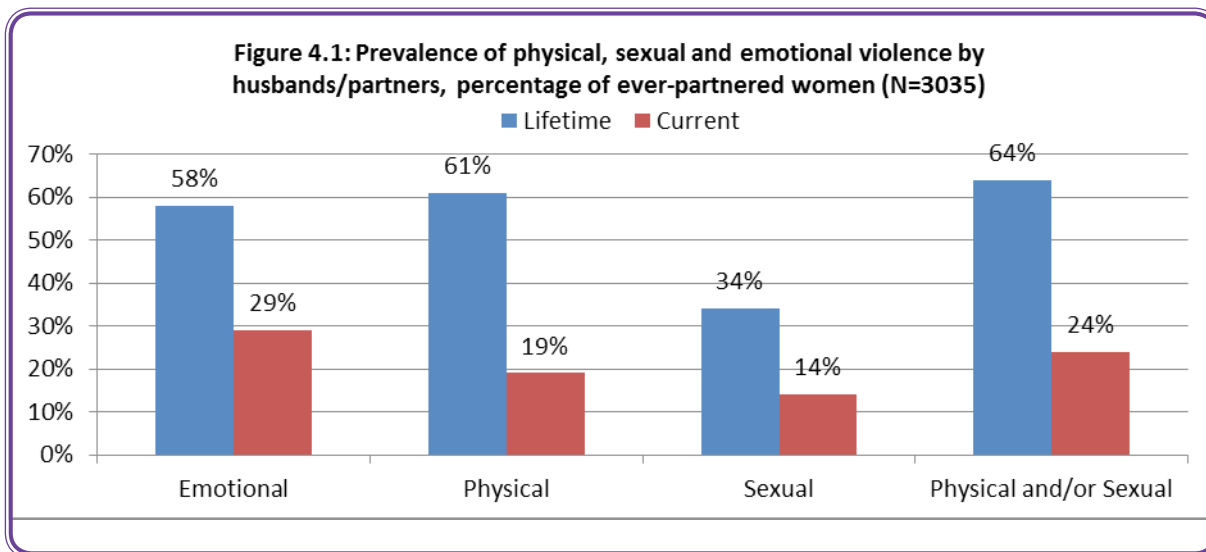
- Of the three types of violence, physical violence is the most widespread over a woman’s lifetime, with 61% of all ever-partnered women (more than 3 in 5) experiencing it, compared with 58% experiencing emotional violence and 34% (more than 1 in 3) experiencing sexual violence.
- The picture for current violence is somewhat different. The most prevalent form of violence over the last 12 months is emotional violence, with 29% (more than 1 in 4) currently suffering from this, compared with 19% who are currently living with physical violence, and 14% with sexual violence.

¹⁰ 3035 of the women interviewed had male sexual partners; 1 of these also had a female sexual partner.



Table 4.1: Lifetime and current prevalence of physical, sexual and emotional violence against women by husbands/partners (percentage of ever-partnered women aged 18-64, N=3035)

	Emotional	Physical	Sexual	Physical and/or Sexual
Lifetime	58%	61%	34%	64%
Current	29%	19%	14%	24%



Source: Tables 4.1 and 4.9 of Annex 1.

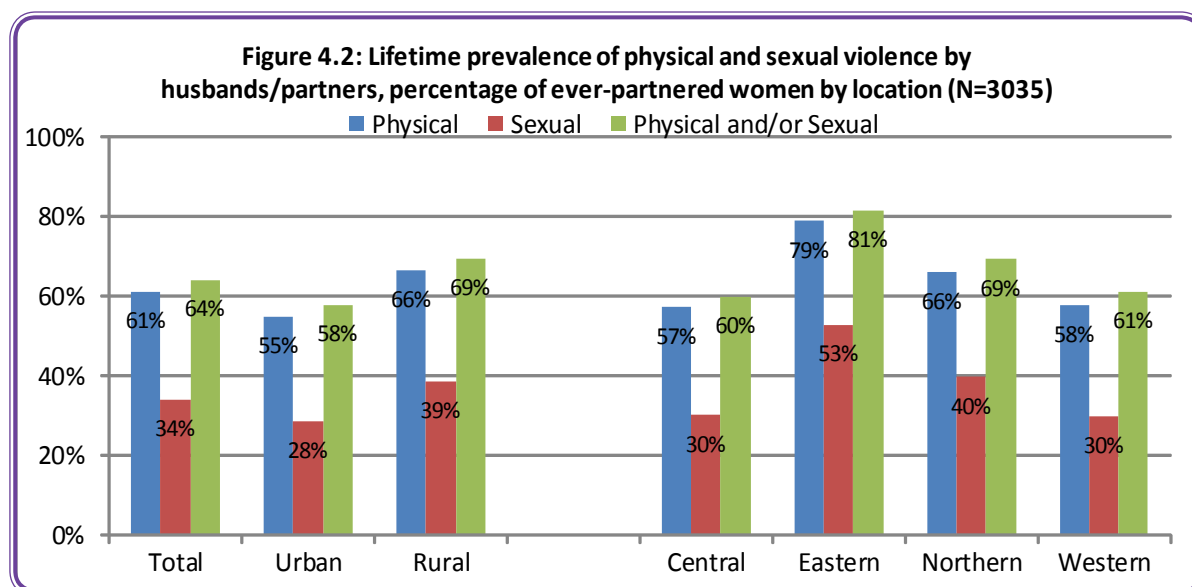
Prevalence is higher for all types of violence when we consider women aged 18-49. For example, 66% of women in this age group experienced physical and/or sexual violence in their lifetime, and 30% in the last 12 months (Table 12.1 of Annex 1). This is due to the higher rates of all forms of violence experienced by younger women (see the discussion below).

4.2.2 Who experiences intimate partner violence?

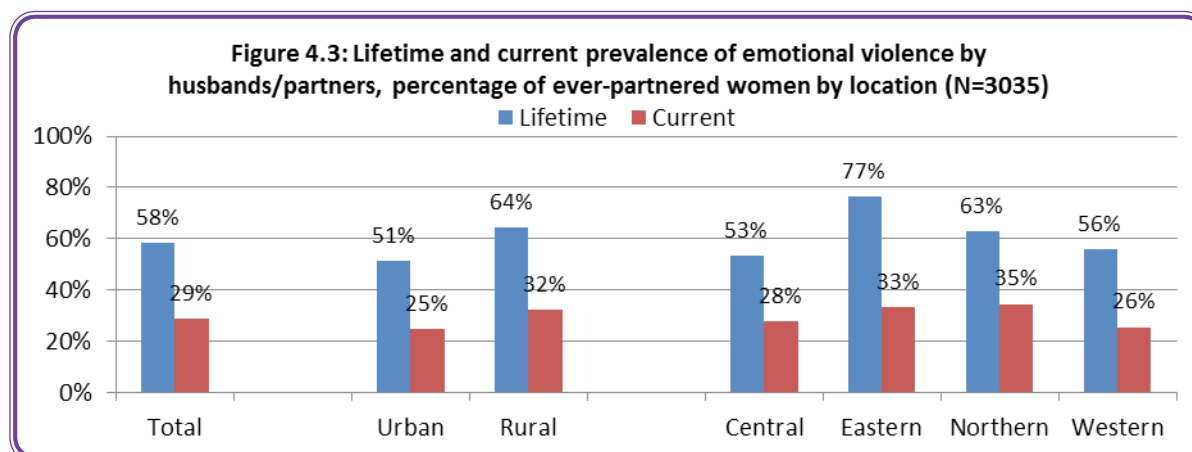
There are high rates of all forms of violence against women by their husbands/partners, regardless of where they live, age, education, ethnicity, religion, and socio-economic status. However, there are some noteworthy differences in prevalence between some of these categories.

Prevalence by location

All forms of violence are more prevalent in rural areas than urban areas. The Central and Western Divisions have the lowest rates of lifetime prevalence, whereas the Eastern Division has substantially higher rates of all forms of violence, followed by the Northern Division: the rate of physical and/or sexual violence is 81% in the Eastern Division (4 in every 5 women), compared with 64% for Fiji as a whole. More than half of women in the Eastern Division experienced sexual violence in their lifetime, and 40% in the Northern Division, compared with less than 1 in 3 in the Central and Western Divisions. Similarly women in the Eastern and Northern Divisions suffer from considerably higher rates of emotional violence during their lifetime than those in the Central and Western Divisions (Figures 4.2 and 4.3).



Source: Table 4.1 of Annex 1.



Source: Table 4.9 of Annex 1.

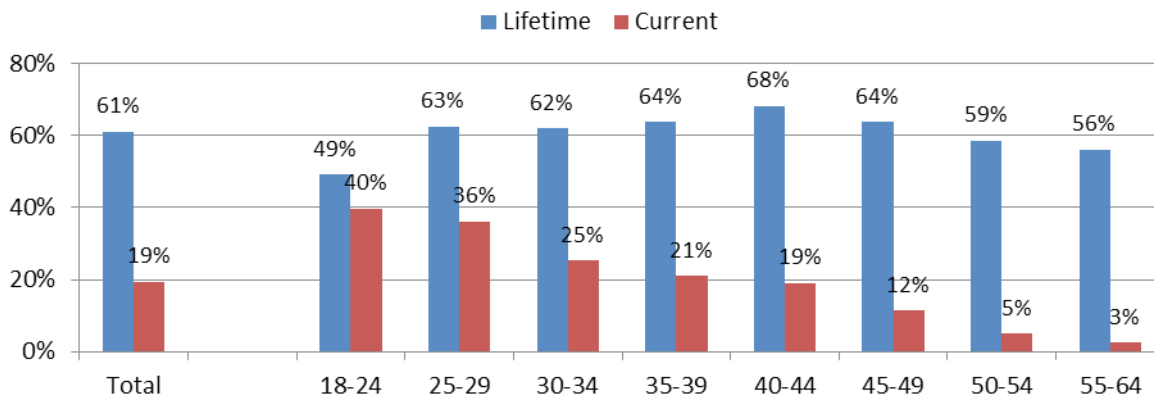
However, there is less variation in the current prevalence of all forms of violence between divisions: 28% of women in the Eastern and Northern Divisions, 24% in Central and 19% in the Western Division are currently living with physical and/or sexual violence (Table 4.1 of Annex 1). While women in the Eastern Division are more likely to experience emotional violence over their lifetime, the current prevalence is very similar for the Eastern and Northern Divisions (33% and 35% respectively), and higher in the Central (28%) Division than Western Division (26%) (Figure 4.3).

Prevalence by age

Women are at risk of violence by husbands/partners at any age. However, comparing lifetime and current prevalence shows that younger women aged 18-29 have a much higher current risk of experiencing partner violence than older women: 40% of women aged 18-24 (2 in 5) experienced physical violence in the 12 months before the survey, compared with 36% for those aged 25-29, and 19% (1 in 5) for Fiji as a whole (Figure 4.4). A similar picture is seen for sexual violence: more than 1 in 4 women under 29 were subjected to sexual violence in the 12 months before the survey, compared with 14% for Fiji as a whole (Figure 4.5). In contrast, women over 50 were significantly less likely to be subjected to physical or sexual abuse: 5% of women aged 50-54 were subjected to physical or sexual violence in the 12 months prior to the survey, and 3% of women aged 55-64 (Figures 4.4 and 4.5).

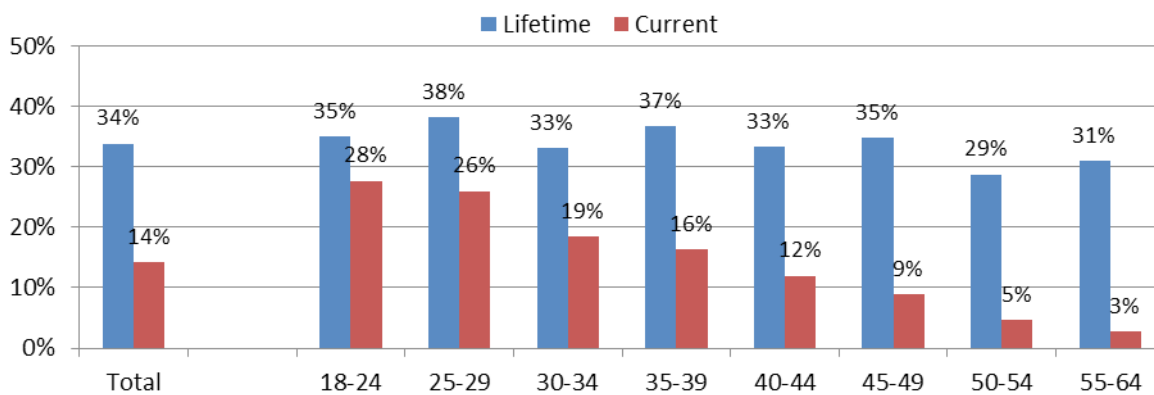


Figure 4.4: Lifetime and current prevalence of physical violence by husbands/partners, percentage of ever-partnered women by age (N=3035)



Source: Table 4.1 of Annex 1.

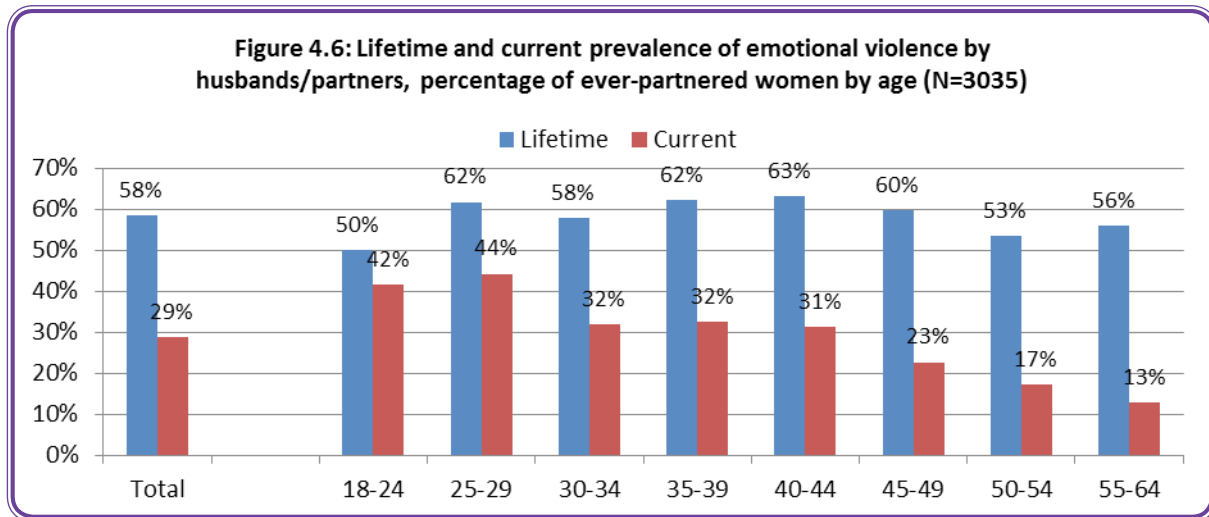
Figure 4.5: Lifetime and current prevalence of sexual violence by husbands/partners, percentage of ever-partnered women by age (N=3035)



Source: Table 4.1 of Annex 1.

Nevertheless, the data also demonstrate that some women continue to suffer from these forms of violence throughout their lives. Among those women who experienced physical violence in their lifetime, almost one-third (31%) were subjected to physical violence in the 12 months before the survey; among those who experienced sexual violence in their lifetime, 41% are currently subjected to sexual violence. Overall, among women who experienced physical and/or sexual violence in their lifetime, 38% are currently living with violence.

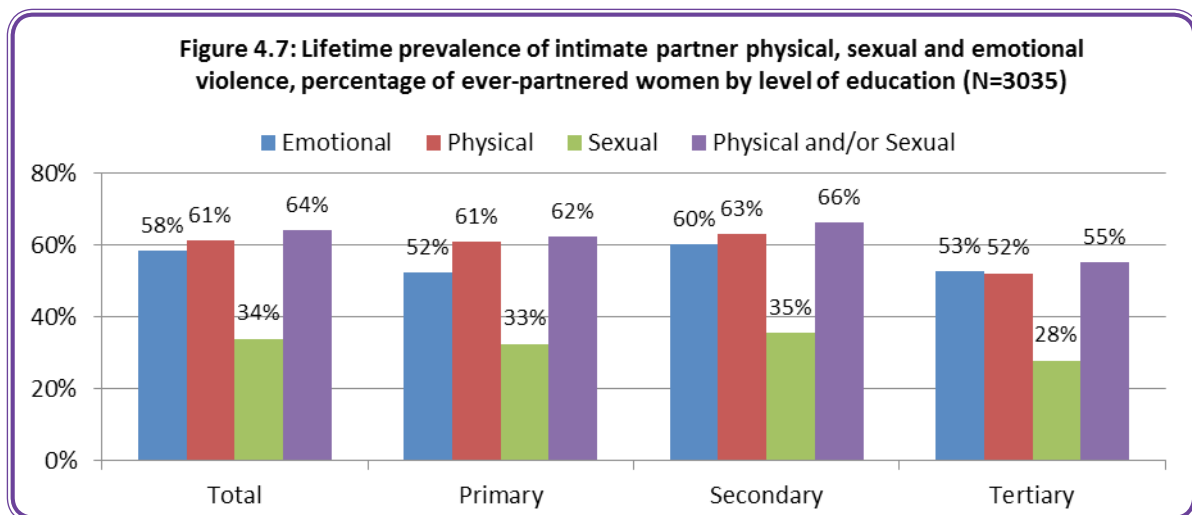
Similarly, women aged 18-29 have a higher prevalence of emotional violence: 42% of women aged 18-24 and 44% of those aged 25-29 (more than 2 in 5) are currently living with emotional violence, compared with a national rate of 29% (Figure 4.6). The risk of emotional violence also reduces somewhat as women age, but this reduction does not occur at the same rate as for physical and sexual violence. In other words, while some women will experience less incidents of physical and sexual violence as they age, emotional abuse is more likely to persist throughout a woman's life (Figures 4.4 to 4.6). Among those women who have ever experienced emotional violence, about half are currently suffering from this form of abuse. This is in line with FWCC's experience; Counsellors observe that emotional abuse often intensifies and persists through the life cycle, even when incidents of physical violence reduce.



Source: Table 4.9 of Annex 1.

Prevalence by level of education

Women with a tertiary education are slightly less likely to be subjected to sexual violence and emotional abuse by their husbands/partners over their lifetime, compared to those educated to primary or secondary level. However, they experience physical violence at much the same rate as women educated to primary level. Women with secondary education have the highest lifetime prevalence for all forms of partner violence (Figure 4.7).

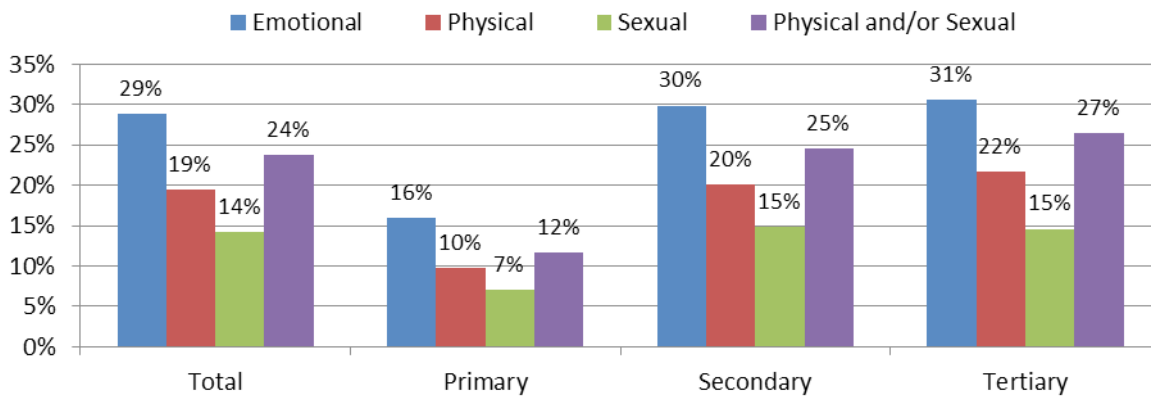


Source: Tables 4.1 and 4.9 of Annex 1.

However, the picture is somewhat different when we consider current prevalence: women educated to tertiary level have the highest prevalence of physical and/or sexual violence (27%), followed by those who have attended secondary education (25%), with the lowest prevalence (12%) for those who have only completed primary school. This pattern is repeated for current prevalence of emotional violence (Figure 4.8), and may be due to higher levels of educational achievement among younger women, who experience substantially higher levels of current violence than older women. Nevertheless, education is not a significant factor overall regarding whether women are subjected to violence by their husbands/partners (see Chapter 11).



Figure 4.8: Current prevalence of intimate partner physical, sexual and emotional violence, percentage of ever-partnered women by level of education (N=3035)

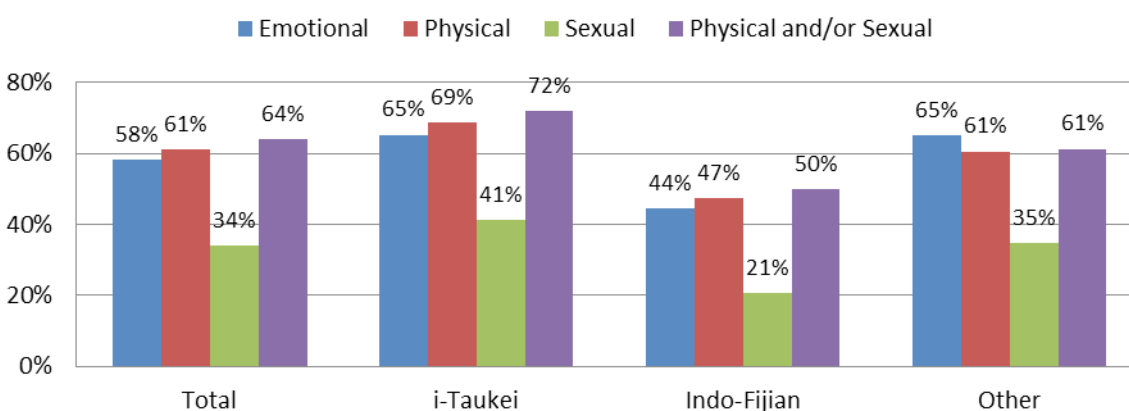


Source: Tables 4.1 and 4.9 of Annex 1.

Prevalence by ethnicity and religion

Indo-Fijian women are significantly less likely to experience emotional, physical and sexual violence than the national average: 44% of Indo-Fijian women experienced emotional violence in their lifetime, compared with 58% for the country as a whole; and 50% experienced physical and/or sexual violence compared with 64% for Fiji. In contrast, i-Taukei women experienced higher rates of all forms of violence than the national average: 65% experienced emotional abuse and 72% experienced physical and/or sexual violence (Figure 4.9). However, it is important to note that the lifetime prevalence of physical and/or sexual violence for Indo-Fijian women, although lower than for other ethnic groups in Fiji, is much higher than the global prevalence of 30% (WHO 2013: 16).

Figure 4.9: Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, percentage of ever-partnered women by ethnicity (N=3035)

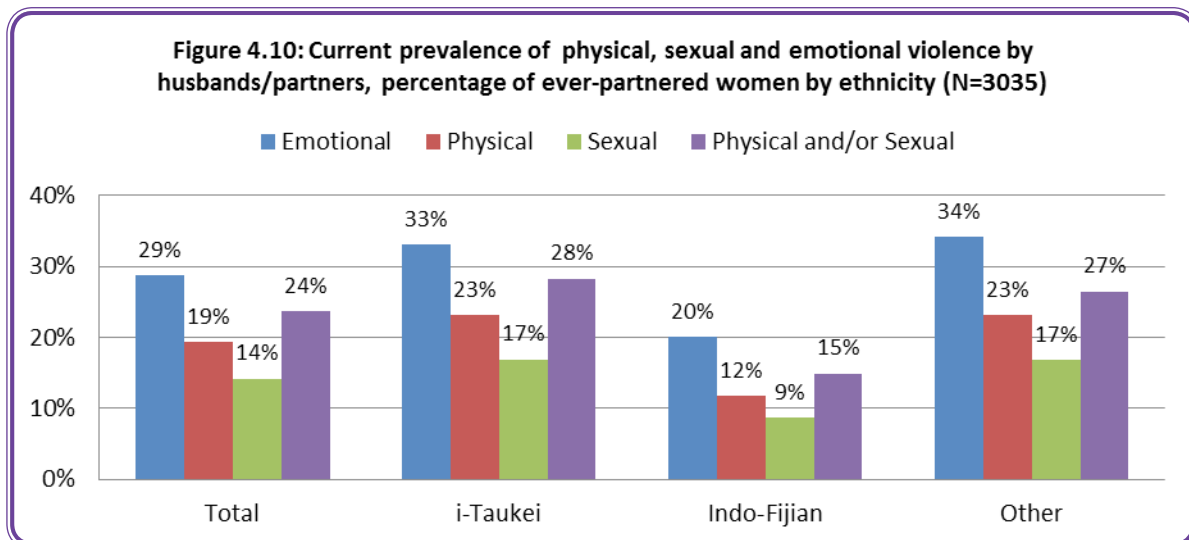


Note: "Other" includes Rotuman, mixed ethnicity, other Pacific Islander, Chinese, European and others. Source: Tables 4.1 and 4.9 of Annex 1.

This pattern is repeated for current prevalence, where the rates of physical and/or sexual violence for i-Taukei and other ethnic groups are almost double those experienced by Indo-Fijian women: 15% of Indo-Fijian women were subjected to physical and/or sexual abuse in the 12 months prior to the survey, compared with 28% for i-Taukei and 27% for women from all other ethnic groups combined.

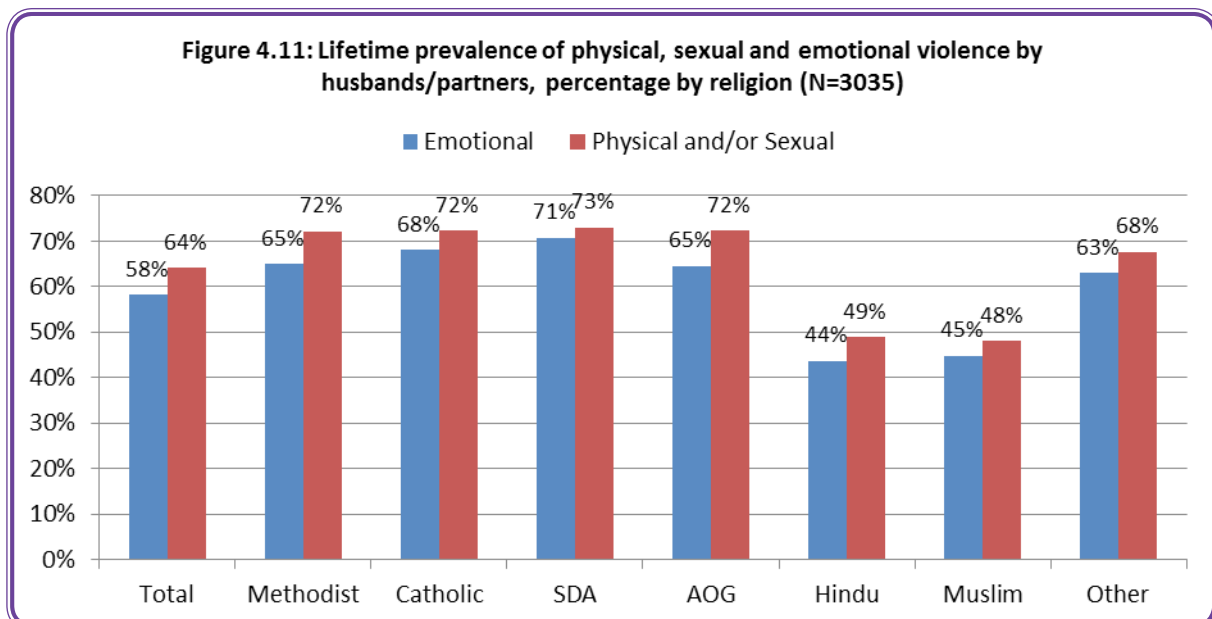


The current prevalence of emotional violence also paints a disturbing picture, affecting one in 5 Indo-Fijian women, and one in 3 of those from all other ethnic groups (including i-Taukei) in the past 12 months (Figure 4.10).



Note: "Other" includes Rotuman, mixed ethnicity, other Pacific Islander, Chinese, European and others. Source: Tables 4.1 and 4.9 of Annex 1.

Ethnic differences are reflected in the prevalence of violence among women of different religions. All the Christian religions have higher rates of emotional, physical and sexual violence than the national average; and women following the Hindu and Muslim faiths have somewhat lower rates than the national average (Figure 4.11).

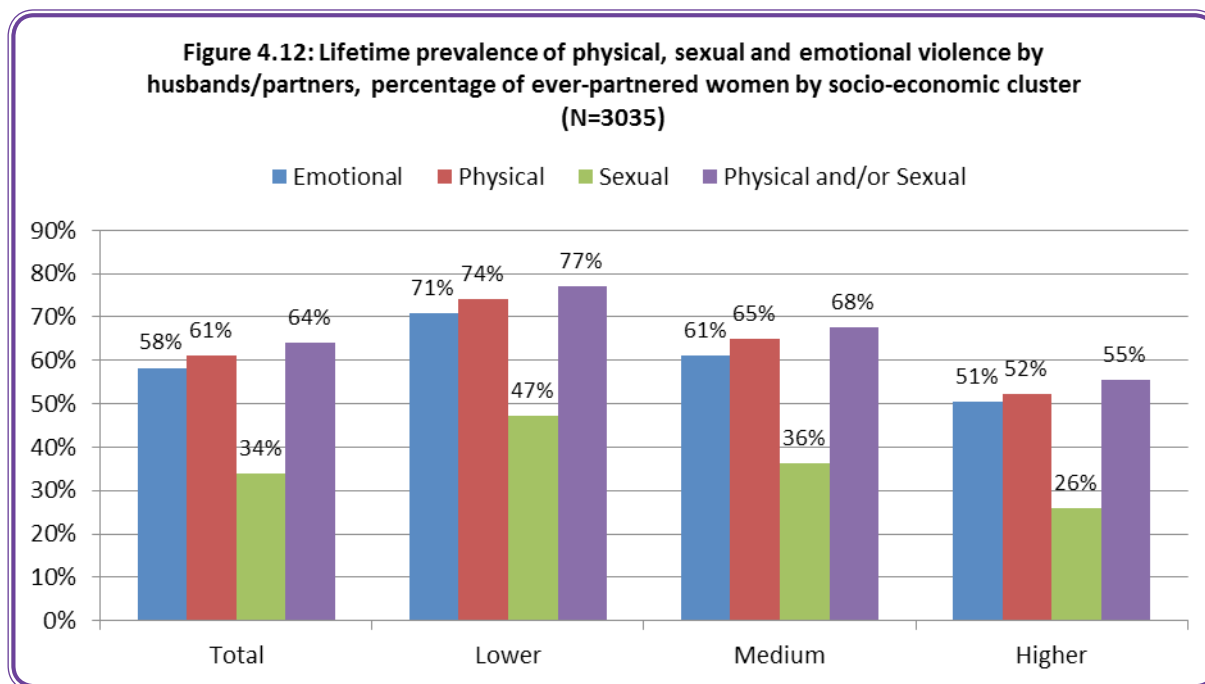


Note: "Other" includes all other religions and those with no religion. Source: Tables 4.1 and 4.9 of Annex 1.



Prevalence by socio-economic cluster¹¹

Rates of violence also vary somewhat according to socio-economic cluster, although these differences are not as marked as those for location, ethnicity and religion. In general, women in the lower socio-economic cluster have a greater likelihood of experiencing violence than those in the medium or higher socio-economic clusters: 55% of women from the higher socio-economic group were subjected to physical and/or sexual violence in their lifetime, compared with 68% from the medium and 77% from the lower socio-economic group. A similar pattern is seen with emotional violence: 51% of women from the higher group have experienced emotional abuse, compared with 61% in the medium group and 71% in the lower group (Table 4.12).



Source: Tables 4.1 and 4.9 of Annex 1.

4.2.3 Overlap of physical, sexual and emotional partner violence

Most women living with intimate partner violence experience several different forms of abuse from their husbands/partners. Looking first at the overlap between physical and sexual violence over a woman's lifetime, figure 4.13 shows that 31% of women in Fiji have been subjected to both physical and sexual violence; 30% were subjected to physical violence alone during their lifetime, and very few (3%) experience sexual violence alone. In other words, about half of those who experienced physical and/or sexual violence were subjected to both forms of violence.

¹¹ Socio-economic clusters are based on an assets index and do not refer to poverty levels (see section 3.2.3 and Annex 4).

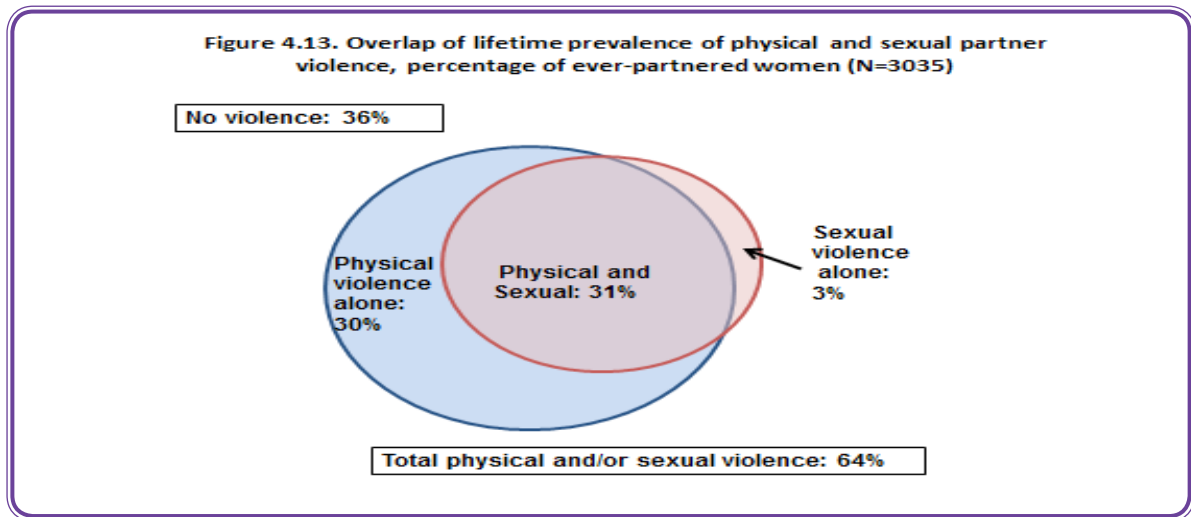
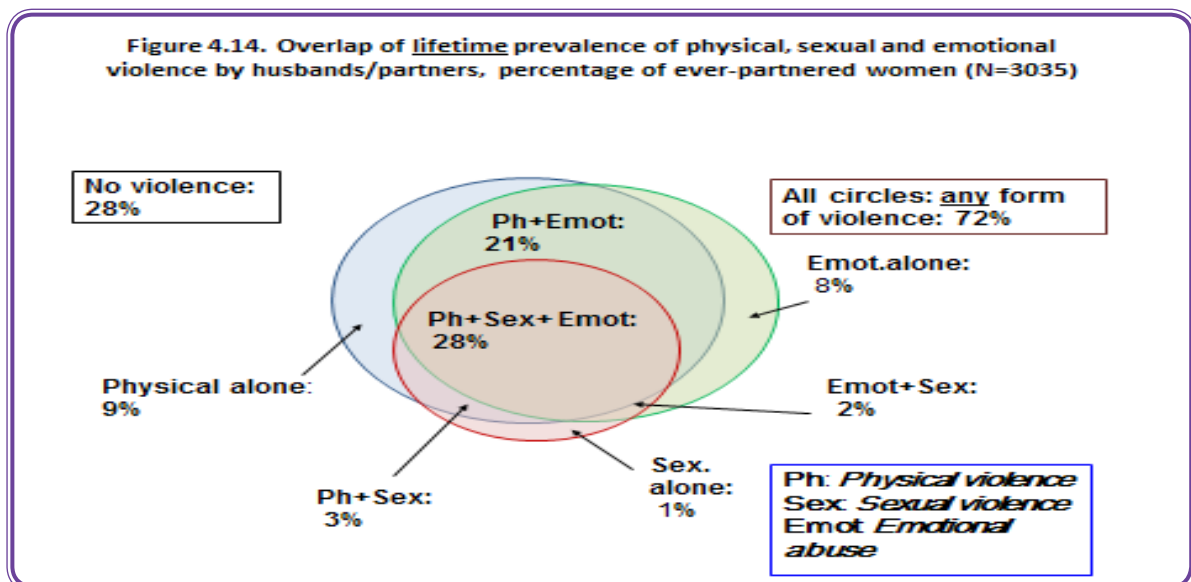


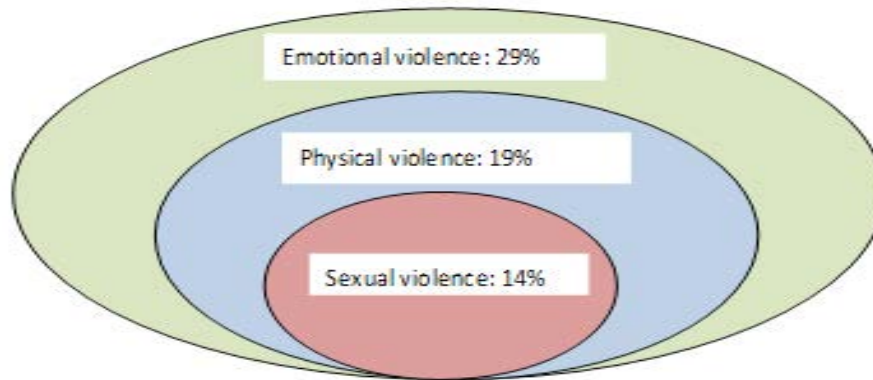
Figure 4.14 shows the overlap between those who self-reported the three forms of violence in their lifetime: emotional, physical and sexual. The green shaded area shows those who reported emotional violence during the survey, blue represents those who reported physical violence, and the red shading shows those who reported sexual violence. Among all the survey respondents, 28% said they had been subjected to all three forms of violence in their lifetime, which is more than a third of those women living with violence; 26% experienced 2 of the 3 forms of violence (physical and emotional, emotional and sexual, and physical and sexual). In other words, about three-quarters of those who have lived with violence have suffered from 2 or 3 of the forms of violence. A minority said that they had only been subjected to one of the three forms of violence: 9% said they had only experienced physical violence, 8% said they had only been emotionally abused, and 1% said they had only been sexually abused by their husbands/partners.



Overall, 72% of ever-partnered women in Fiji have experienced one or more of these three forms of violence, and the vast majority reported during the survey that they experienced more than one type of violence. Only 28% said they had never experienced any form of violence from their husbands/partners in their lifetime (Figure 4.14).



Figure 4.15. Current prevalence of physical and sexual violence and emotional abuse by husbands/partners, percentage of ever-partnered women (N=3035) represented according to FWCC's experience



This picture in Figure 4.14 does not accord with FWCC's experience with counselling, where physical and sexual violence do not occur without emotional violence; this is discussed in section 4.7 below. However, it is worth re-iterating that women's self-reporting of violence over the previous 12 months before the survey shows that emotional violence is currently the most prevalent form of intimate partner abuse; Figure 4.15 shows the current prevalence rates, represented diagrammatically to illustrate FWCC's experience of how the different forms of violence overlap.

4.3 Types, frequency and severity of physical partner violence

The most common types of physical partner violence are being slapped, or having something thrown at them (57% of ever-partnered women); being hit with a fist or something else (42% or more than 2 in 5 women); and being pushed, shoved and having their hair pulled (37%). More than 1 in 4 women (27%) have been kicked, dragged or beaten up. More than 1 in 10 (12%) have either been threatened with a weapon, or have had a weapon used against them, and 6% have been choked or burnt on purpose (Table 4.2).

Table 4.2 also shows the percentages of women experiencing each specific type of physical violence, among the 1853 women who reported that they had experienced any one act of physical violence in their lifetime. These figures provide a disturbing insight into these women's lives: 68% of the women who do suffer from violence by their husbands/partners have been hit with a fist or something else; 44% have been kicked, dragged or beaten up; 10% have been choked or burnt on purpose; and for 20% the violence has involved a weapon.

Table 4.2: Lifetime prevalence of different types of physical violence against women by husbands/partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced physical violence [N=1853])

Types of physical violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced physical violence (N=1853)
Slapped or threw something	1738	57%	94%
Pushed, shoved or pulled hair	1119	37%	60%
Hit with fist or something else	1255	41%	68%
Kicked, dragged, beaten up	815	27%	44%
Choked or burnt on purpose	179	6%	10%
Threatened or used a weapon	370	12%	20%
At least 1 act of physical violence	1853	61%	100%

Note: Percentages do not add to 100% because women could report more than 1 type of physical violence. Source: Table 4.2 of Annex 1.

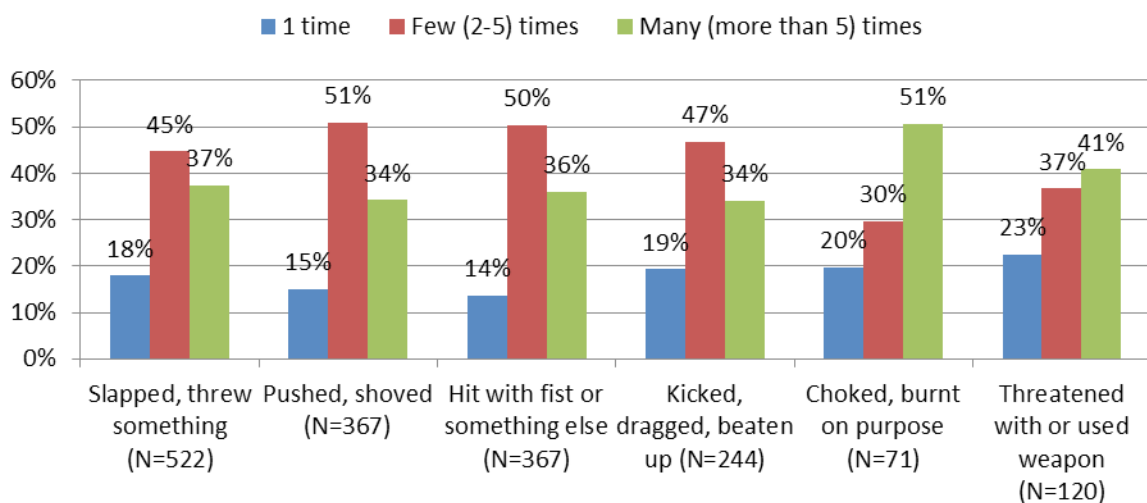


The vast majority of women who experience physical violence are abused frequently, and they experience multiple types of physical attack. On average, each woman experienced 3 different types of physical violence by her husband/partner. When we consider the frequency of each type of physical violence over the last 12 months, the picture that emerges is one of repeated and intense acts of violence. For example, among those who were kicked, dragged or beaten up during the last 12 months, 47% were subjected to this 2-5 times and 34% more than 5 times. Although comparatively few women were choked or burnt on purpose by their husbands/partners, half (51%) were subjected to this torture more than 5 times, and 30% between 2 and 5 times in the year before the survey. Among those who were threatened with a weapon or had a weapon used against them, 37% experienced this 2-5 times, and 41% more than 5 times.



For women who were hit with a fist or an object, the vast majority (86%) were hit more than twice in the last 12 months. Similarly, most of those who were slapped, had something thrown at them, pushed or shoved also experienced these acts of aggression many times. Taking into account all the acts of physical violence that were included in the survey questionnaire, a minority of women reported that they had only experienced them once over the last 12 months (Figure 4.16). All these findings confirm FWCC's counselling experience that physical assaults are frequent often extremely severe.

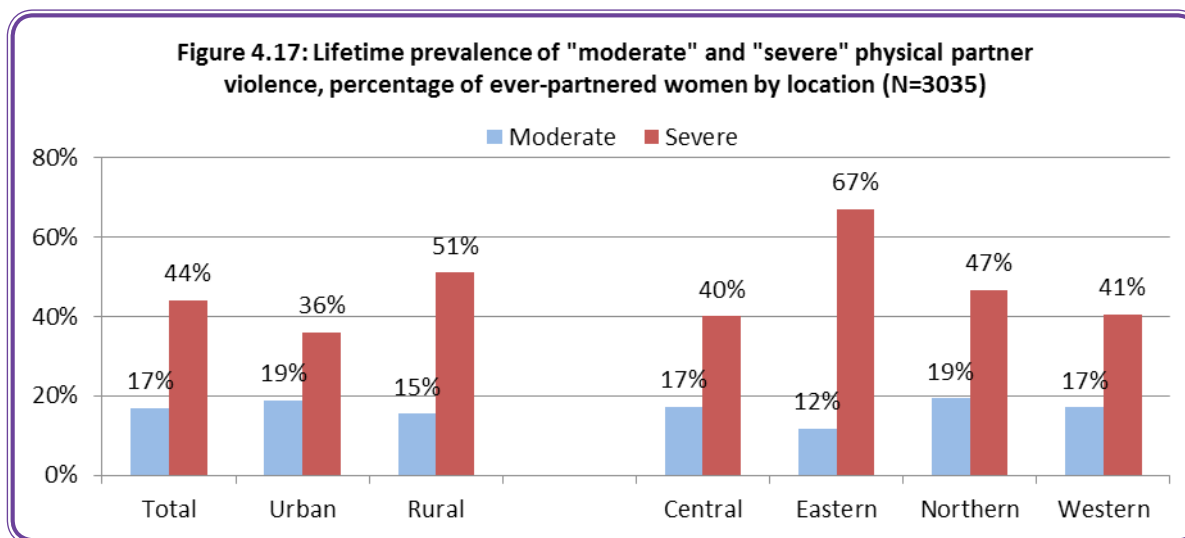
Figure 4.16: Frequency of different types of physical partner violence in the past 12 months (percentage of women who experienced each type)



Source: Table 4.4 of Annex 1.



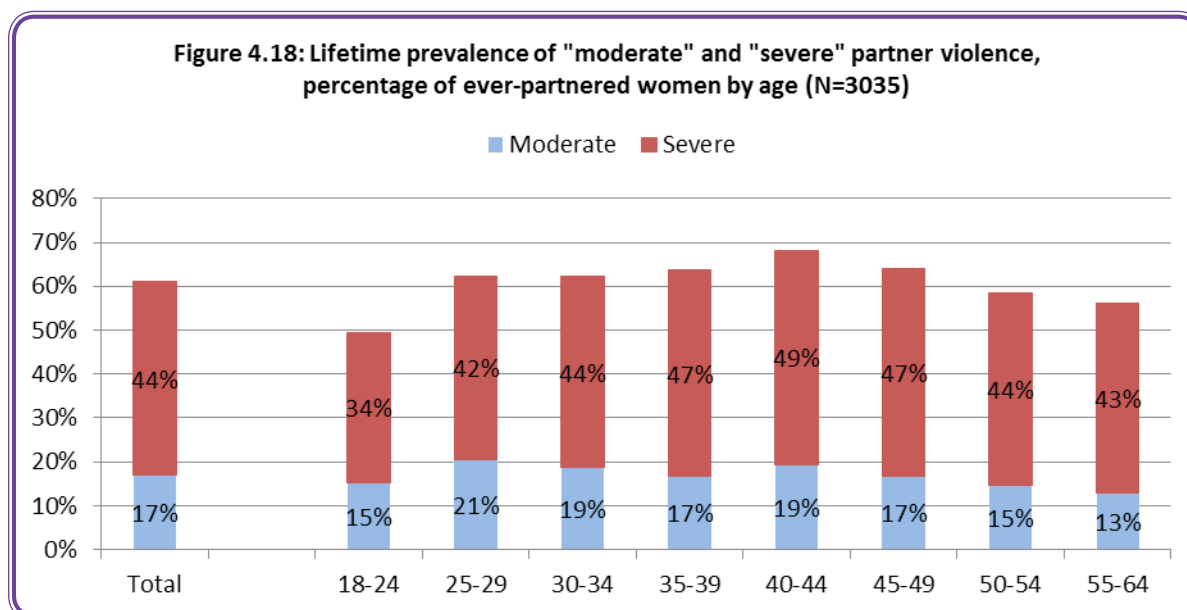
The WHO categorises some forms of violence as “moderate” – such as slapping, throwing something, pushing and shoving – and others as “severe”, including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, and using a weapon, or threatening to use a weapon. FWCC believes that all forms of violence against women are serious; all are a violation of human rights, all can cause injury, and all have damaging psychological consequences. Nevertheless, physical attacks defined by the WHO as “severe” are far more prevalent than those categorised as “moderate”: 44% of women throughout the country were subjected to the most severe forms of physical attack in the lifetime, compared with 17% who experienced acts defined as moderate (Figure 4.17).



Note: “moderate” violence includes slapping, throwing something, pushing or shoving; “severe” includes all other forms including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon. Source: Table 4.3 of Annex 1.

Consistent with findings on the overall prevalence of partner violence, the most “severe” forms of violence are also more prevalent in rural areas than urban areas, and far more prevalent in the Eastern Division where 67% of women are living with the most severe types of attacks, and 12% with those classified as moderate. Nevertheless, the most severe forms of physical violence are prevalent in every Division (Figure 4.17). Women in every age group suffer from the most severe forms of physical attack, although women in their later reproductive years (aged 35-49) have a slightly higher prevalence than the national average, and young women aged 18 -24 are somewhat less likely to suffer more from the most severe types of physical attack (Figure 4.18).

The more severe forms of physical violence are more prevalent in i-Taukei communities: 55% of i-Taukei women experienced the most severe types of physical violence, 24% of Indo-Fijian women, and 49% of women from other ethnic groups, compared to a national prevalence of 44%. Although all types of severe physical violence are more prevalent among i-Taukei women, they are substantially more likely to be hit with a fist or something else, kicked, dragged or beaten up. Similarly, there is a higher prevalence of the most severe forms of physical violence among women following the Christian faith (between 53% and 56% depending on the denomination), compared with the national rate. Women with secondary education have the highest levels of prevalence for severe physical violence (47%), followed by those educated to primary level (40%), and those with tertiary education (31%) (Tables 4.2, 4.2a-4.2c and 4.3 of Annex 1).



Note: "moderate" violence includes slapping, throwing something, pushing or shoving; "severe" includes all other forms including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon. Source: Table 4.3 of Annex 1.

4.4 Types and frequency of sexual partner violence

The most common form of sexual violence is rape; 28% of ever-partnered women (more than 1 in 4) have been forced to have sex by their husband/partner. In addition, 25% have had sex because they were afraid of what their husband/partner might do; and 15% have been forced to do something sexual that they felt was degrading or humiliating (Table 4.3). Among those subjected to this form of violence, on average each woman experienced 2 different types of sexual violence by her husband/partner over her lifetime; women who living with sexual violence over the last 12 months were also subjected to about 2 different types of sexual violence on average.

Table 4.3 also shows the percentages of women experiencing each type of sexual violence, among the 1030 women who reported that they had experienced any one act of sexual violence in their lifetime. As with physical violence above, once again these figures paint a brutal picture: 82% of the women who do suffer from sexual violence by their husbands/partners have been raped; 74% have had sex because they were afraid; and 44% were forced to perform a humiliating or degrading act.

Table 4.3: Lifetime prevalence of different types of sexual violence against women by husbands/partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced sexual violence [N=1030])

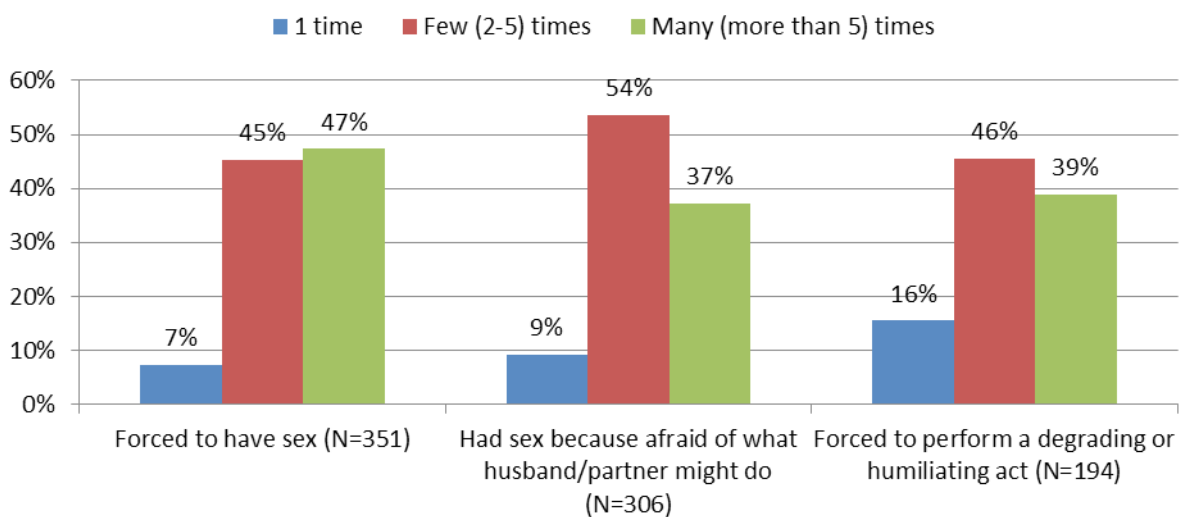
Types of sexual violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced sexual violence (N=1030)
Forced to have sex when she did not want to	842	28%	82%
Had sex because she was afraid of what her husband/partner might do	759	25%	74%
Forced to perform a degrading or humiliating sex act	455	15%	44%
At least 1 act of sexual violence	1030	34%	100%

Note: Percentages do not add to 100% because women could report more than 1 type of sexual violence. Source: Table 4.7 of Annex 1.



While these rates of sexual violence against women by their husband/partner are high, the picture becomes even more disturbing when we consider the frequency of each type of sexual violence during the last 12 months. Very few women were abused only once in the last year: 45% were raped 2-5 times and 47% were raped repeatedly. Among those who had sex due to fear, 54% were subjected to this 2-5 times and 37% more than 5 times. Similarly, 85% of women forced to perform a degrading sexual act did so more than once, including more than a third who were forced to do so more than 5 times (Figure 4.19).

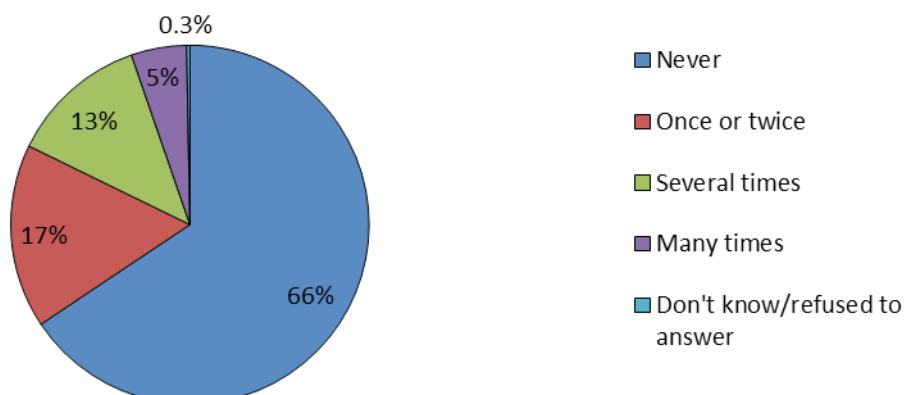
Figure 4.19: Frequency of different types of sexual partner violence in the past 12 months (percentage of women who experienced each type)



Source: Table 4.8 of Annex 1.

For some women, acts of physical abuse are often followed by rape. Of 1855 women who suffered physical violence in their lifetime, 36% had been forced to have sex following the physical attack (Figure 4.20). This occurred substantially more for women living in the Eastern Division, where almost half (49%) had been raped following physical violence (Table 4.12 of Annex 1).

Figure 4.20: Frequency of forced sex following incidents of physical violence (N=1855)



Source: Table 4.12 of Annex 1.



4.5 Types and frequency of emotional violence

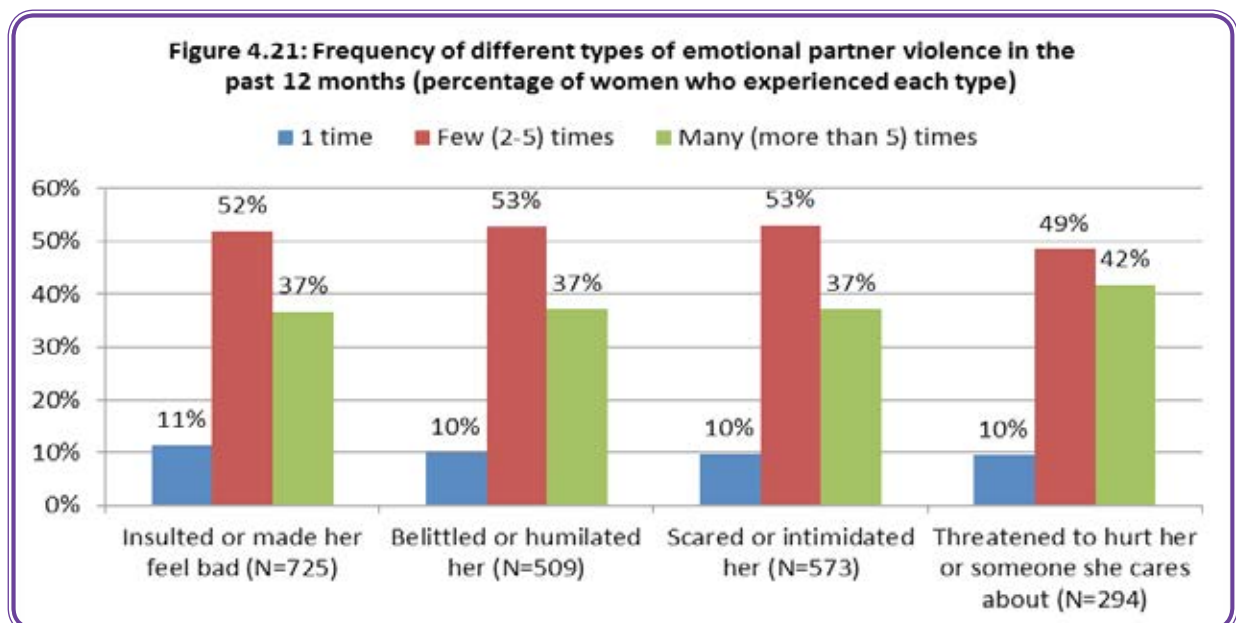
The most common type of emotional violence is insults that make the woman feel bad about herself; this type of abuse affects more than half of ever-partnered women in Fiji during their life (51%). In almost 2 in 5 relationships (38%), the husband/partner scares or intimidates his wife, for example by yelling or smashing things. Belittling and humiliation in front of other people has happened to women in 35% of relationships in Fiji. Threatening to hurt the woman or someone she cares about affects 20% of ever-partnered women over their lifetime (Table 4.4).

Table 4.4 also shows the percentages of women experiencing each type of emotional violence, among the 1769 women who experienced any one act of emotional violence in their lifetime: 87% of those who suffer from emotional abuse are insulted by their husbands/partners, 66% are scared or intimidated by him, 60% are humiliated in front of other people, and 35% are subjected to threats. On average, women live with between 2 and 3 of these types of emotional abuse.

Table 4.4: Lifetime prevalence of different types of emotional violence against women by husbands/partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced emotional violence [N=1769])

Types of emotional violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced emotional violence (N=1769)
Insulted her or made her feel bad	1545	51%	87%
Belittled or humiliated her in front of other people	1061	35%	60%
Done things to scare or intimidate her on purpose	1164	38%	66%
Threatened to hurt her or someone she cared about	622	20%	35%
At least 1 act of emotional violence	1769	58%	100%

Note: Percentages do not add to 100% because women could report more than 1 type of emotional violence. Source: Table 4.10 of Annex 1.



Source: Table 4.10 of Annex 1.

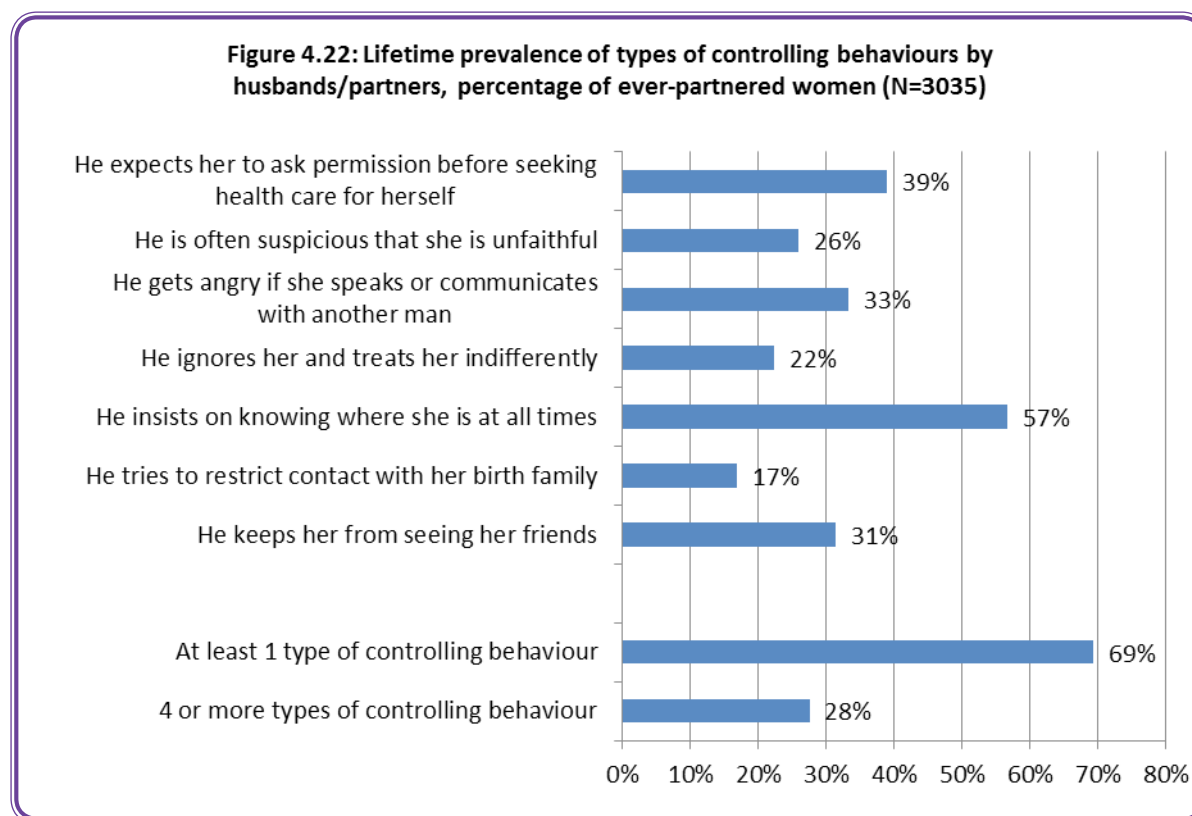


When we consider the women who were subjected to emotional violence during the past 12 months, once again the picture tells a disturbing story – particularly when we remember that emotional abuse is usually accompanied by physical or sexual abuse or both, and considering the enormous harm to self-esteem and self-confidence that results from this behaviour by men. One in 10 women were emotionally abused only once in the previous 12 months before the survey; about half were subjected to emotional abuse 2-5 times; and the remainder suffered from repeated acts of abuse (Figure 4.21). FWCC’s experience through counselling suggests that these figures under-estimate the amount of emotional abuse and emotional blackmail suffered by women in Fiji; this is discussed in section 4.7 below.

4.6 Types of controlling behaviours

4.6.1 National prevalence of controlling behaviours

The survey asked questions about 7 different types of control that men exert over their wives and partners. Overall, 69% of ever-partnered women (more than 2 in 3) experienced at least one form of controlling behaviour by their husbands/partners, and 28% (more than 1 in 4 women) have lived with 4 or more types of control by their husbands and partners (Figure 4.22).



Source: Table 4.11 of Annex 1.

The most common type of control that men have over their wives and partners is to insist on knowing where she is at all times; this affects 57% of ever-partnered women, which is almost 3 in 5. Two in 5 women (39%) need to ask permission from their husband/partner before they access health care for themselves; this clearly has very serious implications for women’s health-seeking behaviour. Almost one-third (31%) of all ever-partnered women are prevented from seeing their friends; and for 1 in 3 (33%), the husband/partner gets angry if she communicates with another man. More than 1 in 5 women (22%) reported that her husband/partner ignores her or treats her indifferently. In 17% of relationships, husbands/partners try to restrict a woman’s contact with her family of birth; this is extraordinarily high, taking into account the cultural norms within Fiji’s ethnic groups (Figure 4.22).



4.6.2 Who experiences control by husbands/partners?

Women from all locations, ages, education levels, ethnicity and religions experience controlling behaviours. However, similar patterns are seen with controlling behaviours as with other forms of violence discussed above (physical, sexual and emotional) regarding location, level of education, ethnicity and religion.

More women in rural areas are subjected to all the various types of control than those who live in urban areas. Substantially more women from the Eastern Division are subjected to control by their husbands/partners than their sisters in other Divisions, and those from the Central and Western Divisions have the lowest prevalence. For example, 45% of women from the Eastern Division and 43% of those from the Northern Division have to ask for permission before they access health care, compared with the national average of 39%. Women in rural areas have more restrictions placed on their movement than those in urban areas: for 51% of those living in urban areas, the husband/partner insists on knowing where she is at all times, compared to 62% for those living in rural areas. For 71% of women in the Eastern Division, their husbands insist on knowing where they are at all times, compared with 60% from the Northern Division, 56% from Western Division and 52% from Central Division (Table 4.11 of Annex 1). Moreover, 25% of women in the Central and Western Divisions are subjected to 4 or more types of control, compared with 31% in the Northern Division and 38% in the Eastern Division.

Women with secondary education are more likely to be subjected to all types of controlling behaviours compared with those educated to primary or tertiary level, and are also more likely to be subjected to 4 or more types of control. In general, women educated to primary level tend to have the lowest rates of control by their husbands/partners. However, there are some exceptions to this pattern: 29% of tertiary-educated women have to ask permission to get health care, compared with 37% of primary-educated and 41% of secondary-educated women, and a national rate of 39%. Similarly, women educated to tertiary level are the least likely to be restricted from seeing their birth family (12% of tertiary-educated women compared with a national prevalence of 17%), and to be ignored and treated indifferently (19% for tertiary-educated women compared with a national prevalence of 22%). Level of education makes very little difference to the husband's/partner's insistence on knowing where a woman is at all times, which is the most prevalent form of control (Table 4.11 of Annex 1).

A woman's age makes little difference to whether or not she experiences each individual type of controlling behaviour. For example, 65% of women aged 25-29 have husbands/partners who insist on knowing where she is at all times, and 60% of women aged 35-39, but prevalence for all other age groups is below the national rate of 57%. The findings do not indicate that younger women are more likely to be subjected to any particular type of control; however, younger women aged 18-29 are slightly more likely to be subjected to 4 or more types of control than older women. Overall, the data suggests that control of women by their husbands/partners persists throughout a woman's life (Table 4.11 of Annex 1). This is consistent with the findings on emotional abuse which also persist throughout the life cycle (section 4.2.2).

As with the findings on physical, sexual and emotional violence discussed above, i-Taukei women and those from other ethnic groups have a higher prevalence of most forms of controlling behaviours than Indo-Fijian women. The only exception to this is women needing to ask the husband's/partner's permission to seek health care, which affects 40% of i-Taukei women, 39% of Indo-Fijian women, and 34% of women from other ethnic groups. Indo-Fijian women are less likely than those from other ethnic groups to be subjected to 4 or more controlling behaviours: 15% of Indo-Fijian women are subjected to this intense web of control, compared with 34% of i-Taukei women, 32% from other ethnic groups, and a national prevalence of 28%.

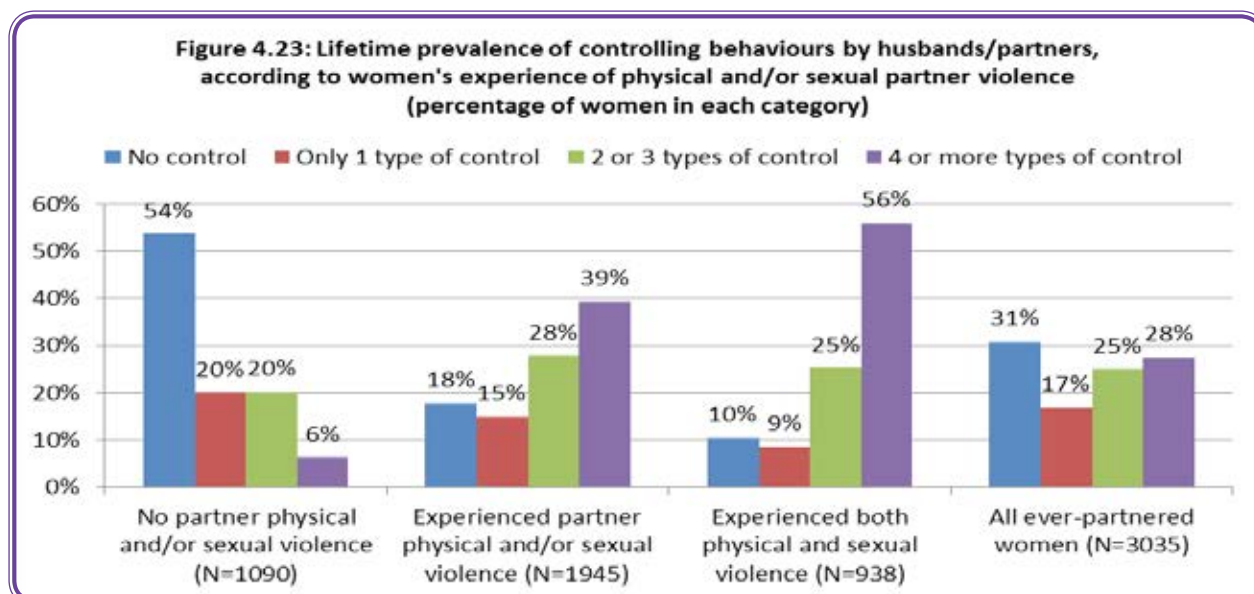


Women from the Christian religion are more likely to be subjected to more forms of control than those from other faiths. The only exception to this pattern is the need to seek permission before accessing health care, which affects women from all religions at about the same rate. Between 33% and 40% of Christian women are subjected to 4 or more types of controlling behaviour, compared with 17% of Muslim women and 15% of Hindu women (Table 4.11 of Annex 1).

4.6.3 How are controlling behaviours associated with physical and sexual violence?

Women who have experienced either physical or sexual violence are far more likely to be subjected to each form of controlling behaviour: P values measuring the statistical significance of the association between each controlling behaviour and the experience of physical and/or sexual violence are less than 0.001¹² (Table 4.11 of Annex 1 and Figure 4.23). Moreover, those women subjected to both physical and sexual violence live with extremely high levels of control by their husbands and partners: more than half (56%) are subjected to 4 or more types of control, compared with 39% for those women who experience either physical or sexual violence, and only 6% of those women who have never experienced physical or sexual violence (Figure 4.23). These findings provide further evidence of the overlapping nature of the different forms of violence, and of the fact that physical and sexual abuse generally occurs within a relationship of extreme gender inequality, with the husband/partner exerting control over several aspects of women's lives.

It is also useful to disaggregate the findings to consider the proportion of women who are subjected to 2 or 3 types of control: this affects one in five women (20%) who are not living with physical or sexual violence (Figure 4.23). It is interesting that there is no significant difference between the major ethnic groups or religions when we consider the proportion of women subjected to 2 or 3 forms of control: this affects 24% of Indo-Fijian women, 26% of i-Taukei and 16% of women from other ethnic groups; one in 4 women (25%) in Fiji and from all religions are subjected to 2 or 3 forms of control. Overall, 2 or more forms of control is the norm for more than 53% of relationships (Figure 4.23 and Table 4.11 of Annex 1). These are important findings because they provide evidence of the social context of gender inequality for all women. They indicate that male control is a common element in the majority of relationships in Fiji, regardless of whether a woman experiences physical or sexual violence.



Source: Table 4.11 of Annex 1.

¹² P values measure statistical significance; a P value of less than 0.001 means there is only 0.1% chance that this association is incorrect. See the Glossary of Statistical Terms in Annex 6 for a detailed explanation.



4.7 Discussion of findings

4.7.1 Myths about intimate partner violence against women

Some common myths are challenged by the survey findings. For example, many people believe that domestic violence does not happen often or that it is a minor problem. The prevalence of all forms of intimate partner violence against women in Fiji is extraordinarily high. For those women who are living with violence, the findings describe a terrible reality: intense and repeated abuses, with many suffering from multiple types of physical and sexual attack, humiliating emotional abuse and high levels of coercive control by their husbands/partners.

The frequency and intensity of physical and sexual assaults over the 12 months before the survey describe a situation of torture for the majority of women living with violence. While all forms of physical violence can cause injury and emotional trauma, comparing the prevalence of “moderate” and “severe” forms of physical abuse may help to dispel the myth that physical partner violence is not serious. The high proportion of women who experience frequent incidents of extremely severe forms of violence is a very worrying finding, including being beaten up, choked, burned and attacked with a weapon. The findings underline the need for police, relatives, and community leaders to act immediately when women seek protection and help, and to take all reports of violence very seriously. They also point to the need for the media to refrain from trivialising the problem of domestic violence, and reinforcing false ideas about its nature, since these actions can contribute to women’s reluctance to tell others what they are experiencing and seek help.

Another common but false belief is that domestic violence only occurs among the poor. In fact, more than half the women in Fiji from the higher socio-economic group experience physical and/or sexual intimate partner violence, compared with a national prevalence of 64%; this is substantially higher than the global prevalence of 30% for physical and/or sexual partner abuse (WHO 2013). Similarly, more than half the women in the higher socio-economic group in Fiji live with emotional violence.

Although less women overall suffer from sexual violence by their husbands and partners than physical violence, many who do are raped repeatedly, and live in fear of what may happen if they do not have sex. Many people believe that men rape women for sexual satisfaction, or that they cannot stop themselves once they are aroused. The evidence demonstrates that these beliefs are myths. The findings show that sexual abuse is one aspect of a wider pattern of domination and control over women – this is demonstrated by the overlap between physical, sexual and emotional violence; the fact that physical violence is sometimes followed by rape; the fact that one in 4 women have sex because they are fearful; and that more than one in 10 are forced to perform degrading or humiliating acts.

Can physical and sexual violence occur without emotional abuse?

The findings appear to suggest that some women who experience physical or sexual violence in their lifetime do not experience emotional abuse and control by their husbands/partners (Figures 4.11 and 4.20). This does not accord with FWCC’s experience with counselling and community education, where it is unknown for women to be subjected to physical or sexual violence without also being emotionally abused and subjected to various types of controlling behaviour.

During counselling and community education, women regularly describe what day-to-day life is like for them: many have a constant and pervasive fear due to the threat of violence, which may be expressed in “the look” that their husband gives them to express his displeasure or to signal a warning to her. Many also describe the ongoing anxiety associated with not knowing how their husband will behave when he comes home each night, and whether he will be in a good or bad mood. During male advocacy training and community education sessions, men also describe the various types of emotional control they exert over their wives and partners, and often admit that one form of prevalent emotional abuse is “the look”: a warning that she needs to behave or take care in order to avoid further violence.



Other types of emotional abuse described by women and men in FWCC community education and training sessions include the emotional impact of men having extra-marital affairs, control over women's dress or hairstyle, controlling money and/or refusing to provide enough money (see discussion in Chapter 9).

While pervasive fear and non-verbal cues are difficult to capture in a quantitative survey, the findings nevertheless point to an important lesson regarding the content of the questionnaire, which did not adequately explore the ongoing and debilitating fear which arises from living in a violent relationship, and other more subtle types of emotional abuse and control.¹³ For these reasons, FWCC believes that the findings under-estimate the prevalence of emotional violence and control.

4.7.2 Intimate partner violence and gender inequality

Coupled with physical and sexual abuse, the findings on emotional abuse and controlling behaviours describe a situation of extreme gender inequality, with men imposing power over women in a range of damaging ways. The findings paint a picture of a highly controlled and oppressive environment for women living with violence, pervaded with intimidation and threats. This pattern of multiple forms of abuse and control in intimate relationships has been found in all other countries where research has been undertaken on violence against women, including in the Pacific region (Fulu 2007; Jansen et al 2009; SPC 2009; SPC 2010; VWC 2011; and WHO 2005).

Women in violent relationships in Fiji have men controlling their mobility, access to health care, who they see, and who they communicate with. This web of control, emotional and physical abuse has enormous consequences for women's mental and physical health, self-confidence and self-esteem (see discussion in Chapter 7). It contravenes their human rights, inhibits their ability to care for themselves and their families, and prevents them from taking up opportunities for social and economic development.

Restrictions on women's access to health care are particularly damaging because they have a profound impact on women's health seeking behaviour. This finding has critical implications for health authorities and particularly for health promotion and outreach programs – since this degree of control by men and its high prevalence (2 in 5 ever-partnered women) is undoubtedly a risk to the effectiveness of health promotion and treatment efforts targeted at women to improve their own and their family's health. Restricting women's access to health care prevents women from getting the help that they need to deal with injuries and other impacts of violence, and contributes to violence being kept hidden. This finding provides a stark insight into the status of women, whose health is either not seen as important, or who are not seen as competent to make decisions about their own health care.

Some commentators may argue that insisting on knowing women's whereabouts – the most prevalent type of controlling behaviour affecting almost 3 in 5 ever-partnered women – may be seen as an expression of love and concern, rather than evidence of gender inequality. However, the key word here is "insist". There are many circumstances under which one may insist on knowing the whereabouts of a child for their own safety and protection, and where this is part of an adult's duty of care; but to do so in a relationship between adults conveys inequality and disempowerment. Moreover it provides a way for men to control and monitor most other aspects of women's behaviour, and contributes to a climate of powerlessness when the fear and threat of violence is constantly hanging over a woman's head.

In addition, the prevalence in Fiji of husbands/partners trying to restrict contact with a woman's family

¹³ This was also acknowledged by the WHO in their multi-country study, which asserted that the survey questions on emotional abuse and controlling behaviours should not be considered as a comprehensive measure of all forms of emotional abuse (WHO 2005: 14).



of birth is one of the highest in the world, among all the countries where the WHO methodology has been used. Only Kiribati and provincial Peru have a higher prevalence of men trying to restrict their wives/partners from seeing their birth family (Fulu 2007: 36; Jansen et al 2009: 57; SPC 2010: 85; SPC 2009: 65; VWC 2011: 70; and WHO 2005: 34).



Examining the difference between lifetime and current prevalence for all forms of violence provides a further insight into the nature of gender inequality. As shown above, young women were much more likely to experience physical, sexual and emotional violence in the 12 months before the survey than older women. This indicates that the violence starts very early in a relationship, when unequal power relations are tested and established through controlling behaviours as well as through physical, sexual and emotional violence. FWCC's counselling statistics show that younger women are increasingly seeking help to deal with violence, compared with 5-10 years ago. This is a very positive sign; through many years of public campaigns, media work, marches and community education, young women have grown up knowing and learning about FWCC and women's rights, and some are now willing to take action sooner rather than later.

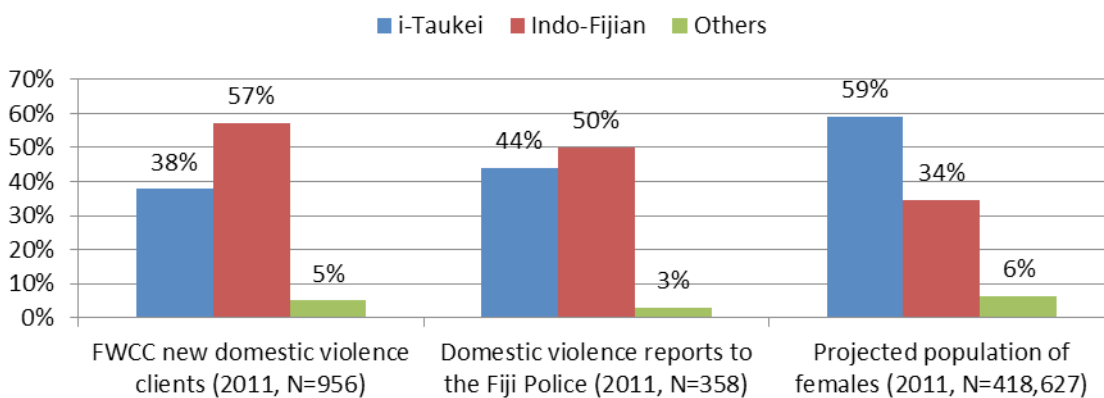
On the other hand, the findings on current prevalence by level of education are disturbing, because they show that women with secondary and tertiary education are currently more likely to experience all forms of violence. The differences in prevalence between women with secondary, tertiary and primary education are not statistically significant. Nevertheless, they point to a serious missed opportunity for education and prevention work in secondary schools and tertiary education institutions with both young women and men, particularly when one considers the higher rates of current physical, sexual and emotional violence among young women aged 18-29.



4.7.3 Explaining ethnic differences in prevalence

All forms of violence against women are widespread in urban and rural areas, and in all provinces and divisions of the country. However, all types of violence are considerably higher in rural areas, including control over women's mobility. Higher prevalence in rural areas is a trend seen in most other national studies (Fulu: vii; VWC 2011: 57-91; and WHO 2005: 28-30). Sadly, the prevalence of all forms of violence in the Eastern Division of Fiji are among the very highest recorded to date in the world (Fulu 2007: v; Jansen et al 2009: 10; SPC 2009: 61; SPC 2010: 79; VWC: 91; and WHO 2005: 84). Anecdotal information from the FWCC survey team also indicated that some of the most confronting and severe types of violence were reported from the Eastern Division. It is important to stress that violence is extremely high among all groups when compared with global prevalence rates, regardless of ethnicity, religion, location, education levels and socio-economic group. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women, compared with both i-Taukei women and those from all other ethnic groups combined.¹⁴ This is closely related to different prevalence between religions (because the majority of i-Taukei communities follow the Christian faith), and to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions.¹⁵

Figure 4.24: Comparison of FWCC client statistics and domestic violence reports to the Fiji Police, by ethnicity, 2011



Note: "Others" includes Rotuman, mixed race, Pacific Islander, Chinese, European and other groups.
Sources: FWCC Client Statistics; Fiji Police Command Centre 2013; Fiji Islands Bureau of Statistics.

The difference in prevalence between ethnic groups is a very challenging finding for several reasons. First, it does not accord with FWCC's client statistics, which show a higher proportion of Indo-Fijian women seeking help for domestic violence and other matters related to violence against women, compared with their representation in the general population: 38% of FWCC's new domestic violence clients in 2011 were i-Taukei women, compared with 57% Indo-Fijian and 5% from other ethnic groups. This compares with a projected population breakdown by ethnicity for 2011 of 59% i-Taukei, 34% Indo-Fijian and 6% other.¹⁶

¹⁴ "Others" includes Rotuman, mixed race, Pacific Islander, Chinese, European and other groups.

¹⁵ The Eastern Division includes 91% i-Taukei, 2% Indo-Fijian and 8% others; Central Division includes 62% i-Taukei, 30% Indo-Fijian and 8% others; Northern Division includes 55% i-Taukei, 39% Indo-Fijian and 6% others; and the Western Division includes 48% i-Taukei, 49% Indo-Fijian and 3% others. Fiji Islands Bureau of Statistics. 2007 Population Census. http://www.spc.int/prism/fjtest/cens&surveys/cens&surveystats_index.htm accessed 13 August 2013.

¹⁶ Fiji Islands Bureau of Statistics. 2007 Population Census. Tables 1.2A ("Census Population of Fiji by Ethnicity") and 1.2B ("Estimated Population of Fiji by Ethnicity"). <http://www.spc.int/prism/fjtest/Key%20Stats/Population/1.2%20pop%20by%20ethnicity.pdf>.



Similarly, 44% of domestic violence reports to the Fiji Police in 2011 were from i-Taukei women, compared with 50% for Indo-Fijian women and 3% for other ethnic groups (Fiji Police Command Centre 2013). Without the benefit of a national population-based prevalence study on violence against women, FWCC and Police statistics would suggest that there is a much higher prevalence of domestic violence among the Indo-Fijian population (Figure 4.24). The survey findings demonstrate that this initial interpretation is false.

Second, FWCC's experience is also that many of the Indo-Fijian women who seek help are suffering from the most extreme and severe forms of violence; and this appears to be supported by media reports of murders of Indo-Fijian women by their husbands/partners and murder-suicides, as well as by Police data. Of 7 murders and 1 attempted murder of women recorded by the Fiji Police from 2006 to 2010, 63% were committed against Indo-Fijians and the remainder against i-Taukei women (Fiji Police Command Centre 2013). In contrast, the survey findings demonstrate that the prevalence of the most severe forms of violence is higher for i-Taukei women than Indo-Fijian women.

Notwithstanding the data on murders, the survey findings cast the data on women's reporting of violence to FWCC and the Police in a very different light. Taking into account the higher prevalence of physical and/or sexual violence for i-Taukei, and the much higher proportion of i-Taukei women in the population, the findings indicate that Indo-Fijian women are far more likely than i-Taukei women to report violence and seek help from formal agencies and authorities outside their families and communities, and conversely, that i-Taukei women are much less likely to do so. (These findings are confirmed by the data on women's coping strategies, and are discussed further in Chapter 10.)

These ethnic differences in prevalence, along with the ethnic differences in reporting of violence and seeking help, are difficult to interpret. Further research and dialogue is needed to fully explore the factors that may be contributing to these differences, as the results of the survey are disseminated throughout Fiji.



Chapter 5: Non-Partner Violence Against Women & Girls

Summary of main findings

- More than 1 in 4 women (27%) have been physically abused since the age of 15 by someone other than a husband or intimate partner.
- Almost 1 in 10 (9%) have been sexually abused since the age of 15 by someone other than a husband or intimate partner.
- The prevalence of non-partner physical and/or sexual violence since the age of 15 is 31% (almost 1 in 3 women).
- **Overall, 7 in 10 women (71%) have been subjected to physical and/or sexual violence by either a partner or non-partner since they turned 15.**
- 16% of women were sexually abused as children before the age of 15.
- For 5% of women (1 in 20), their first sexual experience was forced, and for a further 24% it was coerced (almost 1 in 4).
- The majority perpetrators of non-partner physical abuse are male family members and teachers; perpetrators of non-partner sexual abuse are mainly male family members and family friends.



This chapter presents findings on the prevalence of physical and sexual violence against women and girls since they turned 15, by people other than husbands and intimate partners. It also provides the overall prevalence of women subjected to either partner or non-partner violence or both. It presents the findings on child sexual abuse of girls (sexual violence under the age of 15), including the age of first abuse, the frequency of the abuse and the perpetrators. Finally, data is presented on the nature of women's and girls' first sexual experience.

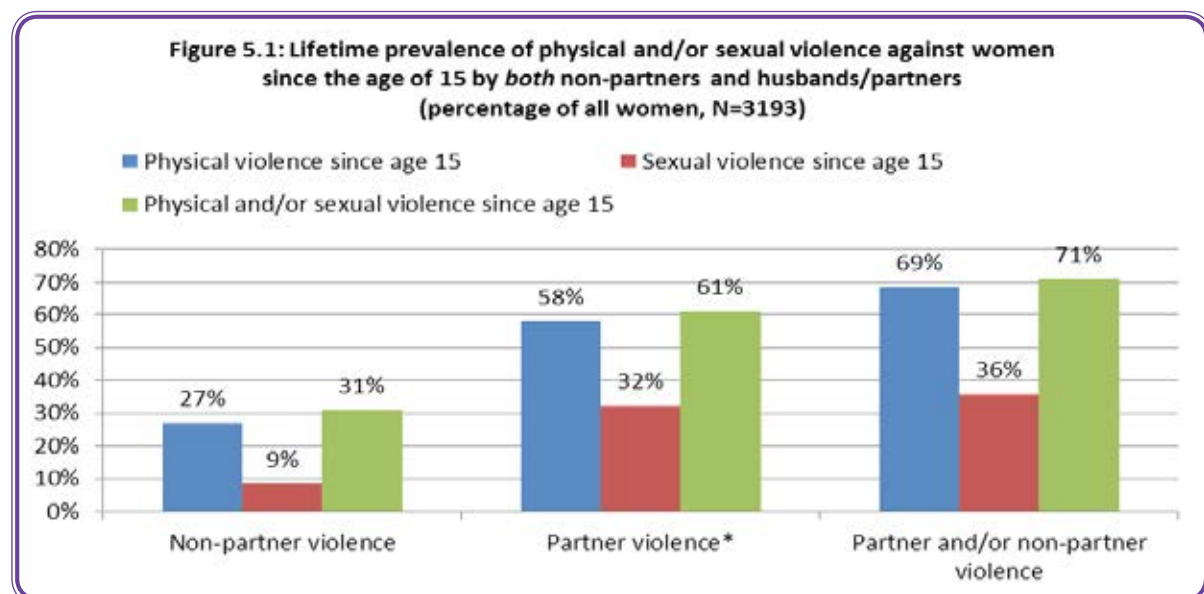
National prevalence for non-partner violence is calculated as the number of women who experienced at least 1 act of violence in their lifetime, expressed as a percentage of the total sample of 3193 women (which includes both ever-partnered and never-partnered women). For physical violence, women were asked whether anyone (other than a husband or intimate partner) had ever done anything to hurt them physically, including by hitting, beating or kicking them, with probes for other forms of physical abuse. For sexual violence, women were asked 2 questions: whether anyone other than a husband/partner had ever forced to them to have sexual intercourse, or whether anyone had attempted to force them.

5.1 Overview of violence against women and girls

5.1.1 Combined prevalence and overlap of non-partner and partner violence

The combined prevalence of partner and non-partner physical and/or sexual violence since age 15 is 71%; this includes 69% of women and girls over 15 subjected to physical violence, and 36% to sexual violence in their lifetime. Fiji's prevalence of non-partner physical violence since aged 15 is 27%. Nine percent (9%) of women have experienced non-partner sexual violence since turning 15 (Figure 5.1).

Comparing partner and non-partner violence over the age of 15 shows that physical and sexual violence by husbands and partners is twice as prevalent as violence by non-partners. Of the 3193 women who participated in the survey, 31% experienced non-partner physical and/or sexual violence since age 15, compared with 61% who were subjected to physical and/or sexual violence by a husband or intimate partner (Figure 5.1).¹⁷



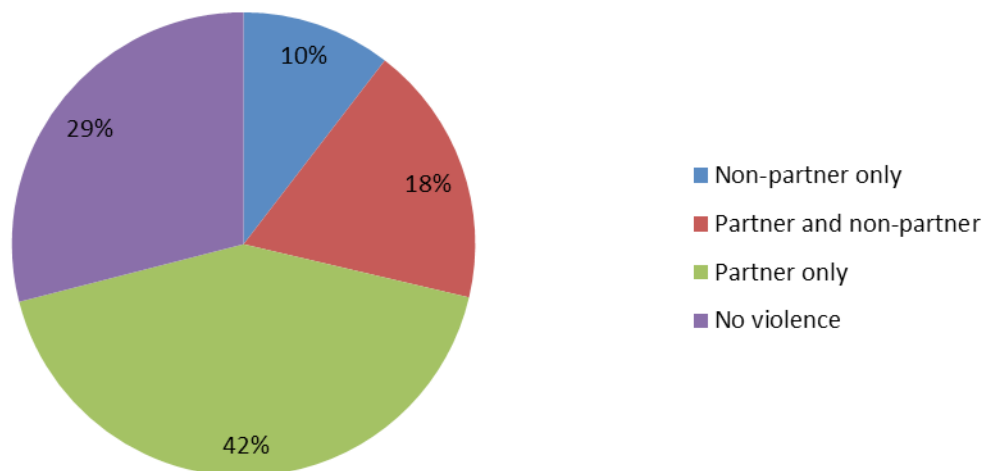
* Note: The prevalence rates for intimate partner violence shown here are lower than those in Chapter 4 because all women (not all ever-partnered women) was the denominator. Source: Table 5.4 of Annex 1.

¹⁷ Prevalence of 61% for intimate partner violence is less than the 64% referred to in Chapter 4, because all women (not only all ever-partnered women) is taken as the denominator for the purposes of comparing partner and non-partner violence.



There is a substantial overlap between partner and non-partner violence against women. Of the 3193 women who participated in the survey, 18% were subjected to both partner and non-partner violence (almost 2 in 10), 10% experienced only non-partner violence only (1 in 10), 42% experienced physical and/or sexual violence only by husbands or intimate partners (more than 4 in 10), and 29% (about 3 in 10) experienced no violence at all (Figure 5.2). Moreover, those who experience non-partner violence are more likely to be subjected to violence by husbands and partners (see Chapter 11).

Figure 5.2: Overlap of lifetime prevalence of partner and non-partner physical and/or sexual violence, percentage of all women (N=3193)



5.1.2 Prevalence of child sexual abuse

Two methods were used during the survey to establish the prevalence of child sexual abuse. Women were asked during the interview whether anyone had ever touched them sexually, or made them do something sexual that they didn't want to do, before they were 15 years old. In addition, at the end of the interview, women were given a card with 2 pictures of a happy and sad face where they could indicate whether or not either of these events had occurred by marking the card (anonymously, without the interviewer knowing their response) and placing it in a sealed envelope (see the questionnaire in Annex 2 and chapter 2).

Table 5.1: Prevalence of child sexual abuse under the age of 15 (number and percentage of women who responded using each method)

Method used	Number who admitted to child sexual abuse	Total who answered this question	Percentage who admitted to child sexual abuse
Interview	134	3182	4%
Anonymous card	441	3153	14%
Both interview and card	491	3150	16%

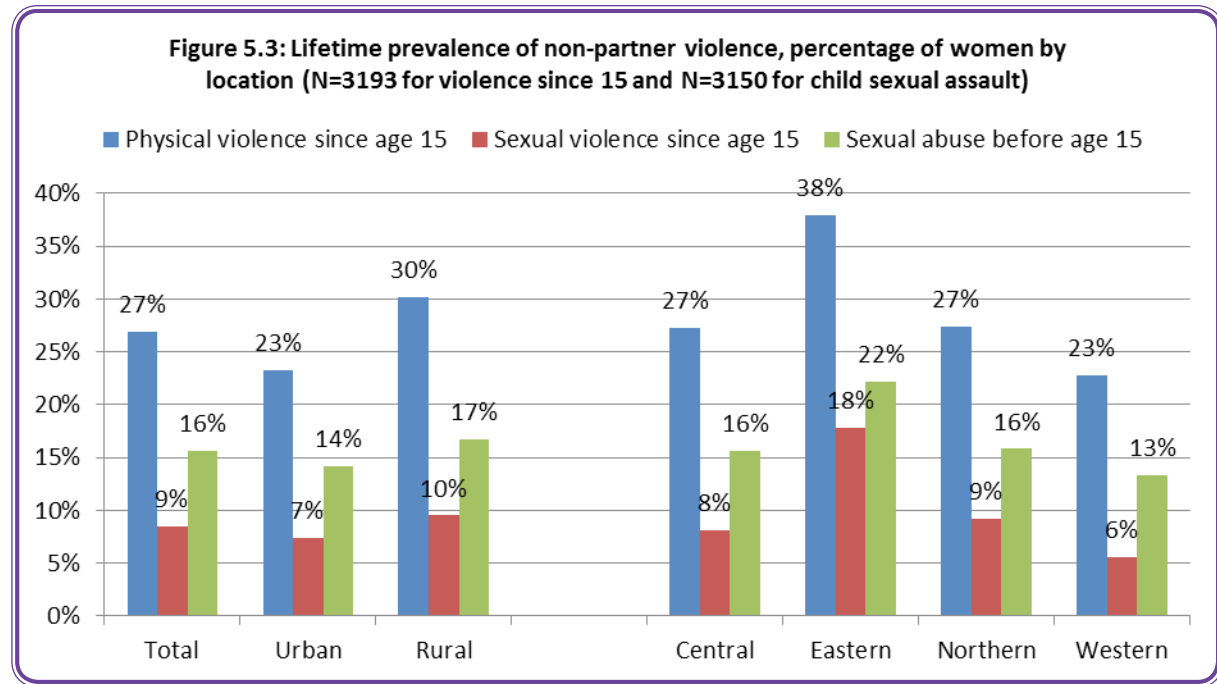
Source: Table 5.2 of Annex 1.

Consistent with research on child sexual assault over the world, substantially more women admitted to experiencing sexual abuse as children using the anonymous face card: 4% said they had been sexually abused as children during the interview, and 14% admitted to this when the anonymous face card was used. Combining both methods gives a national prevalence of 16% (Table 5.1).



5.2 Prevalence of physical and sexual abuse by non-partners¹⁸

Prevalence by location



Source: Tables 5.1.1 and 5.2 of Annex 1.

The prevalence of all forms of non-partner violence is higher in rural than urban areas, but almost all this difference is due to much higher rates of physical and sexual abuse in the Eastern Division. The prevalence of physical violence since the age of 15 in the Eastern Division is 38% (about 2 in 5) compared with 27% for the country as a whole and for all other divisions. Similarly, 18% of women (about 1 in 5) in the Eastern Division have been subjected to sexual violence since age 15, compared to 9% for Fiji as whole (about 1 in 10). More than one in 5 women (22%) in the Eastern Division has been subjected to child sexual abuse compared with 16% for Fiji. Interestingly, all these forms of violence are somewhat less widespread in the Western Division, compared with other Divisions and with the national average (Figure 5.3).

Prevalence by age

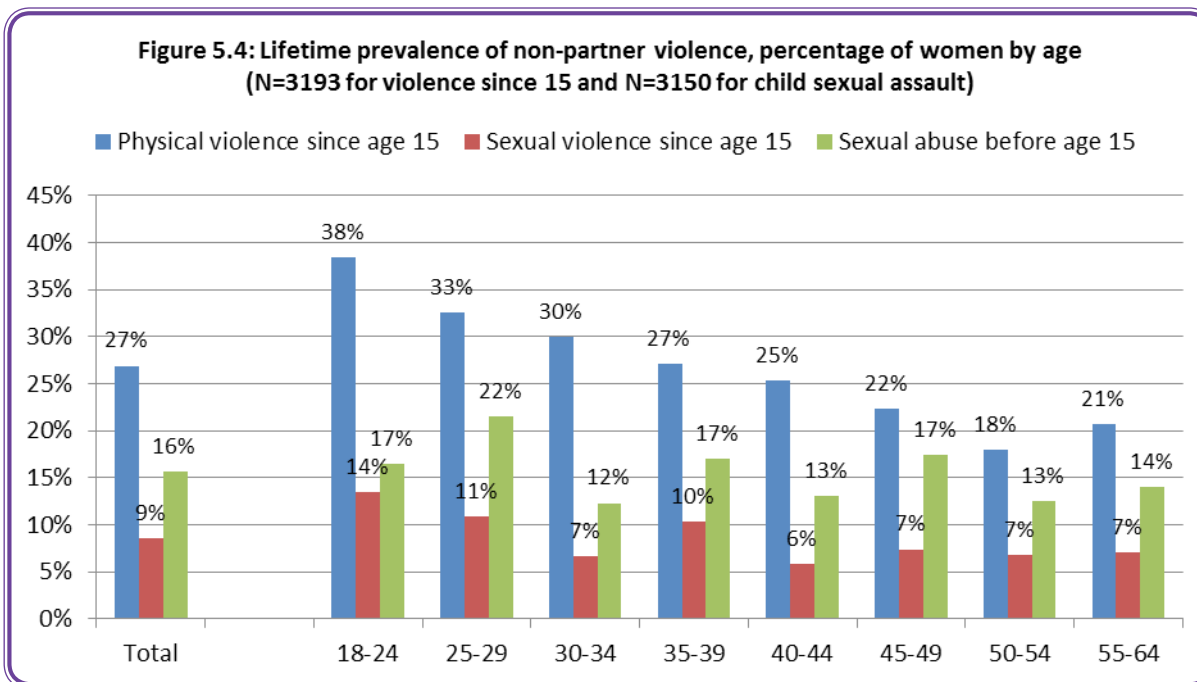
Comparing the prevalence of physical violence by age shows that younger women are more likely to have been physically assaulted in their lifetime than older women: 38% of women aged 18-24 and 33% of those aged 25-29 have been physically attacked, compared to 27% for Fiji as whole. Prevalence reduces steadily until about aged 50 (Figure 5.4). This suggests that there is more physical violence towards young women now than there has been in previous decades. However, it is also possible that older women may not recall incidents of physical violence by people other than husbands/partners as accurately as younger women, particularly if the physical abuse occurred many years ago. It is also possible that older women were more reluctant to admit that they had been physically abused by other people.

¹⁸ All charts in this section show 2 denominators: the percentage of all women, N=3193, for physical and sexual violence since age 15; and N=3150 for prevalence of sexual abuse before the age of 15, due to the 2 methods used to explore this issue (see section 5.1.2) and refusals to answer by some respondents.



When we compare the rates of sexual violence by age, a different picture emerges. For sexual violence since the age of 15, younger women aged 18-24 have a slightly higher prevalence: 14% have been sexually abused compared with a national average of 9%. For child sexual abuse, women aged 25-29 have a prevalence of 22%, compared with the national rate of 16%. Despite these differences and some other small fluctuations in prevalence for different age groups, age does not emerge as a significant factor in women's experience of either

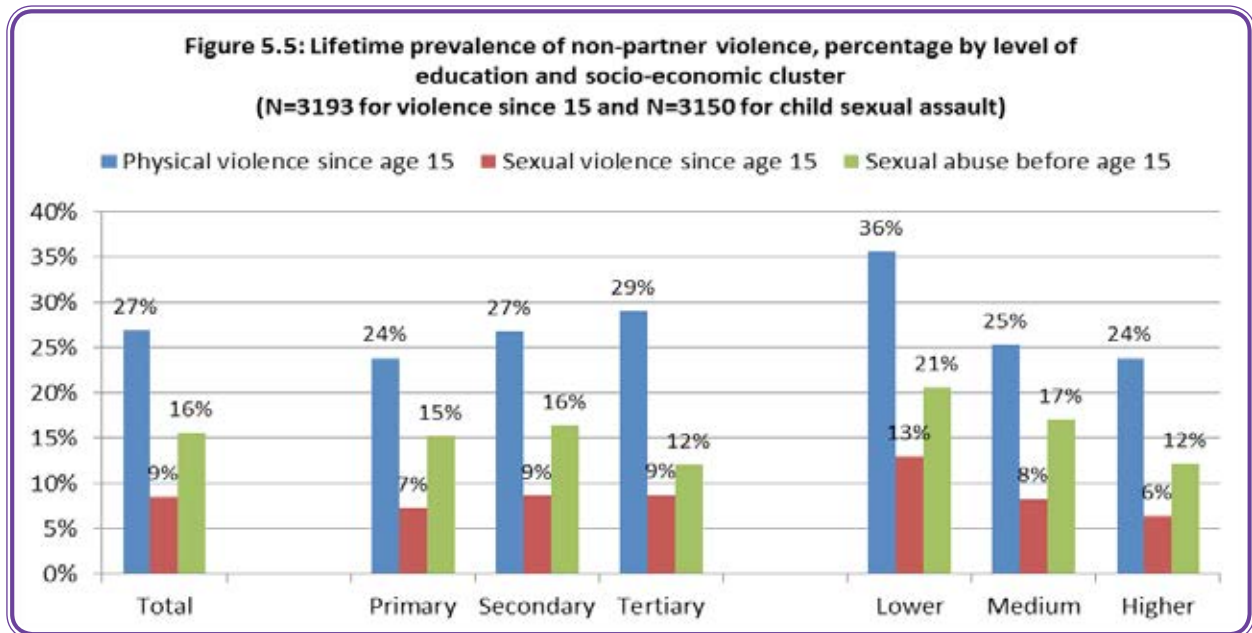
type of sexual abuse. **This indicates that sexual abuse is not a new problem; on the contrary, the findings show a similar proportion of women suffering from sexual abuse as adults and children over many generations** (Figure 5.4).



Source: Tables 5.1.1 and 5.2 of Annex 1.

Prevalence by level of education and socio-economic cluster

Women from all education levels and socio-economic groups are at risk of physical and sexual abuse as adults and child sexual abuse. Differences in rates of physical violence by non-partners suggest that women's risk of being exposed to violence increase slightly with the level of education achieved. However, sexual assault since 15 and child sexual assault occurs at much the same rate, regardless of level of education (Figure 5.5).



Source: Tables 5.1.1 and 5.2 of Annex 1.

Comparing rates of non-partner violence by socio-economic cluster shows that women from the lower socio-economic group were more likely to experience all 3 forms of non-partner violence. Nevertheless, women from the medium and higher socio-economic group experience all forms of violence at close to the national average: 1 in 4 experienced physical violence, 6%-8% experienced sexual abuse since age 15, and 12%-17% (more than 1 in 10) were subjected to child sexual abuse (Figure 5.5).

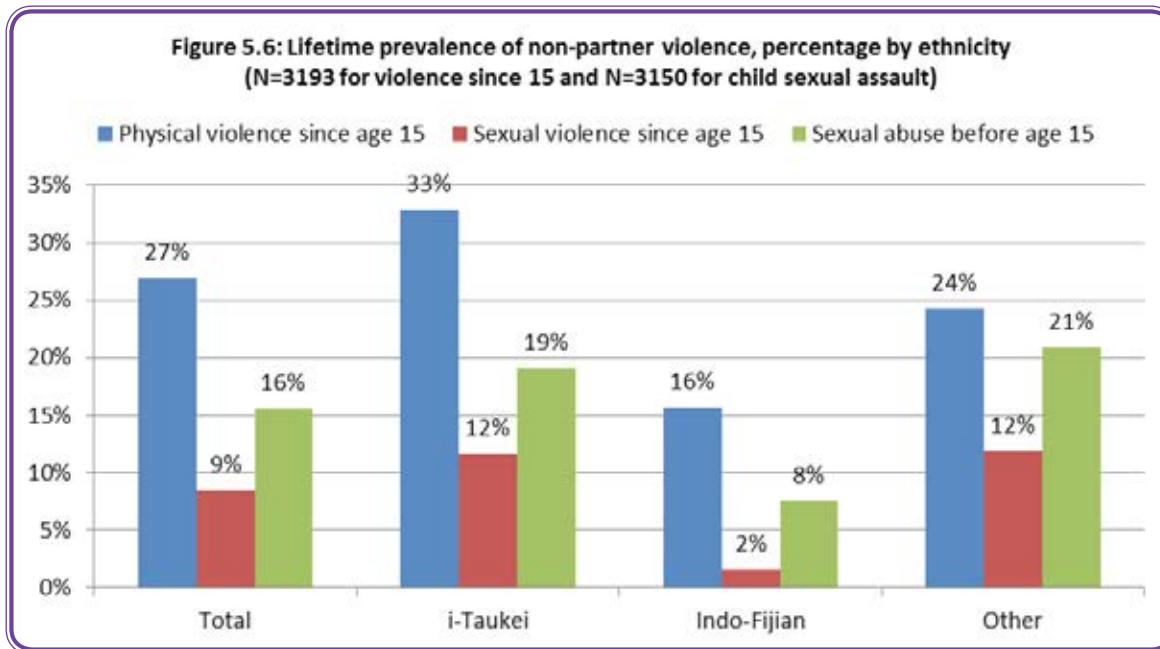
Prevalence by ethnicity and religion

Comparing prevalence of non-partner violence by ethnicity shows a similar pattern to violence perpetrated by husbands and partners (Chapter 4). Indo-Fijian women have a lower prevalence of



physical and sexual abuse as adults by non-partners, compared with i-Taukei women and those from all other ethnic groups combined. One in 3 i-Taukei women (33%) have suffered from physical abuse, compared with 16% of Indo-Fijian women and 24% (1 in 4) from other ethnic groups. The prevalence of sexual violence since age 15 is about 1 in 10 for i-Taukei and other ethnic groups, compared with 2% (1 in 50) for Indo-Fijian women (Figure 5.6).

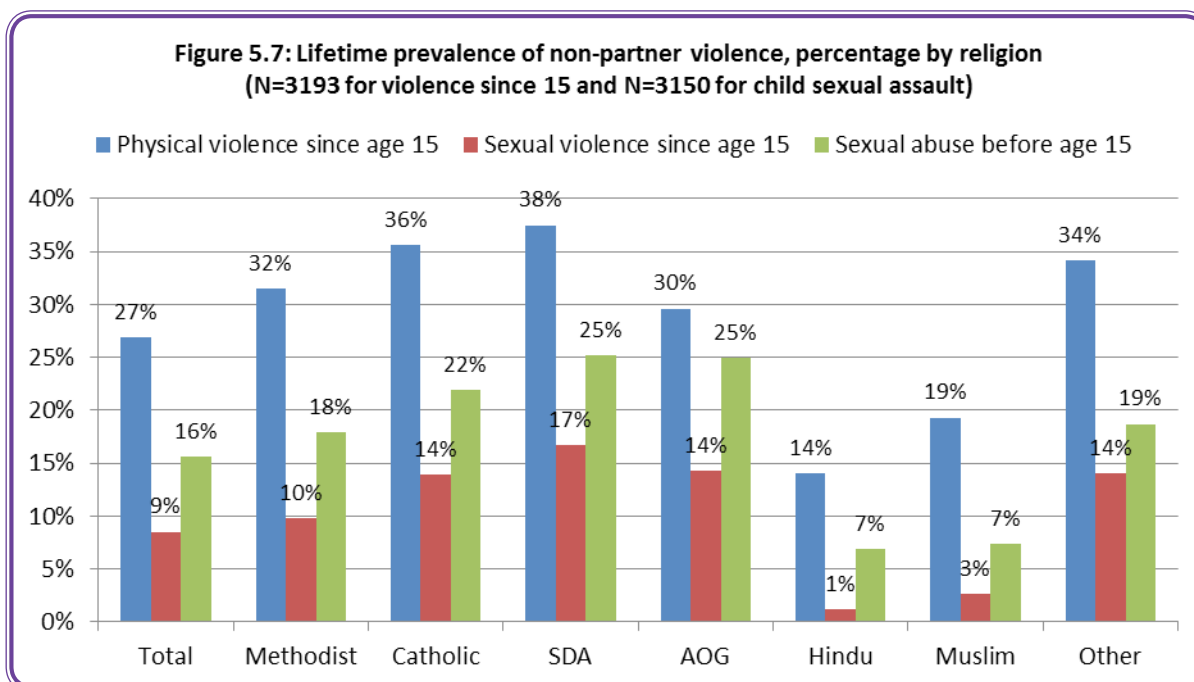
Although Indo-Fijian women reported a lower prevalence of child sexual assault, this is a significant problem in all communities. Almost one in 10 Indo-Fijian women (8%) were subjected to sexual assault as children under 15, compared with almost one in 5 i-Taukei women (19%) and just over 1 in 5 (21%) from other ethnic groups (Figure 5.6).



Source: Tables 5.1.1 and 5.2 of Annex 1.

There are higher levels of physical violence among Christian women over the age of 15 than among Hindu and Muslim women. About 1 in 3 Christian women have been physically assaulted since the age of 15, with prevalence ranging from 30% to 38% for different denominations, compared with 14% for Hindu and 19% for Muslim women (Figure 5.7).

There are similar patterns of prevalence for both sexual abuse since 15 years and child sexual abuse. However, child sexual assault affects for girls from all religious groups: prevalence ranges from 18% to 25% among Christian women, and is 7% among Hindu and Muslim women (Figure 5.7).



Source: Tables 5.1.1 and 5.2 of Annex 1.



Prevalence of all 3 forms of violence is somewhat higher than the national average for those categorised as having other religions (Figure 5.7). However, this is a very small group with only 76 respondents including 2 who identified as having no religion (Table 3.2 of Annex 1). Consequently the data is much less precise and no valid conclusions can be drawn from these differences.

5.3 Features of physical violence by non-partners

Table 5.2 shows the number of times that women were physically abused since age 15. It also shows the frequency of abuse among the 857 women who experienced some type of physical violence: of these, 31% said they were hit, beaten or kicked once or twice; 43% said this happened a few times; and 26% (about one in 4) said it happened many times (Table 5.2). Women from the Eastern Province and women aged 25-29 were more likely to say that they were hit many times (Table 5.1 of Annex 1).

Table 5.2: Frequency of physical abuse by non-partners since age 15 (percentage of all women [N=3193] compared with percentage of women who experienced physical violence [N=857])

Frequency of physical violence	Number	% of all women (N=3193)	% of women who experienced non-partner physical violence (N=857)
Once or twice	267	8%	31%
A few times	368	12%	43%
Many times	222	7%	26%
Ever non-partner physical violence since age 15	857	27%	100%

Source: Table 5.1.1 of Annex 1.

Women were asked who had mistreated them physically. Male family members were the majority of perpetrators including fathers (51%), other male family members (18%) and stepfathers (1%). Teachers were the next largest group of perpetrators (30%), followed by female family members (28%). Other perpetrators included male and female friends of the family and boyfriends (Table 5.3).

Table 5.3: Perpetrators of non-partner physical violence against women since age 15 (number and percentage of women who experienced non-partner physical violence, N = 860)

Perpetrators	Number	%
Father	437	51%
Teacher	261	30%
Female family member	238	28%
Other male family member	151	18%
Female friend of family	17	2%
Male friend of family	14	2%
Stepfather	12	1.4%
Boyfriend	12	1.4%
Stranger	6	0.7%
Someone at work	1	0.1%
Female partner	1	0.1%
Others	74	9%

Note: Numbers add to more than 860 and percentages to more than 100% because some respondents mentioned more than one perpetrator. Source: Table 5.3 of Annex 1.

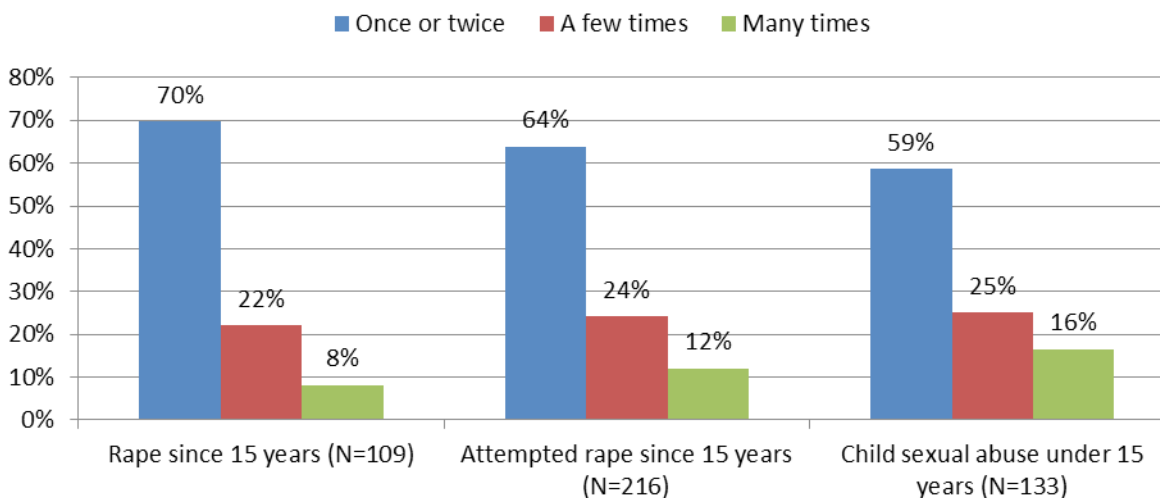


5.4 Features of sexual violence by non-partners

Attempted rape is about twice as prevalent as rape: 3.4% of women have been raped since they turned 15, compared with 6.8% where rape has been attempted. Overall, 8.5% of women have been subjected to both forms of sexual violence which indicates that some women have suffered from both rape and attempted rape (Table 5.2 of Annex 1). However, the most prevalent form of sexual violence is child sexual abuse, which has affected 16% of all women, almost double the rate subjected to sexual violence by non-partners as adults.

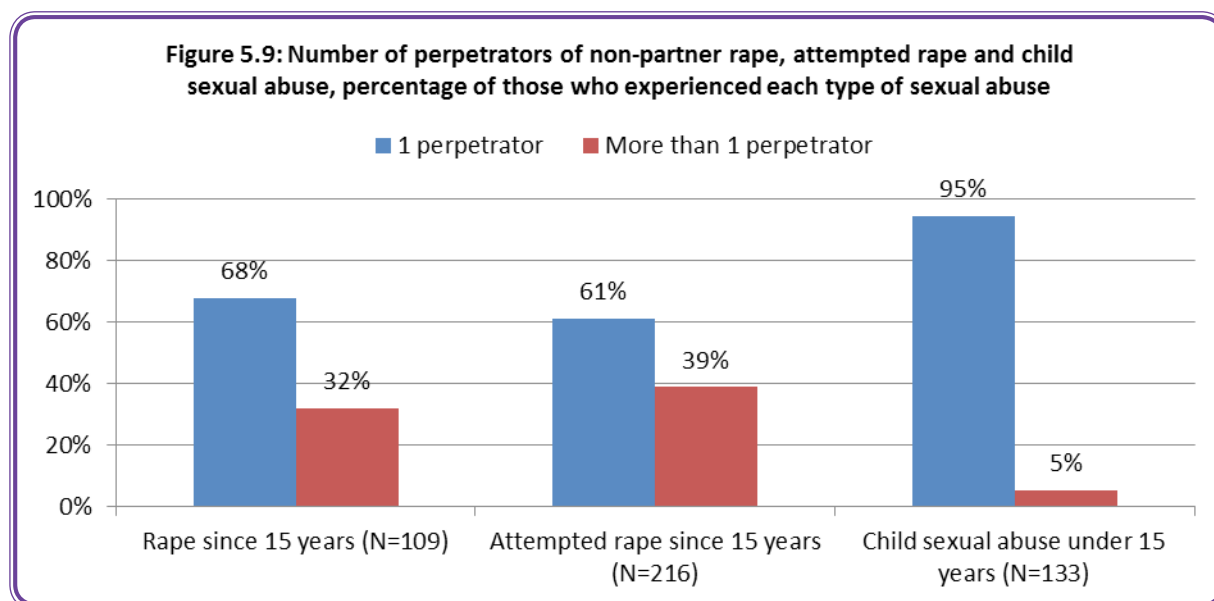


Figure 5.8: Frequency of non-partner rape, attempted rape and child sexual abuse, percentage of those who experienced each type of sexual abuse



Source: Tables 5.1.2, 5.1.3 and 5.1.4 of Annex 1.

It is disturbing – but not unexpected – that more than 2 in 5 women (41%) who suffered from child sexual assault were abused more than once, and 16% reported that they were sexually abused many times. These figures may under-estimate the intensity and frequency of child sexual assault, since women who disclosed child sexual assault using the anonymous face card at the end of the survey were not asked questions about the frequency of the abuse or the identity of perpetrators. Thirty percent (30%) of women who were raped suffered from multiple attacks, and 8% were raped many times. Similarly, 36% of women who were subjected to other forms of sexual assault such as attempted rape were also abused more than once, and 12% many times (Figure 5.8).



Source: Tables 5.3 of Annex 1.

Among those women who have been raped, almost 1 in 3 women (32%) have been raped by more than one perpetrator. For those women who reported attempted rape, about 2 in 5 (39%) had more than one perpetrator. In contrast, most survivors of child sexual assault (95%) reported that there was one perpetrator, and the remaining 5% had more than one perpetrator (Figure 5.9).

Table 5.4: Perpetrators of non-partner rape, attempted rape and child sexual abuse (percentage of women who experienced non-partner sexual violence, N=190 for rape since 15 years, N=216 for attempted rape since 15 years, and N=133 for child sexual abuse under 15)

Perpetrators	Rape (% of perpetrators)	Attempted rape (% of perpetrators)	Child sexual abuse (% of perpetrators)
Other male family member (not father)	21.1%	28.2%	45.1%
Boyfriend	22.0%	13.0%	4.5%
Male friend of family	14.7%	15.3%	12.8%
Stranger	8.3%	14.8%	15.0%
Stepfather	5.5%	2.8%	6.8%
Female family member	5.5%	2.8%	3.8%
Father	2.8%	0.5%	0.8%
Someone at work	1.8%	1.4%	1.5%
Female friend of family	0.9%	1.9%	0.8%
Teacher	0.9%	0.9%	0.8%
Police/soldier	0	0.9%	0
Priest/religious leader	0	0.5%	0
Others	21.1%	24.5%	14%

Note: Percentages add to more than 100% because some respondents mentioned more than one perpetrator. Percentages for survivors of child sexual assault are only for those women who admitted to being abused during the interview; they do not include those who marked the anonymous face card at the end of the interview. Source: Table 5.3 of Annex 1.



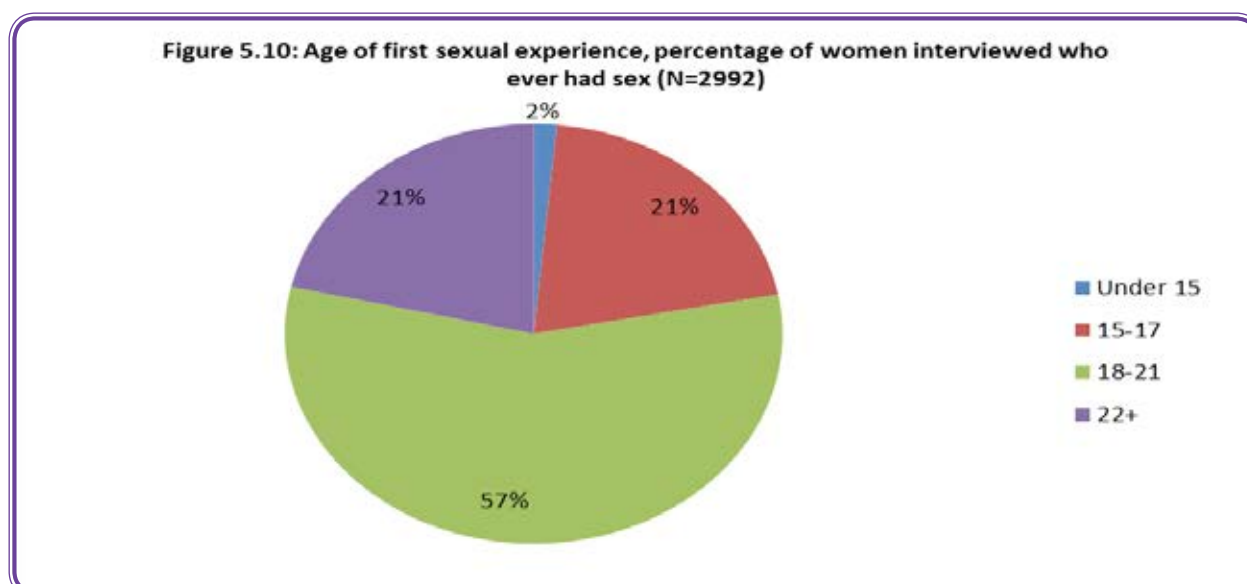
Male family members (excluding fathers and step-fathers) were the largest group of perpetrators of rape and attempted rape (21% and 28% respectively), followed by boyfriends (22% and 13%) and male friends of the family (15% for both rape and attempted rape). Eight percent (8%) of rapes were perpetrated by strangers and 15% of attempted rapes. Stepfathers and female family members were perpetrators in 6% of rapes and 3% of attempted rapes, followed by fathers (3% of rapes and 0.5% of attempted rapes). Other perpetrators were someone at work (2% for rape and 1.4% for attempted rape), female friends of the family and teachers. No women admitted to being raped by police, soldiers or religious leaders, but a few women reported attempted rapes by these people. Twenty-one percent (21%) of rapes and 25% of attempted rapes were perpetrated by others who were not identified as being in any of the above categories (Table 5.4).

The profile of perpetrators for child sexual assault is somewhat different, although other male family members (excluding fathers and step-fathers) are by far the largest group of perpetrators, at 45%. Strangers were identified as the next biggest single category of perpetrators (15%), followed by male friends of the family (13%), stepfathers (7%), boyfriends (5%), and female family members (4%). Other perpetrators mentioned were someone at work (2%), and fathers, female friends of the family and teachers (all 0.8%). Other unidentified perpetrators were mentioned by 14% of women (Table 5.4).

If we aggregate the figures for all male family members, including fathers, stepfathers and other male family members, the following picture emerges. Male family members were perpetrators of physical violence in 65% of cases (with fathers as the majority). This compares with 29% of rapes, 32% of attempted rapes and 53% of child sexual assaults, but other male family members were the main perpetrators, rather than fathers and step-fathers. If we aggregate further to include all perpetrators who would be known to the women and girls who suffered sexual abuse, including male family members, friends and associates, 69% of women were raped by men who they knew; 63% of attempted rapes and 72% of child sexual assaults were by people known to the victim (Table 5.3 of Annex 1).

5.5 Women's first sexual experience

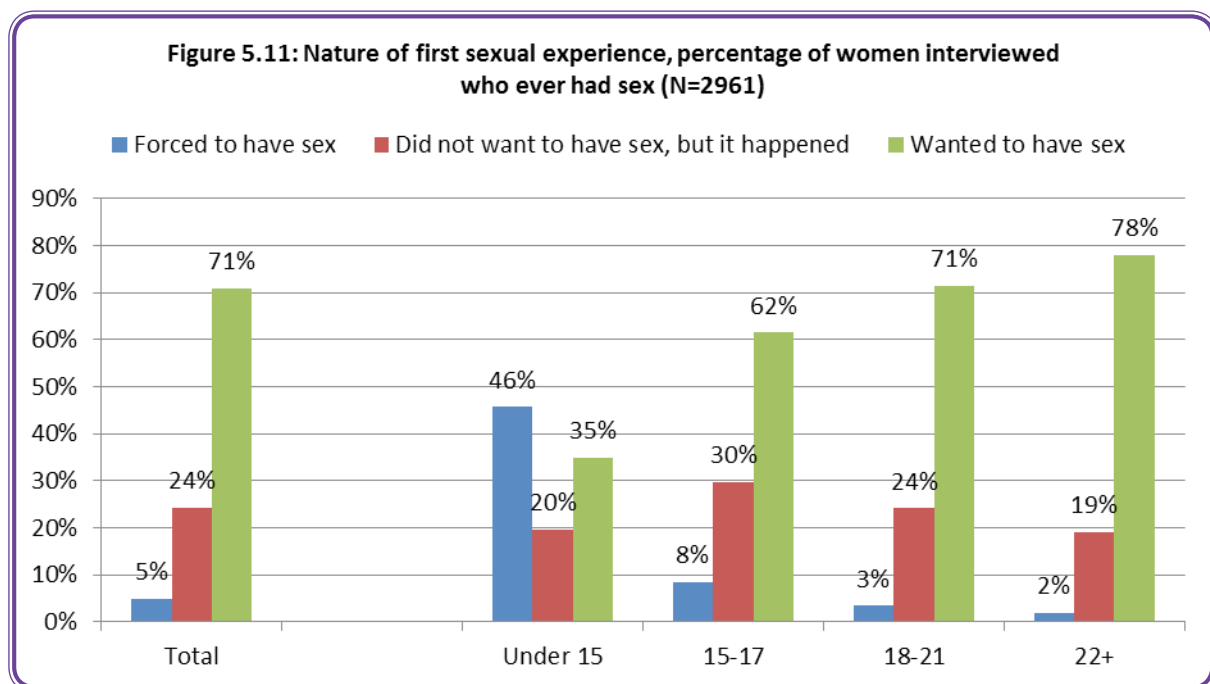
During the survey women were asked how old they were when they first had sex. They were also asked whether they wanted to have sex the first time, whether they didn't want to but it happened anyway, or whether they were forced to have sex. Among the 3193 women who participated in the survey, 5% said they had never had sex and 1% refused to answer this question (Table 5.5a of Annex 1). Among the 2992 who ever had sex, 2% were under 15 years of age when this happened, 21% were aged between 15 and 17, 57% were aged 18-21, and the remaining 21% were 22 or more (Figure 5.10).



Source: Table 5.5b of Annex 1.



Overall, 5% of women were forced to have sex the first time. Younger women were more likely to be forced, and older women were more likely to want to have sex the first time. For those who first had sex when they were under 15, 46% said it was forced and another 20% said it was coerced, with the remaining 35% saying that they wanted to have sex the first time. For women who first had sex when they were aged 15-17, about 3 in 5 (62%) wanted to do so, and the remainder (38%) were either forced or coerced. Coercion is common regardless of the age of first sex: 30% of 15-17 year olds (almost 1 in 3), 24% of 18-21 year olds (about 1 in 4), and 19% of those aged over 22 (1 in 5) were coerced during their first sexual experience (Figure 5.11).



Source: Table 5.6b of Annex 1.

5.6 Discussion of findings

5.6.1 High tolerance for violence

The combined prevalence of non-partner and intimate partner violence in Fiji (71%) is double the global estimate of 35.6%.¹⁹ Fiji's prevalence of non-partner sexual violence since aged 15 (8.5%) is also higher than the global estimate of 7.2% (WHO 2013: 18-20). This finding and the others discussed in this chapter point to a high tolerance for violence in Fiji, and the need to focus on promoting women's and girls' human right to live without any form of violence.

With male and female family members and teachers as the main perpetrators of physical violence, the use of violence as a form of discipline and conflict resolution is normalised. The rates of non-partner physical violence found in this study are worrying for their own sake, because most violence can cause short-term or permanent injury, and because the use of violence against adults escalates anger and resentment, rather than resolves conflict. A common justification for corporal punishment is the saying: "spare the rod, save the child" (UNICEF 2009: 16). However, by normalising violence within the family young women and men learn that physical abuse is acceptable by those who have the most power in relationships, and learn to tolerate it.

¹⁹ The global estimate includes non-partner sexual violence and physical and/or sexual intimate partner violence (WHO 2013: 20); the prevalence for Fiji includes both physical and/or sexual non-partner violence as well as physical and/or sexual intimate partner violence.



The findings on the levels of non-partner violence by age, location, and level of education are particularly disturbing. As noted above, all forms of non-partner violence are extraordinarily high for women in the Eastern Province, and for young women aged 18-29. The prevalence of physical violence tends to increase as women progress from primary school through to tertiary education, and teachers make up the second-largest group of perpetrators, after fathers. These findings concur with those of the UNICEF study on child protection in Fiji, where children identified “teachers hitting children” as the number one factor that made children feel unsafe in schools (UNICEF 2009: 13). All these findings suggest that the education system reinforces physical violence. This is alarming, particularly when one considers the enormous potential of the education system to promote women’s and girls’ rights, and for teachers to be powerful role models of non-violence.

As with the findings on intimate partner violence discussed in Chapter 4, ethnic differences in rates of non-partner violence are troubling and point to the need for long-term dialogue and education about the consequences of violence, and research on the factors that may promote or reinforce it. During a workshop with FWCC staff, the higher prevalence of physical violence for i-Taukei women compared with those from Indo-Fijian and other backgrounds were explained partly by the tendency for young Indo-Fijian women to have their mobility more tightly controlled than those from other communities²⁰; because their mobility is restricted, young Indo-Fijian women may be less likely to transgress traditional gender roles, and thus less likely to be physically abused by family members for doing so.

Although the findings indicate that there is a higher tolerance for violence in general among i-Taukei communities, it is important to emphasise that all forms of violence are a serious problem in all ethnic communities, religions and socio-economic groups.

5.6.2 Myths about the risks of sexual violence to women and girls

A common myth is that women are most at risk of sexual violence from people they hardly know or do not know at all. On the contrary, the findings show that the vast majority of perpetrators are well-known to their victims, and most are male relatives or family friends. The fact that boyfriends made up 22% of those who committed rape, 13% of those who attempted rape and 5% of those who perpetrated child sexual assault provides further evidence that violence by partners begins very early in some relationships, and confirms findings from Chapter 4 on intimate partner violence. Similar findings on perpetrators have been found in other country studies (SPC 2009: 79; SPC 2010: 101; VWC 2011: 106-107; WHO 2005: 46-48).

Some sections of the community may argue that sexual assault is a new or emerging problem, that it has increased due to the erosion of traditional and religious values, exposure to outside influences or changes in the way women dress, or that it is more prevalent in urban areas. The findings from the survey directly challenge all these false ideas. Comparing the prevalence of sexual abuse by age demonstrates very clearly that both the sexual assault of women over 15 and child sexual abuse are persistent problems that have affected women and girls over many decades. For example, between 13% and 17% of women aged 35 to 64 were subjected to child sexual abuse, compared with a national prevalence of 16%.

The data on the frequency of sexual assault of women over 15 show that a significant group of women – about 1 in 3 – are subjected to rape and attempted rape several times, and that about 1 in 10 are subjected to rape and attempted rape many times in their lives. This suggests that women who have been sexually assaulted at least once can become extremely vulnerable to repeated attacks.

²⁰ A UNICEF report on child protection in Fiji also noted that Indo-Fijian and Chinese children are likely to be more closely supervised than i-Taukei children (UNICEF 2009:16).



5.6.3 Perpetrators of child sexual assault

Sexual abuse of women over 15 and child sexual assault perpetrated by female family members or friends, although minor compared with that committed by male family members and friends, accords with evidence from other studies of a growing problem of children being exploited for commercial sex work by both female and male relatives. For example, a study by the International Labour Organization (ILO) on child labour in Fiji found 109 children engaged in prostitution, with some starting sex work as early as 10 years old.

The ILO study found that children's vulnerability to commercial sex work increased if they live with extended families, suffer from parental neglect, live in violent households, or have been victims of either physical or sexual abuse; more than half of the child sex workers interviewed during the ILO survey were living at home with parents or guardians (ILO 2010: 12, 15).

The survey found that few child sexual assaults were committed by fathers (0.8%) and step-fathers (6.8%), and that 15% were by strangers. This finding is not supported by FWCC's counselling experience, where fathers make up 13% of perpetrators of child sexual abuse, step-fathers 10%, grandfathers and step-grandfathers 4%, teachers 5% and strangers only 6%. However, the perpetrator profile among FWCC clients does support the other findings of the survey – most perpetrators are well-known to the victim, and are men who have opportunity and access to children due to positions of trust or power. Male relatives make up 59% of total perpetrators of FWCC clients compared with 53% from the survey, and 93% of perpetrators were well-known to the victim (Table 5.5).

Table 5.5: Perpetrators of child sexual abuse among FWCC clients, 2001-2011 (number and percentage of women who experienced child sexual abuse)

Perpetrators	Number	%
Male family member: uncles, cousins, step-brothers, brothers-in-law	109	32%
Father	43	13%
Male friends: family friend, school friends, acquaintances	37	11%
Neighbour, landlord	36	11%
Stepfather	34	10%
Boyfriend, de facto, partner	25	7%
Stranger	22	6%
Teacher	18	5%
Grandfather, step-grandfather	14	4%
Priest/religious leader	3	1%
Not disclosed	1	0.3%

Note: Percentages add to more than 100% because some clients identified more than one perpetrator. Source: FWCC client statistics.

These differences in perpetrator profiles are explained by the fact that most survivors (90%) did not disclose child sexual assault during the interview; they did so by marking the anonymous face card at the end of the interview. Hence, they were not asked questions about the frequency of the abuse or the perpetrators. FWCC has found that it can take several counselling sessions before a survivor admits the identity of the perpetrator, particularly when it is the father.

The high prevalence of child sexual abuse found during the survey (16%), and the fact that so many women chose not to disclose it during the interview, highlights the shame that accompanies it throughout one's life, and the huge under-reporting of this problem.



Chapter 6: Women's Attitudes To Gender Power Relations & Violence Against Women

Summary of main findings

- Although many women agree with statements that undermine women's rights and gender equality, others point to the potential for attitudinal changes on gender relations.
- Two in 5 women (43%) agree with at least one justification for a man to beat his wife; 57% do not agree with any reasons for physical violence by a husband/partner.
- Most women have a strong sense of sexual autonomy and more than 3 in 4 (77%) believe that a woman has the right to refuse sex with her husband if she doesn't feel like it.
- The situations that women most often identify as being factors in violent physical assaults by her husband/partner include his jealousy (30%), her disobedience (29%), and his drunkenness (29%).

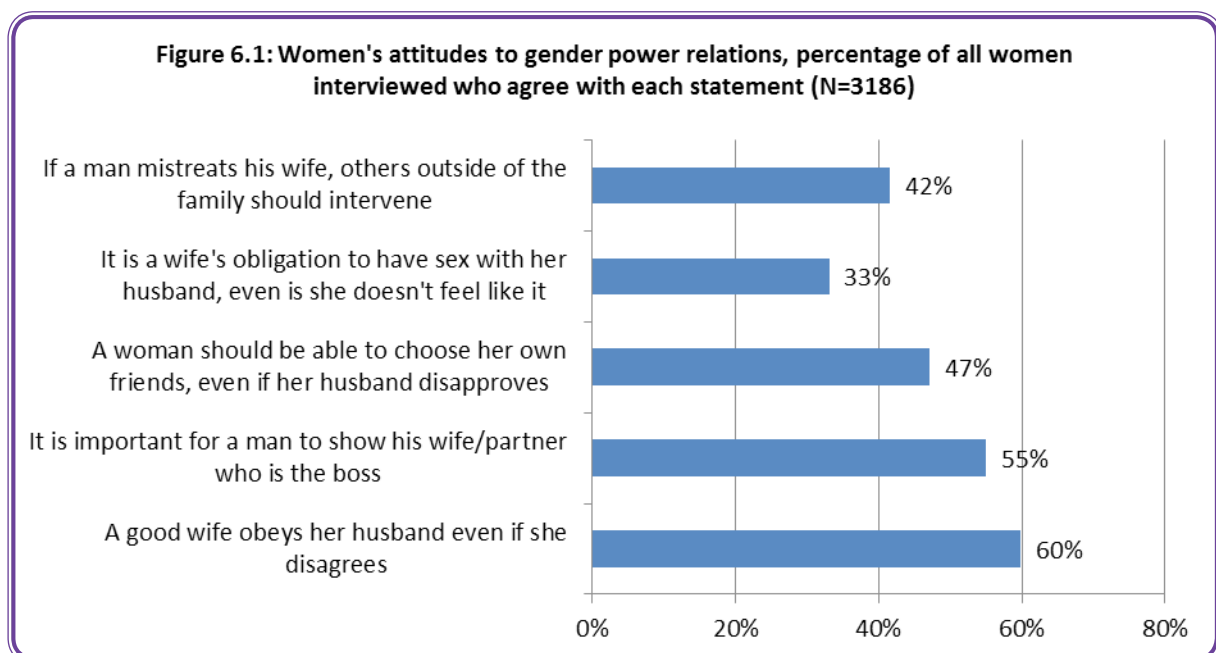


This chapter presents findings on women's attitudes to gender power relations and violence against women in intimate partner relationships. Women were asked whether they agreed or disagreed with a series of statements. The first series focused on gender power relations between husbands and wives; the second explored women's views on whether a man has "a good reason to hit his wife/partner" in specific situations; and the third asked about situations where a married woman can refuse to have sex with her husband (see section 6 of the questionnaire in Annex 2). All questions were asked of all 3193 respondents, including ever-partnered and never-partnered women; 7 women did not answer this series of questions and have been omitted from the analysis, giving a total of 3186 respondents.

Findings are also presented on women's views regarding particular situations where physical violence by their husband/partner tends to occur (see section 9 of the questionnaire in Annex 2). This question was put to 1853 ever-partnered women who had ever been physically assaulted by their husband/partner.

6.1 Women's attitudes to gender power relations

6.1.1 Overview of women's attitudes to gender power relations



Source: Table 6.1 of Annex 1.

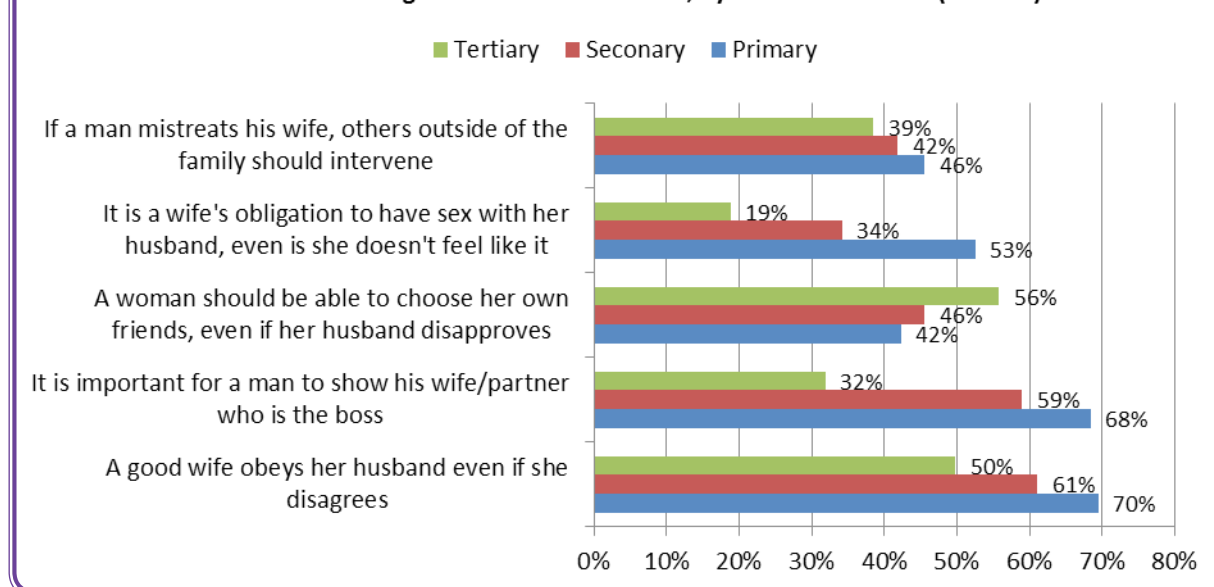
Overall, a majority of women believe that a good wife should obey her husband, even if she disagrees with him (60%), and that it is important for a man to show his wife/partner who is the boss (55%). Less than half (47%) agree that a woman should be able to choose her own friends, even if her husband disapproves. Agreement with these statements shows that there is a widespread belief in traditional views of gender roles and unequal gender power relations. In contrast, only 1 in 3 (33%) agrees that a wife is obligated to have sex with her husband if she doesn't feel like it, which indicates a sense of sexual autonomy among the majority of women. While it is encouraging that 2 in 5 (42%) agree that others outside the family should intervene if a man mistreats his wife, almost 3 in 5 disagree – and this demonstrates the scale of the task ahead to address and eliminate violence against women (Figure 6.1).



6.1.2 Differences in women's attitudes to gender power relations

There are some noteworthy variations in attitudes among different groups of women, which provide insight into the differences in prevalence noted in Chapters 4 and 5. On the whole, there are few differences in opinion by location, although women in the Eastern Division are substantially more likely to agree with the view that a man should show he is the boss (62% compared with the national rate of 52%). There are also some differences by age on this statement, with less young women aged 18-34 agreeing (44-51%) compared with older women aged 50-64 (64-68%). Similarly, younger women aged 18-29 are somewhat more likely to believe that women should be able to choose their own friends, and less likely to agree that a wife is obliged to have sex with her husband (Table 6.1 of Annex 1). These differences in views suggest that attitudes may be changing, and that younger women may be more likely to challenge traditional gender relations than older women.

Figure 6.2: Women's attitudes to gender power relations, percentage of all women interviewed who agree with each statement, by level of education (N=3186)



Source: Table 6.1 of Annex 1.

Differences in attitudes according to level of education are the most striking, although it is worth remembering that education does not protect women from experiencing violence in the first place, despite attitudinal differences (see Chapter 4). Overall, women educated to tertiary level are far more likely to hold views that support women's human rights and gender equality. Nevertheless, half of tertiary educated women believe that a good wife should obey her husband, and 1 in 3 believe that he should show he is the boss (Figure 6.2).

The view that people outside the family should not intervene if a man mistreats his wife becomes more entrenched as the level of education increases: less women educated to tertiary level (39%) believe that others should intervene, compared with those educated to secondary (42%) and primary (46%) level (Figure 6.2).

There are also some interesting differences in attitudes associated with ethnicity. Indo-Fijian women are substantially more likely to agree that a good wife should obey her husband (67%), compared with 57% of i-Taukei women and 53% of those from other ethnic groups combined. Indo-Fijian women are also more likely to agree that a wife is obliged to have sex with her husband (42%), compared with 29% of i-Taukei women and 30% from other ethnic groups.



These views suggest that Indo-Fijian women may be somewhat less likely to challenge their husbands on issues relating to traditional gender roles and expectations than women from i-Taukei communities. On the other hand, i-Taukei women are far more likely to agree that a man should show his wife that he is the boss (61%), compared with 46% of Indo-Fijian women and 38% from other ethnic groups. Most of these differences are also reflected in different views between the major religions of Christianity, Hinduism and Islam (Table 6.1 of Annex 1).

6.1.3 Association between women's attitudes and their experience of violence

Three of the attitudes on gender relations show a statistically significant association with women's experience of physical and/or sexual violence by her husband/partner. Women who agreed that it is important for a man to show that he is the boss were significantly more likely to have experienced violence in their lifetime. They were also significantly more likely to have been subjected to "severe" versus "moderate" physical violence, and to have experienced both physical and sexual violence.²¹ In contrast, women's views on the importance of obedience to her husband and her obligations to have sex are not significantly associated with violence (Table 6.1). While all these attitudes are expressions of unequal gender relations, the belief that a man should show that he is the boss provides a licence for men to express this in various ways, including by the use of violence.

Table 6.1: Women's attitudes to gender relations, according to their experience of physical or sexual violence from their husbands/partners (number and % of ever-partnered women who have and have not experienced intimate partner violence)

Percentage who agree with the following statement:	% who agree who never experienced violence	% who agree who experienced physical and/or sexual violence	P value
A good wife obeys her husband even if she disagrees	59%	61%	0.56
It is important for a man to show his wife/partner who is the boss	51%	59%	<0.001
A woman should be able to choose her own friend even if her husband disagrees	43%	49%	0.002
It's a wife's obligation to have sex with her husband, even if she doesn't feel like it	32%	35%	0.12
If a man mistreats his wife, others outside of the family should intervene	38%	44%	0.001

Note: A P value of 0.001 means that there is a 0.1% possibility that the association is due to chance or error. Source: Table 6.1 of Annex 1.

Women who believe that a woman should be able to choose her own friends are also more likely to be living with violence. In addition, women who have experienced violence in their lifetime are significantly more likely to believe that others outside the family should intervene if a woman mistreats his wife (Table 6.1).

²¹ Among those women who agreed that a man should show he is the boss, 61% had been subjected to "severe" physical violence (hitting with a fist or something else, kicking, dragging, beating up, choking, burning or using a weapon) compared with 54% subjected to "moderate" violence (slapping, throwing something, pushing or shoving), and 62% who had experienced both physical and sexual violence. P values for these associations were less than 0.001.

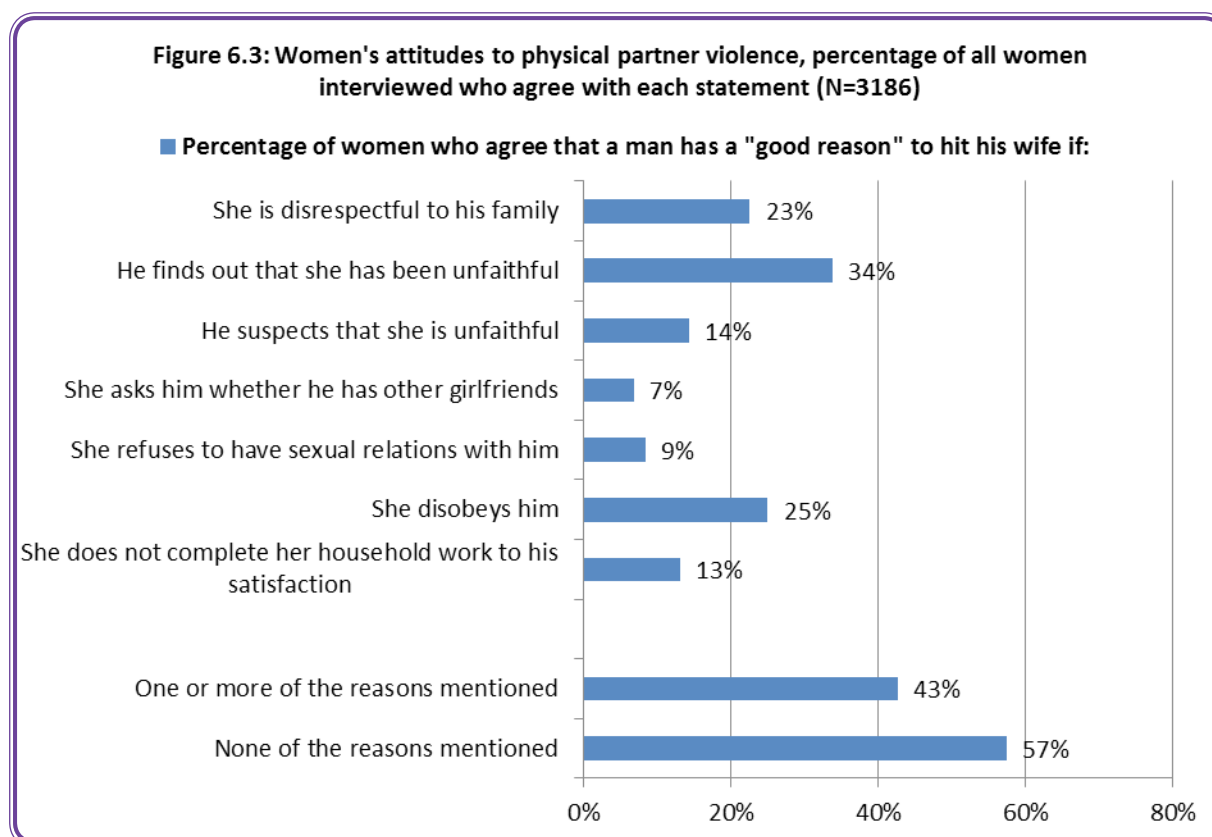


6.2 Women's attitudes to physical violence by husbands/partners

6.2.1 Overview of women's attitudes to physical intimate partner violence

Overall, 57% of women do not agree that there are any "good reasons" for a man to hit his wife; conversely, more than 2 in 5 women (43%) agreed with one or more reasons for him to do so. Unfaithfulness (34%), disobeying the husband (25%) and disrespect for the husband's family (23%) were the main reasons that women thought justified physical violence.

Fourteen percent (14%) also thought a man is justified in hitting his wife even if he only suspects she is unfaithful, and 13% thought it justified if she does not complete household work to his satisfaction. Less than 1 in 10 women (9%) agreed that refusal to have sex is a "good reason", and 7% thought asking him whether he has other girlfriends was a "good reason" (Figure 6.3).



Source: Table 6.2 of Annex 1.

6.2.2 Differences in women's attitudes to physical intimate partner violence

Some of the patterns discussed in Chapter 4 regarding the prevalence of intimate partner violence are also evident in women's attitudes to physical abuse. For example, women from the Eastern Division (60%) are substantially more likely to agree with one or more of the justifications for violence than those from urban areas (37%) and from the Central and Western Divisions (40%). Indo-Fijian women are generally somewhat less likely to agree with each statement. Nevertheless 34% of Indo-Fijian women (1 in 3) agree with at least one justification for physical violence compared with 48% of i-Taukei women and 27% from other ethnic groups. This is also reflected in opinions by religion, with Christian women likely to agree with at least one justification, compared with Hindu (32%) and Muslim (40%) women (Table 6.2 in Annex 1).



However, other patterns observed in Chapter 4 are not repeated. For example, opinions on these matters tend to fluctuate with age: although women aged 25-39 are less likely to agree with one or more statements, those aged 18-24 are more likely to do so (Table 6.2 in Annex 1).

Consistent with the attitudes on gender relations discussed above, women educated to tertiary level are somewhat less likely to agree with any justification for physical violence. One in 3 tertiary-educated women (32%) believe that violence is justified for one or more reasons, compared with 44% of those educated to primary level and 45% of those with secondary education (Table 6.2 of Annex 1).

6.2.3 Association between women's attitudes to physical violence and their experience of violence

Not surprisingly, there is a highly significant association between believing that a man is justified in using physical violence, regardless of the reason, and women's experience of violence by a husband or intimate partner. Thirty-five percent (35%) of women (about 1 in 3) who have never experienced violence agreed with one or more reasons for using physical violence against a wife/partner. This compares with 48% (almost half) for those who have lived in a violent relationship. Conversely, about half of those living in a violent relationship believe that there is no justification for violence.

Table 6.2: Women's attitudes to physical intimate partner violence, according to their experience of physical or sexual violence from their husbands/partners (number and % of ever-partnered women who have and have not experienced intimate partner violence)

Percentage who agree that a man has a "good reason" to hit his wife if:	% who agree who never experienced violence	% who agree who experienced physical and/or sexual violence	P value
She does not complete her household work to his satisfaction	10%	15%	<0.001
She disobeys him	19%	29%	<0.001
She refuses to have sexual relations with him	6%	10%	<0.001
She asks him whether he has other girlfriends	5%	8%	<0.001
He suspects that she is unfaithful	10%	17%	<0.001
He finds out that she has been unfaithful	26%	39%	<0.001
She is disrespectful to his family	18%	25%	<0.001
Agrees with one or more of the reasons mentioned	35%	48%	<0.001
Agrees with none of the reasons mentioned	65%	52%	<0.001

Note: A P value of <0.001 means that there is less than 0.1% possibility that the association is due to chance or error (that is less than 1 possibility in 1,000). Source: Table 6.2 of Annex 1.

6.3 Women's attitudes to sexual autonomy

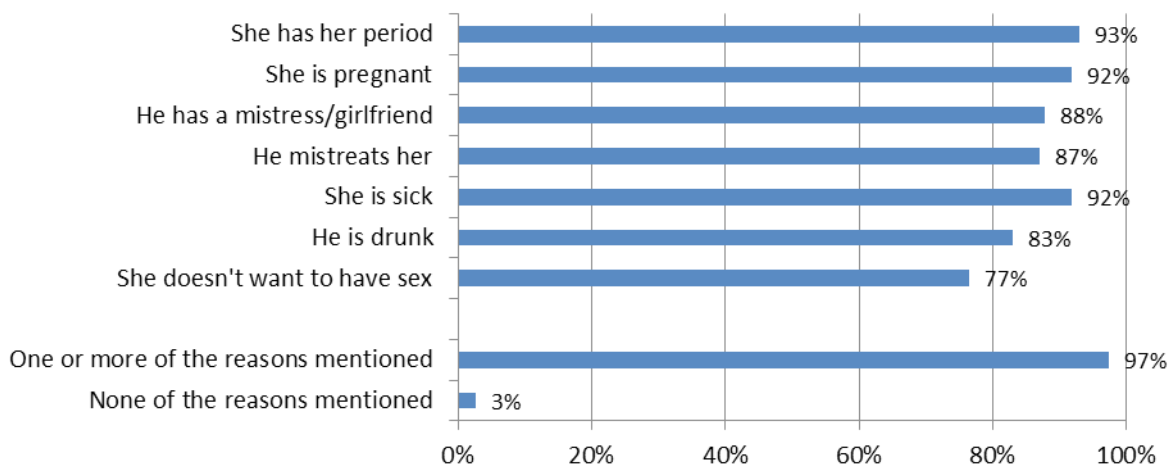
With 97% of women agreeing with one or more reasons for refusing sex with their husbands, it is clear that most women have a sense of sexual autonomy. However, it is worth noting that 23% of women (almost 1 in 4) do not agree that a woman can refuse sex with her husband simply because she doesn't want to have sex with him or doesn't feel like it (Figure 6.4). This suggests that a substantial number of women believe that they must have a good reason to refuse sex within marriage. This reinforces the finding discussed above (section 6.1), that 33% of women feel obligated to have sex with their husband, even if they don't feel like it.



Notwithstanding the fact that 3 in 4 women have a strong sense of sexual autonomy, more than 1 in 10 do not believe she can refuse if he mistreats her (13%) or is having an affair (12%), and almost 2 in 10 do not believe that she should refuse if he is drunk (17%). Almost 1 in 10 (8%) believe she has no right to refuse even if she is sick (Figure 6.4).

Figure 6.4: Women's attitudes to sexual autonomy, percentage of all women interviewed who agree with each statement (N=3186)

■ Percentage of women who agree that a married women can refuse to have sex with her husband if:



Source: Table 6.3 of Annex 1.

It is noteworthy that there are no substantial differences in attitudes on sexual autonomy by location, age, education or ethnicity (Table 6.3 in Annex 1). This is in contrast to the patterns discussed above for attitudes to other aspects of gender relations and physical violence, and to the patterns observed in the prevalence of intimate partner violence and non-partner violence discussed in Chapters 4 and 5.

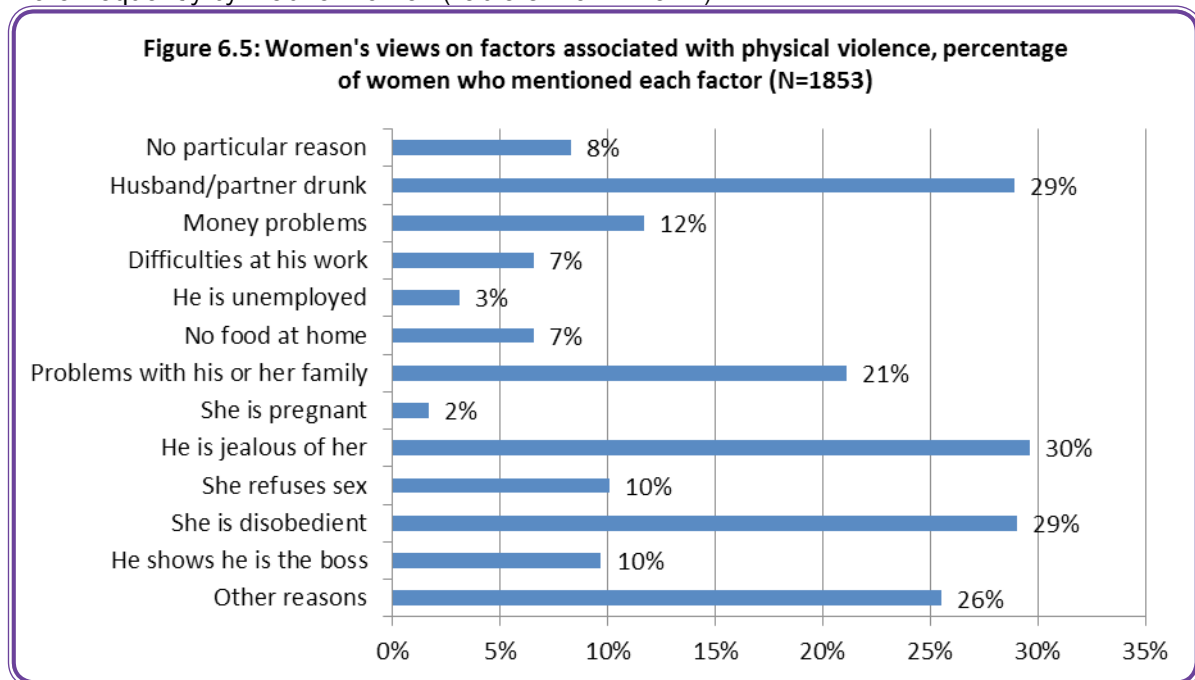
Moreover, there are no statistically significant differences in attitudes to sexual autonomy between women who have experienced physical and/or sexual violence in their lifetime, and those who have not. For example, 78% of women who have not experienced violence believe that a married woman can refuse sex if she wants to, compared with 75% of those who have lived in violent relationships (Table 6.3 in Annex 1).

6.4 Women's views about situations when physical violence occurs

Women who had experienced physical violence in their lifetime were asked what type of situations or factors were associated with their husband's/partner's behaviour. On average, each woman gave 2 responses. It is important to emphasise that a situation or factor associated with violence is not the same as the cause of men's violence against women. The most frequently mentioned factors were the husband/partner feeling jealous of his wife (30%), disobedience by the wife (29%), the husband/partner being drunk (29%), and problems with his or her family (21%). Other factors mentioned included: money problems (12%), her refusal to have sex (10%), his wanting to show that he is the boss (10%), difficulties at his work (7%), no food at home (7%), his unemployment status (3%), and her being pregnant (2%). Eight percent (8%) of women mentioned that there was no particular reason, and 26% also mentioned a variety of other reasons (Figure 6.5).



Women in urban areas more frequently mentioned that there was no particular reason for the violence (14%) or that his drunkenness was a factor (36%). In rural areas and particularly in the Eastern Division, more women mentioned his jealousy (43% in the Eastern Division and 32% in rural areas), her disobedience (40% in the Eastern Division and 35% in rural areas), and him showing that he is the boss (17% in the Eastern Division and 12% in rural areas). Family problems were mentioned more frequently than the national average by Indo-Fijian women; jealousy and disobedience were mentioned more frequently by i-Taukei women (Table 6.4 of Annex 1).



Note: Percentages total more than 100% because women could identify more than one factor. Source: Table 6.4 of Annex 1.

6.5 Discussion of findings

The high levels of agreement with many statements that are opposed to women's rights highlights the enormous task ahead for all stakeholders working to eliminate violence. With 3 in 5 women believing that a "good wife" should obey her husband, obedience is a key feature in gender relations for the majority of women in Fiji. Disobedience is seen by 1 in 4 women as a "good reason" for a man to hit his wife. The notion that one adult should be obedient to another in an intimate relationship is demeaning and disempowering, and demonstrates the low status of women in Fiji. One does not expect obedience from people with equal status and power in relationships based on mutual respect. Disobedience also emerged as the major justification for domestic violence in FWCC's 1999 survey, along with adultery and flirting, being cheeky or talking back to the husband, and laziness (FWCC 2001: 33).

Overall, the responses to questions on sexual relations indicate that many women have a strong sense of sexual autonomy. According to FWCC staff, these findings point to attitudinal changes on marital rape in recent years due to long-term campaigns on this issue. Nevertheless, about 1 in 3 women believe that it is a wife's obligation to have sex, that there must be a good reason for her to refuse (not just that she doesn't want to, or doesn't feel like it), and about 1 in 10 still believe that refusing sex is a good reason for man to hit his wife.

The expectation that women should be subservient to men is demonstrated by the fact that more than half of the women who responded to the survey agreed that it is important for a man to show his wife that he is the boss. This attitude legitimises men's violence and controlling behaviours as a way of maintaining their higher status, and is reflected in many common sayings that condition girls and



women to believe that violence is an expression of love. For example, violence may be accompanied by assertions that it is “only to teach her”, or that it is “for her own good”. If a woman has lost her teeth due to repeated physical assaults, people may comment that her husband “loves her too much”.

It is telling that 1 in 3 women identified jealousy as the most important factor associated with physical violence: in other words, men will resort to violence when women are perceived as being more successful than their husbands, or when men believe they have been displaced from their position of higher status and privilege in the household. In these cases, women's actions or achievements challenge men's perceptions of themselves as leaders and decision-makers; men's use of violence is a way of exerting their power and control over women, to keep women in their subordinate place.

A qualitative research project was undertaken by FWCC in 2006; it explored community perceptions of women's rights and the consequences when women do assert their rights. Conclusions from the 2006 study help to contextualise those from the current survey. The overwhelming view expressed by study participants in 2006 (both male and female) was that if a woman is beaten by her husband, she must have “done something wrong” and thus deserved it. The study found that there was a backlash against women who did assert their rights; the prevailing attitude was that such women were “socially deviant, arrogant, power greedy and a source of gossip within the community” (FWCC 2006: 7-8). While it was seen as acceptable for women to publicly voice opinions or criticisms that the whole community agreed with, she would be ridiculed and judged as behaving inappropriately if this involved a challenge to male roles or leadership (FWCC 2006: 7, 46, 58).

The 2006 study found a high degree of confusion about women's rights and how these may impact on traditional roles. There was a prevalent view that if women asserted their rights, this would be at the expense of their household responsibilities and social and cultural obligations, and thus would be harmful to the whole community. Promoting women's rights was perceived as being in direct conflict with cultural and religious norms, which insist that women should submit to their husbands. Asserting women's rights was seen as a foreign way to behave, in addition to being impractical and promoting discord and disharmony (FWCC 2006: 7, 26, 42). Thus, when women choose their own friends or challenge their husbands/partners on this issue, or when they fail to behave as required by traditional norms, the findings from the current study indicate that they are “punished” for doing so (Figures 6.1 and 6.3).

The fact that more than 2 in 5 women still believe that a man has “good reason” to hit his wife in any circumstances shows that a tolerance for men's violence against women and unequal gender power relations are entrenched in some women's belief systems; this is particularly the case in the Eastern Division. Another challenging finding is that only about 2 in 5 women believe that people outside of the family should intervene if a man mistreats his wife. Both attitudes will require clear and persistent government and community leadership to be countered. For this to be done effectively, stakeholders need to be clear about the implications of taking a rights-based approach to addressing men's violence against women; this requires challenging attitudes that legitimise men's use violence and control, and that women should be subservient and obedient. Given the highly significant association between women's experience of violence and women's belief that violence is justified if women “misbehave”, men's power over women has to be confronted head on, to increase the effectiveness of primary and secondary prevention efforts.



Although the discussion above highlights entrenched belief systems that reinforce gender inequality, there are also very positive signs that some attitudes are beginning to change. For example, it is positive that almost 3 in 5 women thought that physical violence could not be justified, and that younger women were less likely to agree with some statements that reinforce unequal gender relations (such as that men should show they are the boss, and that wives are obliged to have sex). It is also encouraging that women educated to tertiary level were substantially less likely to agree with statements that undermine women's rights and justify violence, even though these attitudes by themselves do not protect them from violence. On the contrary, there is some evidence – when we compare findings on attitudes with those on prevalence in Chapter 4 – that challenging traditional norms and beliefs may make women more vulnerable to violence, particularly in the short-term and in the early days of a relationship when power relations are being established. This is also supported by FWCC's 2006 study, which found that men tend to become more abusive, aggressive and violent when women challenge men's domination and control (FWCC 2006: 62).

Although there is no quantitative evidence that women are now any more likely to seek help outside the family, FWCC has anecdotal evidence from counselling that this is the case, particularly when one compares the current situation with that described in FWCC's 2006 study on community perceptions. This found that domestic violence was overwhelmingly seen as private matter, with little awareness of the need for family or community members to provide support to women living with violence (FWCC 2006: 63-64). FWCC Counsellors report that in the past, most women spent many years in a violent relationship before telling anyone, taking the difficult step of seeking help outside the family or taking the decision to leave. In recent years, FWCC has seen an increase in younger clients; Counsellors now report that mothers, other relatives, friends, and neighbours are increasingly referring women for assistance to stop the violence, rather than advising them to put up with the violence or become more submissive to prevent it.

However, the fact that tertiary educated women are less likely to agree that people outside the family should intervene is a worrying finding and points again to missed opportunities for promoting an understanding of women's human rights and violence against women through the education system. This finding may be explained by the extreme humiliation and shame associated with having a problem of domestic violence publicly known or discussed, given that women are often still blamed for the problem rather than men (FWCC 2006: 63-64). All these findings underline how critically important it is for relatives, community members and service-providers to respond appropriately when women do make the very difficult decision to seek help to deal with violence – by reinforcing women's rights, holding men accountable for their behaviour rather than blaming the victim, prioritising the safety of women and children, and supporting women to leave if they decide to do so.

There is anecdotal evidence that positive attitudinal changes have indeed occurred, and that this change is due to a combination of factors – including the persistent work that FWCC has done over many years in raising awareness of women's rights and understanding of the nature of men's violence against women, in addition to the efforts of the women's movement in Fiji more generally. A variety of community leaders and organisations have progressively taken up the issue of violence against women due to FWCC's input and support, and FWCC's male advocacy program has been successful at spreading prevention messages into new places that were previously resistant and opposed to FWCC and its work. Social and economic changes have also played a part, by providing women with more opportunities for education, training and employment, which help to raise the status of women. Overall, the findings on attitudes provide important insights into women's views of gender equality and human rights, including opportunities for consolidating attitudinal change, and key areas of focus for further work to strengthen prevention.



Chapter 7: Impacts Of Violence Against Women On Physical, Mental And Reproductive Health, Including During Pregnancy

Summary of main findings

Physical health

- Almost half (47%) of the women who experienced physical and/or sexual partner violence in their lifetime have been injured; and more than 1 in 10 (13%) have lost consciousness.
- Among those ever injured, 3 in 5 (60%) have been injured more than once and 2% (1 in 50) now have a permanent disability.
- Among those who needed health care due to their injuries, less than 2 in 3 actually received health care; among these, 1 in 3 did not tell the health worker the real reason for the injury.
- Women living with physical and/or sexual violence have much poorer health and are hospitalised more often.

Mental health

- Women living with physical, sexual or emotional violence have more symptoms of emotional distress and are significantly more likely to think about and attempt suicide than those who have not experienced intimate partner violence.

Pregnancy and reproductive health

- **15% of ever-pregnant women were beaten during pregnancy, and one-third of these were punched or kicked in the abdomen while pregnant by their husband/partner.**
- Women living with physical and/or sexual violence are more likely to have unwanted pregnancies; their husbands/partners are also more likely to have prevented them from using contraception.
- Women beaten during pregnancy are more likely to have had a miscarriage



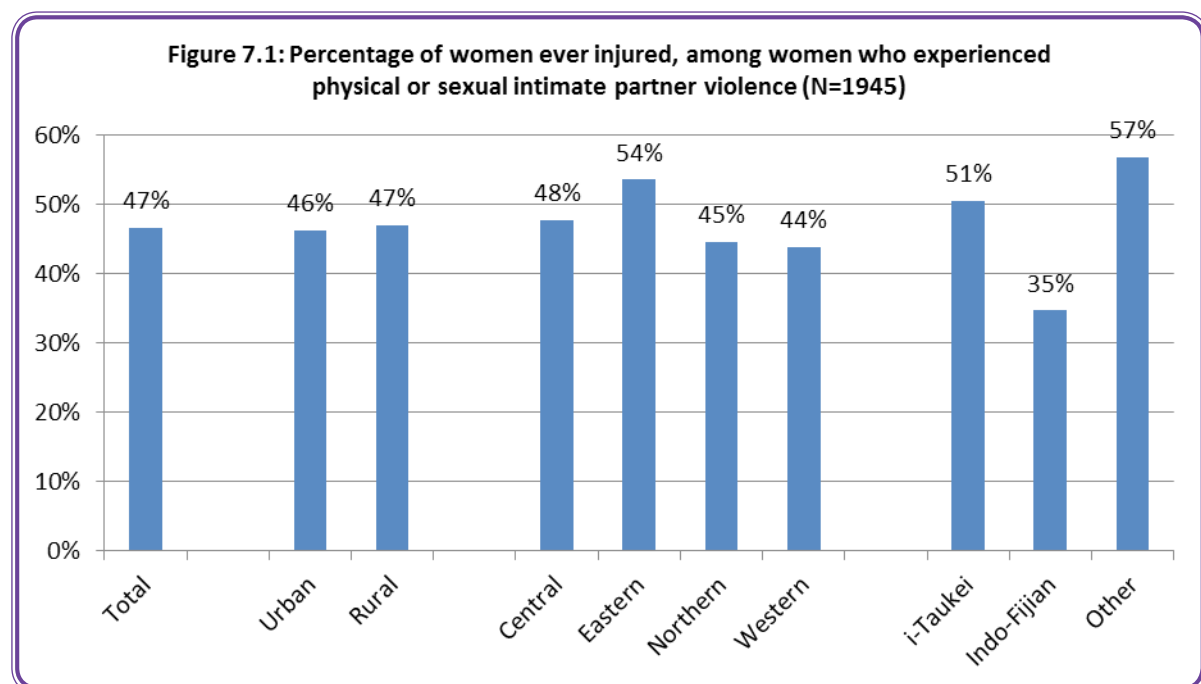
This chapter presents findings on the impact of physical and sexual partner violence on women's physical health, including the frequency and type of injuries women experienced, and their use of medication and health services. It also discusses the impacts of physical, sexual and emotional violence on women's mental health, and their likelihood of thinking about or attempting suicide. Findings are presented on the prevalence of violence against women during pregnancy and the association between intimate partner violence and reproductive health outcomes. Women's use of contraception is discussed, and how this is affected by intimate partner violence.

The survey posed most questions on women's physical, mental and reproductive health before women were asked to disclose whether they had experienced violence by a husband/partner. This approach minimises bias in women's responses and provides robust evidence on the impact of violence on women's health. Other questions focused on women's views of the specific impacts of partner violence (section 7.1.1).

7.1 Impacts of partner violence on physical health

7.1.1 Injuries caused by partner violence

Of the 1945 women who experienced physical and/or sexual violence by their husbands/partners, 909 were injured as a result of the violence; this is almost half (47%) of the women who are living with violence (Figure 7.1). If we consider the whole sample of 3035 ever-partnered women who participated in the survey, about 1 in 3 (30%) have been injured.

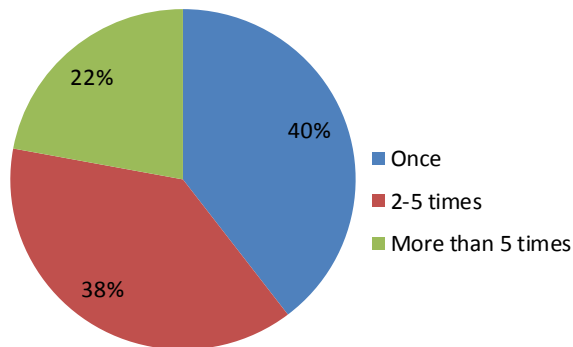


Source: Table 7.1 of Annex 1.

There is little difference in the rates of injury between rural and urban areas. However, women in the Eastern Division are more likely to have suffered from injuries (54%), as are i-Taukei women (51%) and those from other ethnic groups (57%), compared with 35% for Indo-Fijian women (Figure 7.1). It is reasonable to conclude that these higher rates of injury are due to higher prevalence of the most severe forms of physical violence within these groups, including assaults with fists and weapons, kicking, dragging and being beaten up (see section 4.3 and Table 4.3 in Annex 1). Conversely, young women aged 18-24 were somewhat less likely to experience the most severe forms of violence, and they also have lower rates of injury (38%) compared with the national average of 47% (Table 7.1 of Annex 1).



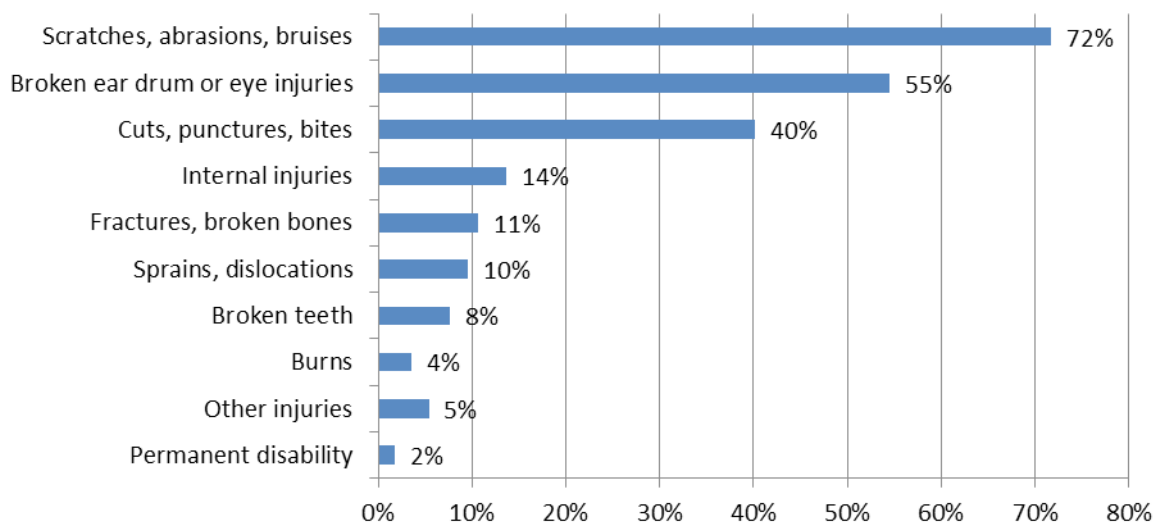
Figure 7.2: Frequency of injuries, percentage of women ever injured due to physical or sexual violence (N=909)



Among the 909 women who were injured in their lifetime, 2 in 5 (40%) were injured once, about 2 in 5 (38%) were injured 2 to 5 times, and the remaining 1 in 5 (22%) were injured more than 5 times (Figure 7.2). Sadly (but not surprisingly), the women most likely to be injured are those who have suffered from both physical and sexual violence: 61% of these women have suffered injuries, compared with 2% who experienced only sexual violence, and 37% who were only subjected to physical violence by their husbands and intimate partners (Table 7.1 of Annex 1).

Among the women injured, scratches, abrasions and bruises make up the largest category of injuries (72%); followed by broken ear drums and eye injuries (55%) and cuts, punctures and bites (40%). More than 1 in 10 had internal injuries; fractured and broken bones and sprains and dislocations also affected about 1 in 10 of those injured, along with broken teeth. Four percent (1 in 25 or 4%) of those injured were burned; 2% (1 in 50) now have a permanent disability as a result of their injuries (Figure 7.3).

Figure 7.3: Types of injuries experienced by women in their lifetime, percentage mentioned by women who were ever injured (N=909)



Note: Percentages total more than 100% because women identified more than one type of injury. Source: Table 7.2 of Annex 1.

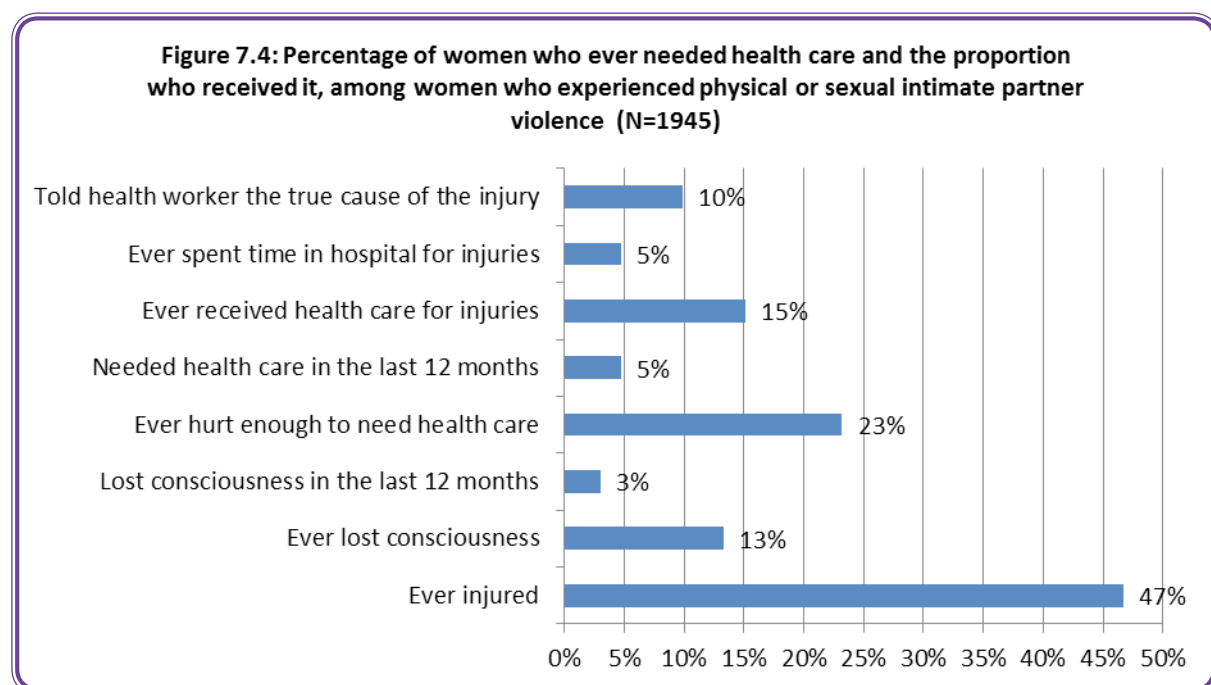
More than 1 in 10 of the 1945 women living with violence lost consciousness at some time in their life (13%) and 3% in the 12 months before the survey was conducted. One in 4 (23%) were hurt badly enough to need health care, and 1 in 20 in the last 12 months. Although 450 women needed health care due to their injuries, only 293 ever received it; in other words, one-third of those who needed health care did not get it. Of the 293 women who did receive health care, only 193 (about two-thirds) told a health worker about the true causes of her injury; this means that of all the women injured due to intimate partner violence, only about 1 in 10 tell a health worker the truth about the cause of the injury (Figure 7.4 and Table 7.2 of Annex 1).



Women were also asked about injuries inflicted during the 12 months prior to the survey. These figures paint a shocking picture for the individual women concerned (Table 7.2 of Annex 1):

- 252 women were injured and 5 were injured so badly that they were permanently disabled.
- 172 women had eardrums broken or eye injuries, 30 had a bone fractured or broken.
- 59 women lost consciousness and 30 suffered internal injuries.
- 91 of the women who participated in the survey needed health care for their injuries.

Despite the evidence above of extensive and serious injuries, women themselves tended to downplay the impact of violence on their well-being. For example, although 47% of women had been injured in their lifetime, 58% said that the violence had no effect at all on their physical or mental health. About a quarter (26%) said that the violence had affected them a little, and 17% said it had affected them a lot – even though 23% said they had been hurt badly enough to need health care (Table 7.3 of Annex 1 and Figure 7.4).



Source: Table 7.2 of Annex 1.

7.1.2 Other impacts on physical health

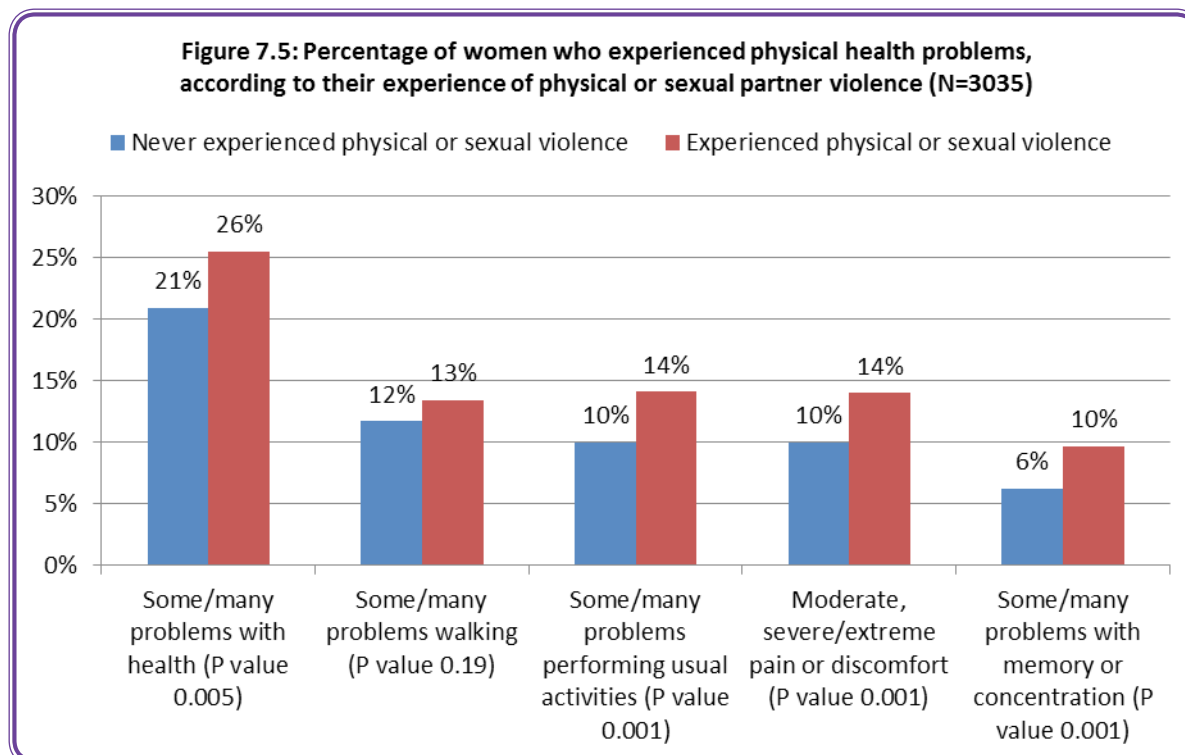
A range of other physical health issues were explored before women were asked about intimate partner violence, including the prevalence of asthma, diabetes, high blood pressure, and physical disabilities. Women who experienced intimate partner violence were significantly more likely to have asthma: 4.2% of women who had not experienced violence had asthma, compared with 6.5% among those who were living with violence (the P value for this association was 0.011). Women in urban areas who had experienced partner violence were more likely to suffer from high blood pressure: 19.8% compared 15.2% who had not experienced violence (with a P value of 0.028). Although there were more women with physical disabilities who suffered from violence (2.7% compared with 1.7% who had not experienced violence), the association was not statistically significant, with a P value of 0.08. Nor was there any association between diabetes and violence (Table 7.4a of Annex 1).



Women were also asked about their overall health before they were asked about their experience of intimate partner violence. There were highly significant associations between most of the health issues explored and women's experience of violence (Figure 7.5):

- women living with violence were more likely to have poorer health (26% had poor health, compared with 21% who had not experienced violence);
- they had greater difficulties with performing their daily activities and were more likely to be suffering from pain (14% compared with 10% who had not experienced violence); and
- they were more likely to have problems with memory and concentration (10% compared with 6%).

These associations were found to be more significant in urban areas than rural areas; rural women tended to provide a more positive assessment of their health than their urban sisters, although they were more likely to be suffering from pain (Figure 7.5 and Table 7.4a of Annex 1). However, this does not mean that rural women have better health overall. FWCC's interpretation is that rural women tend to downplay their health issues and problems even more than urban women, and they also have less access to health services, and thus less access to information about their general health. This interpretation is supported by the findings on women's own assessment of the impact of violence on their well-being: 60% of rural women said there was no impact compared with 55% of urban women; and 14% of rural women said that intimate partner violence had a big impact on their physical and mental health compared with 21% of urban women, despite the fact that they both suffered from similar rates of injury (Table 7.3 of Annex 1).



Note: P values less than 0.05 indicate that the association with intimate partner violence is statistically significant. Source: Table 7.4a of Annex 1.



7.1.3 Use of health services and medication

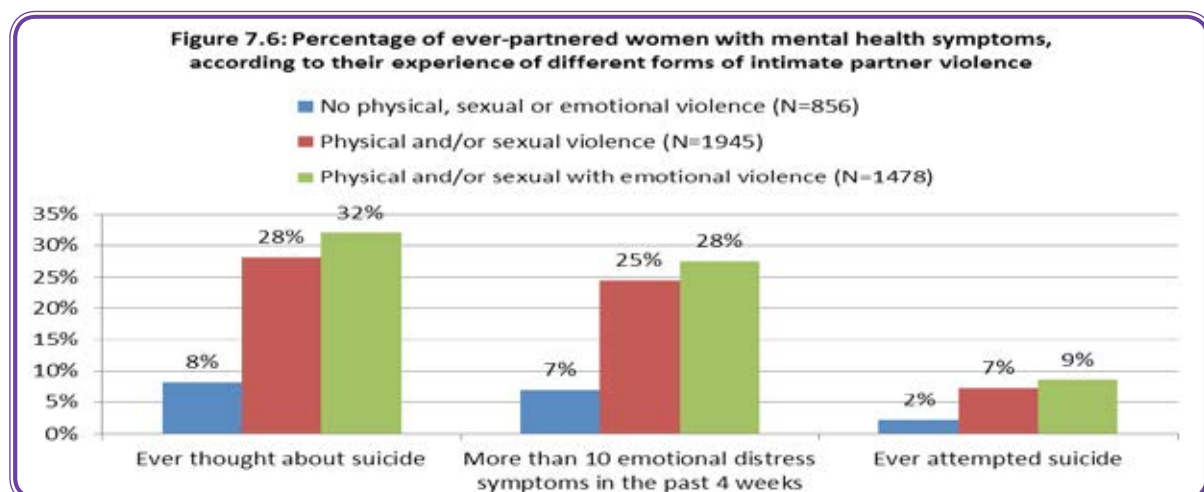
Even though many women who had been injured by their husbands/partners did not always get the health care they needed (see Figure 7.4), women living with violence were nevertheless significantly more likely to need to consult a doctor or other health worker, spend a night in hospital, and take medication for pain (Table 7.5 of Annex 1):

- One in 3 women living with violence (33%) needed to consult a doctor or health worker in the 4 weeks before the survey, compared with 25% who had not experienced violence and 31% of all respondents (P value less than 0.001).
- Half of the women (50%) living with violence needed to take medicine for pain in the 4 weeks before the survey, compared with 44% who had not experienced violence and 48% of all respondents (P value less than 0.001).
- Almost 1 in 10 women (9%) living with violence needed to spend at least one night in hospital in the 12 months before the survey, compared with 5% among those who had not experienced violence and 8% of all respondents (P value less than 0.001).

7.2 Impacts of partner violence on mental health

Mental health status was assessed using 20 questions developed by the WHO as a screening tool for emotional distress. These were included in the health section at the beginning of the questionnaire before women were asked to disclose their experience of violence (see section 2 of Annex 2). The use of these 20 questions has been validated as a robust method for assessing mental health status in a wide range of settings. Respondents were asked whether, within the 4 weeks prior to the interview, they experienced a range of symptoms that are associated with emotional distress, such as crying, inability to enjoy life, tiredness, and thoughts of ending life.²² The number of symptoms that women experience can be aggregated to provide an overall score of emotional distress, where 0 represents the lowest level of emotional distress and 20 represents the highest level.

Women living with intimate partner violence are significantly more likely to experience more than 10 symptoms of emotional distress. The findings also indicate that the mental health impact of partner violence increases for those women who experience all three forms of violence: emotional, physical and or sexual violence. Seven percent (7%) of women with no physical, sexual or emotional partner violence had more than 10 symptoms of emotional distress in the 4 weeks before the survey, compared with 25% of those who experience physical and/or sexual violence, and 28% of those who also experienced emotional abuse (Figure 7.6).



Note: Symptoms of emotional distress used the WHO SRQ-20 (self reporting questionnaire with 20 questions (see section 2 of Annex 2). Source: Tables 7.4a and 7.4b in Annex 1).



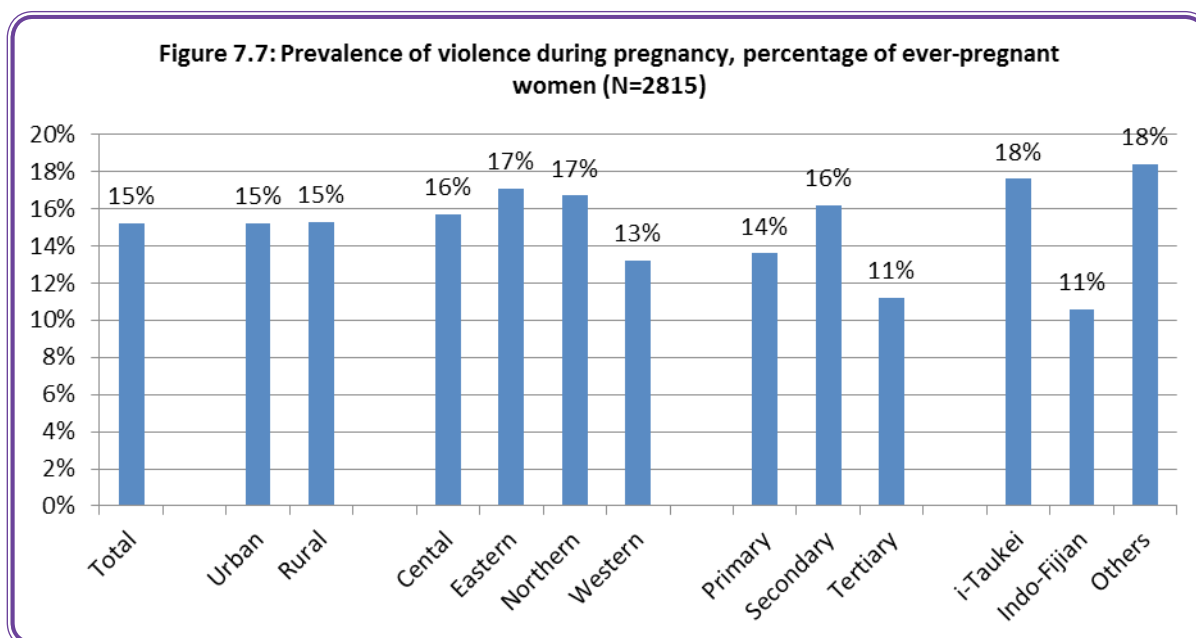
Eight percent (8%) of women with no physical, sexual or emotional violence had ever thought about suicide. This compares with 28% of those living with physical and/or sexual violence, and 32% of those who are also subjected to emotional abuse. Similarly, 2% of women with no intimate partner violence had ever attempted suicide, compared with 7% for those who experienced physical and/or sexual violence and 9% for those who also experienced emotional abuse (Figure 7.6). The P values for associations between mental distress, suicidal thoughts and actions, and the experience of partner violence indicate a high level of statistical significance for these findings (Tables 7.4a and 7.4b in Annex 1).

7.3 Prevalence of partner violence during pregnancy and other impacts of partner violence on reproductive health

7.3.1 Prevalence and features of violence during pregnancy

Among 2815 women who had ever been pregnant, 15% had been hit or beaten while pregnant. There was little variation in the prevalence of violence by location, with the Western Division having the lowest (13%) and Eastern Division (17%) the highest. Tertiary-educated women had the lowest prevalence at 11%, compared with 16% for those educated to secondary level and 14% for those educated to primary level (Figure 7.7 and Table 4.5 of Annex 1).

Differences in prevalence by ethnicity were the most marked and followed the patterns noted in Chapters 4 and 5 for other forms of partner and non-partner violence: 11% of Indo-Fijian women were hit or beaten during pregnancy, compared with 18% of i-Taukei women and 18% of those from other ethnic groups combined. There were also some differences in prevalence by age: 20% of women aged 18-29 were hit during pregnancy, compared with around 16% for those aged 30-49, and 10% for those aged over 50 (Figure 7.7 and Table 4.5 of Annex 1). These variations suggest that violence towards women in pregnancy may have increased in recent years. However, comparisons of prevalence by age demonstrate that this has been a persistent problem over many generations.

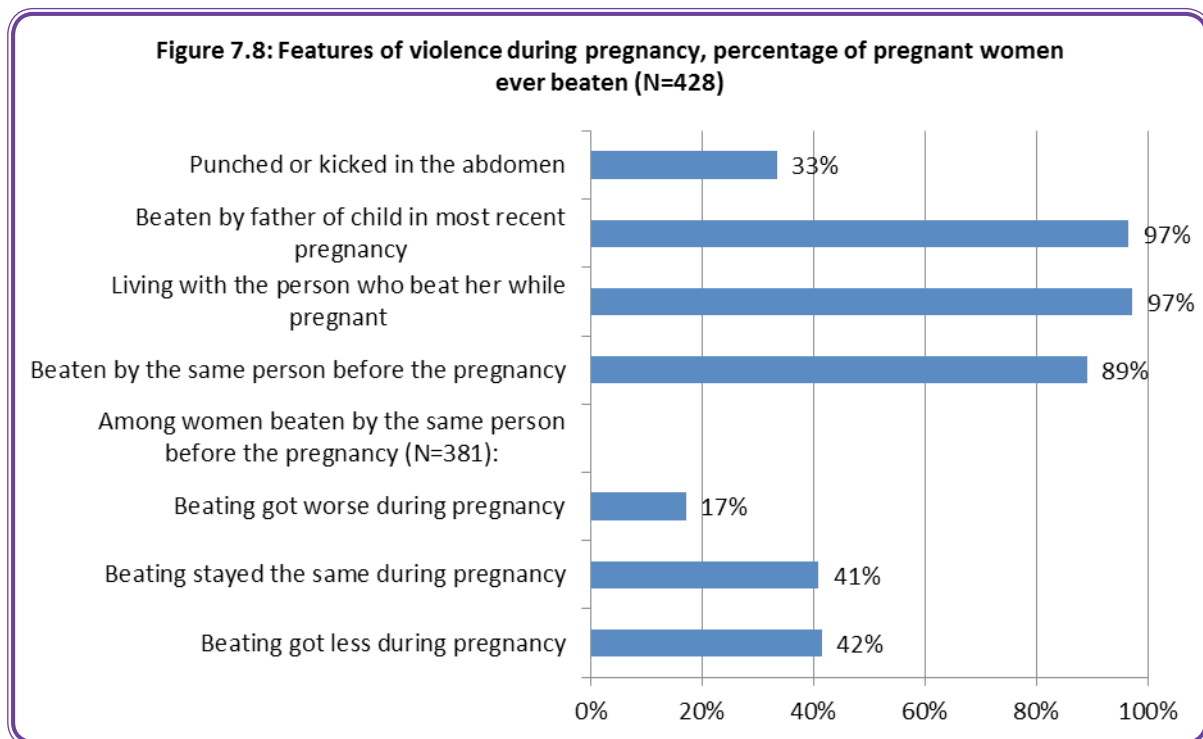


Source: Table 4.5 of Annex 1.



Among the 428 women who were hit or beaten during pregnancy, 33% were punched or kicked in the abdomen. This is a shocking finding and represents 5% of all women ever-pregnant in Fiji (1 in every 20). The vast majority of women (97%) were hit, slapped or beaten by the father of the child, and they were living with the perpetrator at the time of the attack (Figure 7.8).

The majority of women (89%) were also beaten by the same person before the pregnancy. Sadly, pregnancy did not protect the majority of these women (3 in 5) from violence: for 41% the violence stayed the same as before the pregnancy and for 17% it became more frequent or more severe. For 41% (2 in 5), the violence got less during the pregnancy (Figure 7.8).



Source: Table 4.6 of Annex 1.

7.3.2 Impacts of partner violence on reproductive health behaviours and outcomes

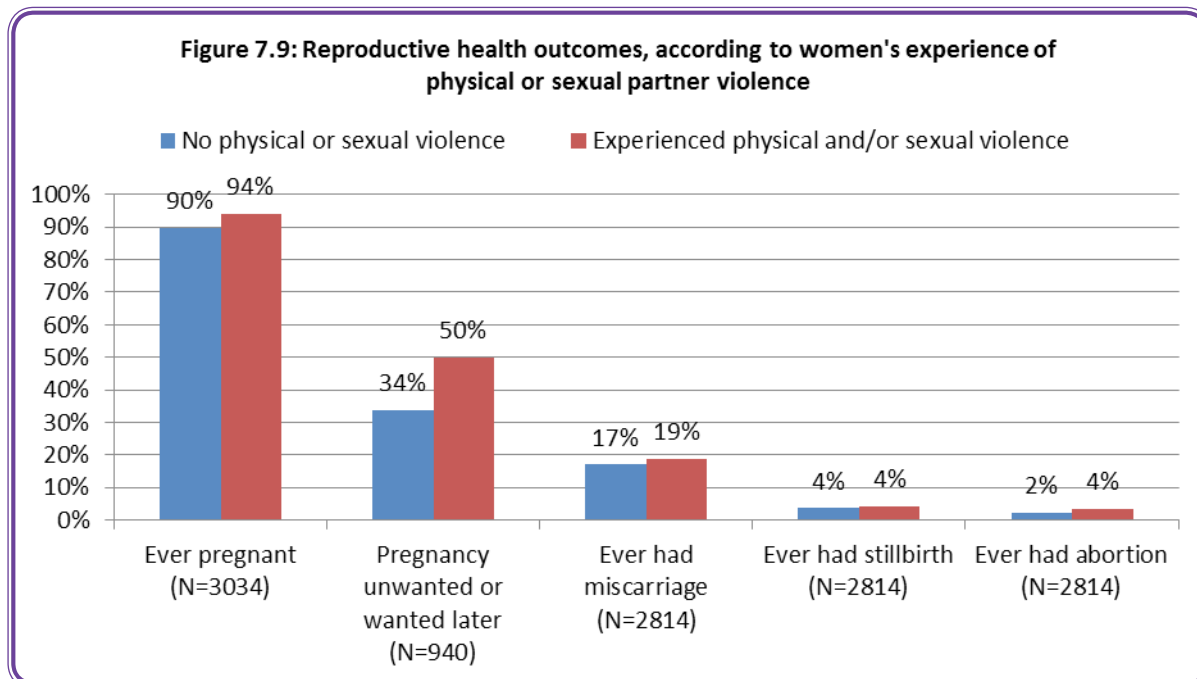
Questions on reproductive health behaviours and outcomes were posed before women were asked about their experience of intimate partner violence. Women who experienced physical and/or sexual partner violence were significantly more likely to have an unwanted pregnancy, or one that they would have preferred to have later: this occurred for 50% of women living with violence compared with 34% of those who had never experienced partner violence. Four percent (4%) of women living with violence have had an abortion, compared with 2% of those who had not experienced violence. Both these associations were statistically significant, with P values of less than 0.001 and 0.05 respectively (Figure 7.9 and Table 7.6 of Annex 1).

Although women living with violence were slightly more likely to have miscarriages or stillbirths, these associations with intimate partner violence were not statistically significant. However, women who were physically assaulted during pregnancy were significantly more likely to miscarry: 22% of these women had miscarriages, compared with 18% of those who had not been hit, kicked or beaten during pregnancy, and this association was statistically significant (P value of 0.017) (Tables 7.6a and 7.6b of Annex 1).



Being exposed to physical or sexual violence by a husband or intimate partner had several other impacts on women's behaviour while pregnant which were statistically significant (Figure 7.10):

- Nineteen percent (19%) of women living with partner violence did not have a post-natal check-up, compared with 13% who had not experienced violence (P value of 0.031).
- Almost twice as many women living with partner violence smoked during pregnancy (13.2%), compared with 7% of those who had not experienced violence (P value of 0.009).
- Similarly, twice as many women living with partner violence drank alcohol during pregnancy (8.3%), compared with 3.6% who had not experienced violence (P value of 0.011).

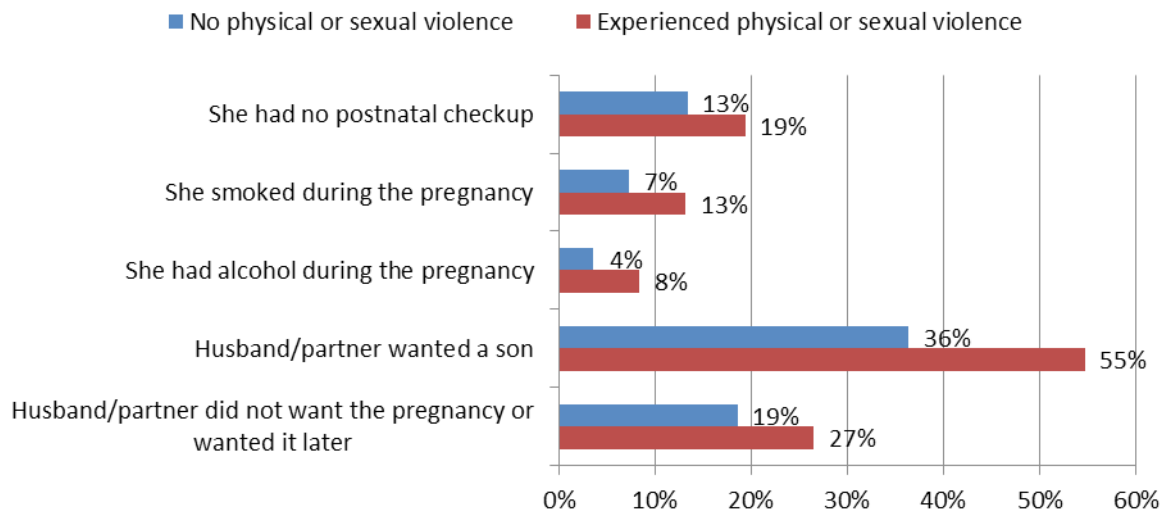


Note: P values indicate statistically significant associations for “ever pregnant” (<0.001), “pregnancy unwanted or wanted later” (<0.001), and “ever had an abortion” (<0.05). Source: Table 7.6a of Annex 1.

Women were asked whether their husband/partner had a preference for a son or a daughter during their last pregnancy, and whether the pregnancy was wanted by their husband/partner. For the women living with violence, husbands/partners wanted a son in 55% of cases, compared with 36% for those women who had not experienced violence. The husbands/partners of women living with violence were also far more likely not to want the pregnancy, or to want it later: more than 1 in 4 felt this way (27%) compared with 19% (less than 1 in 5) for those who had not experienced violence. Both these associations with intimate partner violence were statistically significant, with P values of less than 0.001 and 0.009 respectively (Figure 7.10 and Table 7.7 of Annex 1).



Figure 7.10: Factors relating to the last pregnancy, percentage of women with a live birth in the last 5 years, according to experience of physical or sexual partner violence (N=940)



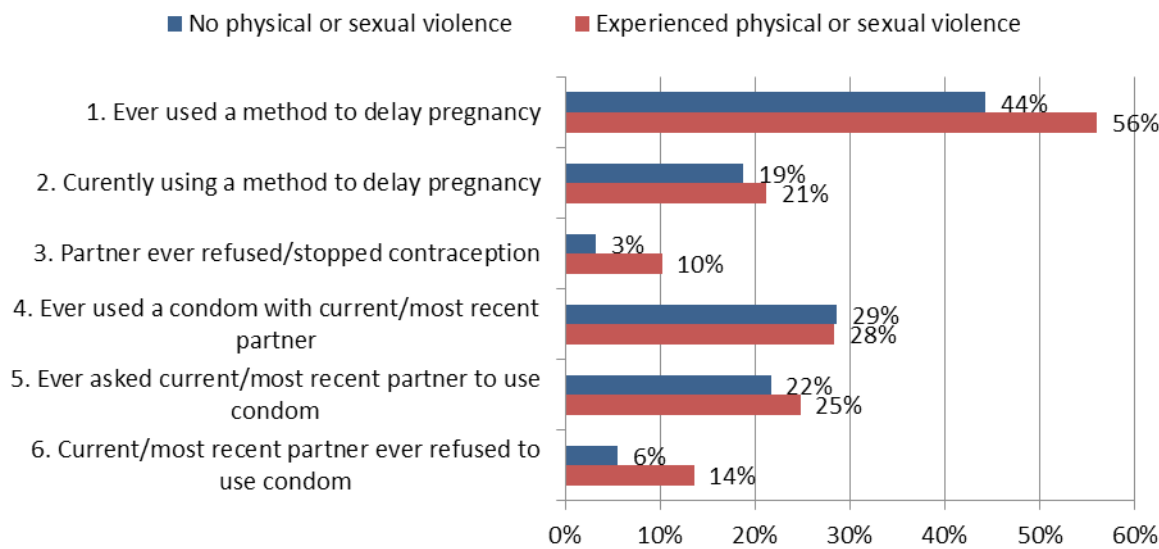
Note: All associations between the experience of intimate partner violence and the above were statistically significant. Source: Table 7.7 of Annex 1.

Associations between intimate partner violence and women's use of contraception were also highly significant. The questionnaire explored the use of contraception in general, and the use of condoms in particular (both before the questions on experience of partner violence). On the one hand, women living with violence were far more likely to have ever used a method to prevent or delay pregnancy (56% compared with 44% of those not living with violence, with a P value of less than 0.001); they were also more likely to be currently using such a method (21% compared with 19%, although this difference was not statistically significant with a P value of 0.12). On the other hand, women living in violent relationships were also significantly more likely to have had their husband/partner prevent them from using contraception; this affected 10% of women living with violence compared with only 3% of those not living with violence, with a highly significant P value of less than 0.001 (Figure 7.11 and Table 7.8 of Annex 1).

There was a similar pattern for the findings on the use of condoms: 25% of women in violent relationships had ever asked their current or most recent partner to use a condom, compared with 22% of those who had not experienced violence (statistically significant with a P value of 0.055). At the same time, the husbands/partners of women in violent relationships were much more likely to have refused to use a condom: 14% had refused, compared with only 6% of men who had not been violent (statistically significant with a P value of less than 0.001). In addition, women with violent husbands/partners were significantly less likely to tell their husbands/partners that they were using contraception (91% compared with 96%), and they were also less likely to have used a condom during the last time they had sex (22% compared with 29%) (Figure 7.11 and Table 7.8 of Annex 1).



Figure 7.11: Use of contraception, percentage of women according to their experience of physical or sexual partner violence (N=3024)



Note: P values indicate statistically significant associations for items 1, 3 and 6 (<0.001), and item 5 (0.055). Source: Table 7.8 of Annex 1.

As noted above, a proportion of husbands and partners had disapproved, refused or tried to prevent their wives from using contraception, and showed their disapproval in various ways. The majority told their wives/partners that they did not approve: 86% of men did so for contraception, and 82% for the use of condoms. Of the 265 women whose husbands refused to use condoms, 17% said that using a condom was not necessary, 13% shouted or got angry, 5% accused her of being unfaithful or not being a good woman, 4% laughed at her or did not take her seriously, 4.3% either physically assaulted her or threatened to do so, and 2.5% destroyed the condoms. Similarly, of the 206 women whose husbands had tried to prevent women from using other forms of contraception, 15% shouted or got angry, 6% either assaulted her, or threatened to do so or throw her out of the home, and 3% destroyed the contraception (Table 7.9 of Annex 1).¹

7.4 Discussion of findings

7.4.1 Physical and mental health impacts

The findings illustrate enormous pain and suffering by individual women living with violence as well as enormous costs to the economy, families and communities. They also provide further evidence to challenge some common myths:

- The physical health impacts of domestic violence are widespread and serious. Many women are experiencing a range of injuries that impact directly on their physical health, and on their ability to carry out their daily activities of caring for the family and earning income.
- The mental health impacts of all forms of violence by husbands/partners are also extremely serious, including emotional abuse.
- Women do not exaggerate the impacts of domestic violence. On the contrary, the findings show that many women under-estimate the impact on their health and emotional well-being, and this appears to be an important coping mechanism for women living with violence.

¹ Percentages add to more than 100% for husband's/partners' ways of showing they disapproved of contraception and condoms, because women could give multiple responses to these questions.



Survey findings on the percentage and type of injuries inflicted during the 12 months prior to the survey can be applied to the total population of ever-partnered women in Fiji to provide a minimum estimate of the annual, weekly and daily impact of intimate partner violence. This paints a shocking picture for the women affected, and a huge cost to the health system and economy (Box 7.1).

Box 7.1: Estimates of the impact of intimate partner violence in Fiji each year

According to Fiji's 2007 Census there were 189,385 women in Fiji aged 18-64 who were ever in an intimate relationship with a man. Using the data from this survey, it is possible to estimate the number of women affected by partner violence each year, each week and each day:

- 15,725 women will suffer from injuries each year – this is an average of 302 women every week or 43 women injured every day due to violence by their husband/partner. However, only about 1 in 10 of these women will tell a health worker the true cause of their injury.
- 312 women will become permanently disabled – 6 every week or almost 1 every day.
- 3,682 women will be physically assaulted so severely that they lose consciousness – 71 each week or 10 every day.
- 5,678 women will need health care for their injuries – 109 each week or about 16 each day; but many of these women will not get the health care they need.
- 10,733 women will have eardrums broken or eye injuries – 206 per week or about 29 every day.
- 1,872 women will have a bone fractured or broken – 36 each week, or 5 each day.
- 1,872 women will suffer from internal injuries – 36 every week or 5 each day.
- 1,622 women will have sprains or dislocations – 31 each week or 4 each day.
- 437 women will suffer from burns – 8 each week or 1 each day.
- 936 women will have their teeth broken – 18 each week or 3 every day.

Note: Estimates are calculated as follows: the percentage of women who said they were injured in the previous 12 months before the survey (Table 7.2 of Annex 1) is applied to the number of ever-partnered women in Fiji, based on 2007 Census data (Table 3.3 of Annex 1). These are minimum estimates because they use 2007 Census data, and because the survey counted the number of women with each type of injury (whereas some injuries may happen multiple times). Source: Table 7.10 of Annex 10.

The rates of injury in Fiji due to intimate partner violence are among the highest in the world. Of 15 sites included in the WHO multi-country study and 5 other studies that used the WHO methodology, Fiji's rate of injury is exceeded in only 3 cases: Kiribati, provincial Peru and urban Thailand (Fulu 2007: 60; Jansen et. al. 2009: 72; SPC 2009: 105; SPC 2010: 123; VWC 2011: 109; WHO 2005: 58).

With 30% of ever-partnered women injured in their lifetime, intimate partner violence is undoubtedly one of the biggest risks to women's physical health and well-being in Fiji. For example the prevalence of diabetes is estimated to be 16-18% of the total population, raised blood glucose affects 16% of Fiji's women, raised blood pressure affects 30% of women and hypertension 19% (AusAID 2010: 57; MOHa: 14; MOHb: 10; WHO 2013a: 2). According to the WHO, the rates of injury reported in the survey are likely to be significantly lower than the actual rate, due to evidence that women are less likely to recall or mention minor injuries (WHO 2005: 61). This view is supported in the current survey by the finding that women in Fiji tend to downplay the impact of violence on their health, an attitude which is reinforced by women's low status and the view that women's health is not important (see the discussion on women's health in section 4.7.2 in Chapter 4).



The highly significant association between women's experience of physical or sexual partner violence and their use of medication for pain and health services including hospitalisation is of great concern. Health workers throughout the country are treating women who are living with violence every week – for their injuries, and ongoing general health problems due to violence. However in many cases the health workers may not be aware of the cause of the health problems suffered by their patients, since many women do not tell health workers about the violence.

The attitudes and responses of health workers including the way they communicate with women patients is recognised as a key gender issue affecting women's use of health services. Many factors can make it difficult for a woman to disclose physical and sexual violence: whether the health worker is male or female, long waiting times, lack of privacy in the physical environment of health centres, lack of confidence that health staff will respect confidentiality, and lack of empathy from the health worker. In addition, many clients have told FWCC staff that her husband/partner will take her to the hospital or health centre for injuries caused by his violence; in most cases the doctor or health worker does not ask her husband to leave, and her husband does most of the talking. It is impossible for women to disclose the true cause of her injuries in these circumstances.

The strong association between mental health problems and all forms of violence is alarming, including symptoms of emotional distress such as depression, anxiety, suicidal thoughts and attempted suicides. The proportion of women who have more than 11 symptoms of emotional distress paints a devastating picture of life for women who are being subjected to domestic violence. An Australian study undertaken of the burden of disease caused by intimate partner violence found that it had the greatest impact on the health of women aged 15 to 45, compared with any other risk factors such as obesity, high cholesterol, high blood pressure and illicit drug use. The same study found that 60% of the increased burden of disease due to intimate partner violence was associated with mental health impacts (VicHealth 2004: 25-27; see also Box 7.2).

The WHO multi-country study on the prevalence of violence against women also concluded that mental health problems such as anxiety and depression are widely recognised as consequences of intimate partner violence around the world, rather than pre-conditions or precursors that may exist before the violence begins (WHO 2005: 61). It is clear that having these symptoms would have a negative impact on a woman's ability to work at her full capacity, and thus on overall national social and economic development. The fact that so many symptoms of emotional distress were experienced by women in the 4 weeks prior to the survey also indicates that the mental health impacts of physical, sexual and emotional violence last long after the violent incident may have occurred.

Many other studies have identified the devastating consequences of intimate partner violence on mental health. A meta-review undertaken by WHO found that 16 studies had identified statistically significant associations between unipolar depressive disorders and intimate partner violence, and that women living with violence were twice as likely to experience depression; 31 studies identified an association between alcohol abuse by women and partner violence; and 3 found a substantially increased risk of suicide (WHO 2013: 29). Since it is not possible to know how many women from the total sample of households in the Fiji survey have actually committed suicide, the strong association between violence and suicidal behaviour may be underestimated.

There has been recent acknowledgement of suicide as an increasing problem in Fiji. The Ministry of Health (MOH) draft National Suicide Prevention Policy notes that the rates of both suicide and attempted suicide among Indo-Fijian women (and young women) are very high compared with global data, as is the overall suicide rate, and that available data under-estimates the extent of the problem (MOH 2008). In a summary of health issues in the Western Pacific region, the WHO noted that global



trends show a higher male to female suicide rate (approximately 3 to 1), but suicides in Fiji go against this trend and show a more equal gender ratio. The WHO also noted that depressive disorders account for nearly 42% of the disability from neuropsychiatric disorders among women compared to 29% among men in the Western Pacific region (WHO 2009; WHO 2013b: 22).

Women in Fiji face a double burden of stigma if they try to get help to deal with the emotional distress associated with living in a violent relationship: there is shame, humiliation and blame attached to domestic violence, in addition to the stigma associated with disclosing psychological and emotional distress. The WHO noted that “authoritarian” attitudes of some health workers can make the disclosure of emotional distress even more difficult (WHO 2009).

There is recognition by the Fiji Government and some donors of the need to invest in suicide prevention and mental health, which has been labelled an “iceberg disease” because much of the problem remains hidden (AusAID 2010: 15; MOHa: 17; MOH 2008; WHO 2013b). Although some program documents acknowledge the contribution of intimate partner violence to suicide risk (AusAID 2012a), overall there is little explicit recognition of the impact of domestic violence to suicide risk and mental health problems in policy, planning or health reporting (for example MOHa; MOHb; MOH 2008; MOH 2011; WHO 2013b).²



Nor is there acknowledgement of the complex interplay between domestic violence and other risk factors and health outcomes. On the positive side, the MOH draft National Suicide Prevention Policy does identify the need for a gender analysis of legislation and policies that may impact on suicide prevention (MOH 2008). In addition to reliable sex-disaggregated data on depression and suicide, further research is needed on the ways that intimate partner violence contributes to physical, mental and reproductive health problems, and how these issues can be addressed in community based suicide prevention and health promotion efforts (Box 7.2).

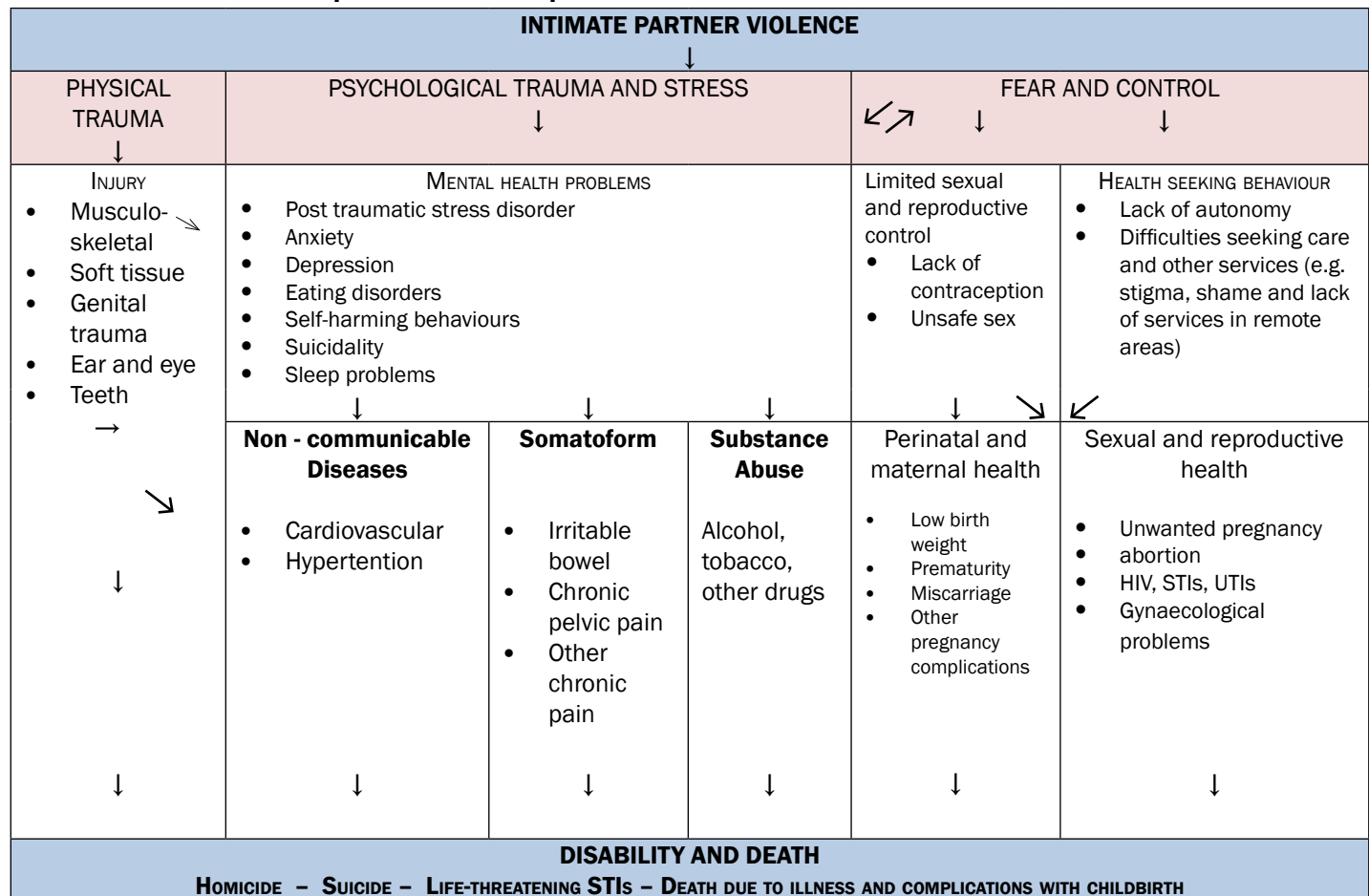
Although this study shows that violence against women results in disability, it has not been possible to determine whether disabled women experience physical or sexual violence at higher rates than other women; nor is it possible to draw conclusions about the impact of violence on the health of disabled women and girls. However, research from other countries indicates that violence against women with disabilities far exceeds that of non-disabled women, with a broader range of types of violence and perpetrators (International Network of Women with Disabilities 2010: 6-7). Dedicated research is needed on the prevalence of partner and non-partner violence against disabled women and girls in Fiji, and its impacts on their health.

² The WHO (2013b) notes that a draft National Mental Health policy has been developed, but this is not yet available for review.



This study has not explored the relationship between non-partner violence and physical and mental health outcomes for women. However, this is also worthy of future research, keeping in mind that non-partner violence is also significant risk factor for women experiencing violence from their husbands or intimate partners (see Chapter 11). The WHO's meta-review on health impacts of violence against women found some similar health impacts for both non-partner and intimate partner violence including depression, anxiety and alcohol abuse (WHO 2013: 27-30).

Box 7.2: Health impacts of intimate partner violence documented in other studies



Sources: Adapted from WHO 2013: 8 and VicHealth 2004: 21.

UTIs: urinary tract infections; STIs: sexually transmitted infections; HIV: human immunodeficiency virus; Somatoform: involving the physical expression of psychological symptoms (VicHealth 2004: 21).

7.4.2 Reproductive health impacts

The findings on prevalence of physical violence during pregnancy are shocking and show that this has been a persistent problem over many generations. For many women, pregnancy is not a time when they are protected from violence: for almost 3 in 5 women, the violence either stayed the same during the pregnancy, or increased in frequency or intensity. The prevalence of physical assault during pregnancy – and the high rate of targeted attacks to the abdomen – is among the highest in the world. In the Pacific region Fiji's prevalence of 15% of ever-pregnant women is only exceeded by Kiribati which has a prevalence of 23% (SPC 2009: 115; SPC 2010: 135; VWC 2011: 125; WHO 2005: 66-67). These findings challenge widespread perceptions that family and children are highly valued in Fiji. They also demonstrate that intimate partner violence increases the likelihood of unwanted pregnancies and children, miscarriage and abortion. Similar impacts have emerged from other studies globally (see Box 7.2).



Although it is seen as unacceptable by to hit a woman when she is pregnant, nevertheless 15% of pregnant women are subjected to these attacks. The survey did not explore why husbands/partners beat their wives when they are pregnant. However, FWCC's counselling experience provides insight into this question. Regardless of ethnicity, reasons for being beaten cited by women during counselling include jealousy (of the future child), and the fact that she may not be able to do as much household work while pregnant, or care so attentively for her husband's needs. Other reasons mentioned include: infidelity by the husband/partner, who therefore doesn't want the child; an intention to bring on a miscarriage; and punishment for women who have not provided a boy child, which may begin after female children have been born. These interpretations are supported by the data from the survey: 27% of women who experienced violence in their lifetime had husbands/partners who did not want the pregnancy, and 55% had husbands/partners who wanted a son (Figure 7.10).

Control over reproductive rights emerges as a key factor for women living with violence. They are both more likely to have initiated contraception than women who have not experienced domestic violence, and more likely to have been prevented from using family planning methods. This is a common trend seen in other country studies, along with the finding that men who perpetrate domestic violence are also more likely to have multiple sexual partners (WHO 2005: 69-70). This is also the case for Fiji (see Chapter 11). This increases women's risk of contracting sexually transmitted infections including HIV/AIDS and suggests that women living with violence may have other reasons for initiating condom use, in addition to the need for family planning.

FWCC has long been aware of the serious physical, mental and reproductive health impacts of domestic violence from counselling and other anecdotal evidence. In addition to the suffering of individual women, the survey findings demonstrate that there are substantial direct and indirect economic costs of domestic violence – including the costs to health services, and the loss to women's productivity due to injury, ongoing poor health, and emotional distress and suicide attempts. The findings point to the need for increased awareness-raising with community members. Training for health workers is needed on the health consequences all forms of domestic violence, including how to respond appropriately to women to ensure that they receive the best possible care.



Chapter 8: Impacts On Children Of Intimate Partner Violence

Summary of main findings

- More than half (55%) of the women who experienced physical violence from their husband/partner said that their children had witnessed the abuse.
- Violence against women by husbands/partners has a range of negative impacts on children including behavioural problems and failure to progress at school.
- Women whose mothers were beaten are more likely to be living in violent relationships.
- Men whose mothers were beaten and men who were hit as children are more likely to perpetrate violence in their intimate relationships.
- However, some women and men who witnessed violence as children are not living in a violent relationship, which indicates that this learned behaviour can change.



This chapter presents findings on the impact of physical and/or sexual partner violence on children's behaviour and schooling. It also explores the association between growing up in a family where there is domestic violence, and being in an adult relationship where there is domestic violence. Most questions on these matters were posed before women were asked to disclose whether they had experienced violence by a husband/partner. This approach provides robust evidence of the impact of violence on children.

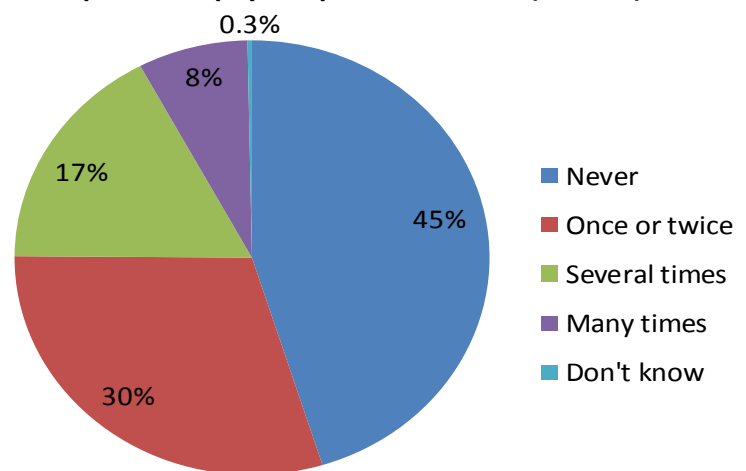
8.1 Impacts of intimate partner violence on children's well-being

Of the 1692 women who experienced physical violence by their husbands/partners, 45% said that their children had never witnessed violence, and the remaining 55% said that children had either seen or heard the violence. Thirty percent (30%) had witnessed the violence once or twice only, 17% had witnessed it several times, and 8% had seen or heard the violence many times (Figure 8.1). Children were slightly more likely to witness the violence many times in urban areas (11%) and in the Central Division (10%), compared with rural areas and the other Divisions (Table 8.2 of Annex 1).

Before being asked about their experience of domestic violence, women were asked several questions about the behaviour of children aged 6 to 14 (section 4 of Annex 2). Among women who had experienced physical or sexual violence, 34% had children who had 2 or more behavioural problems, compared with only 18% of those who had not experienced violence.

The most frequent behavioural problem was aggressiveness towards the mother or other children: this affected 36% of the women who were living with violence, compared with 23% of those who were not.

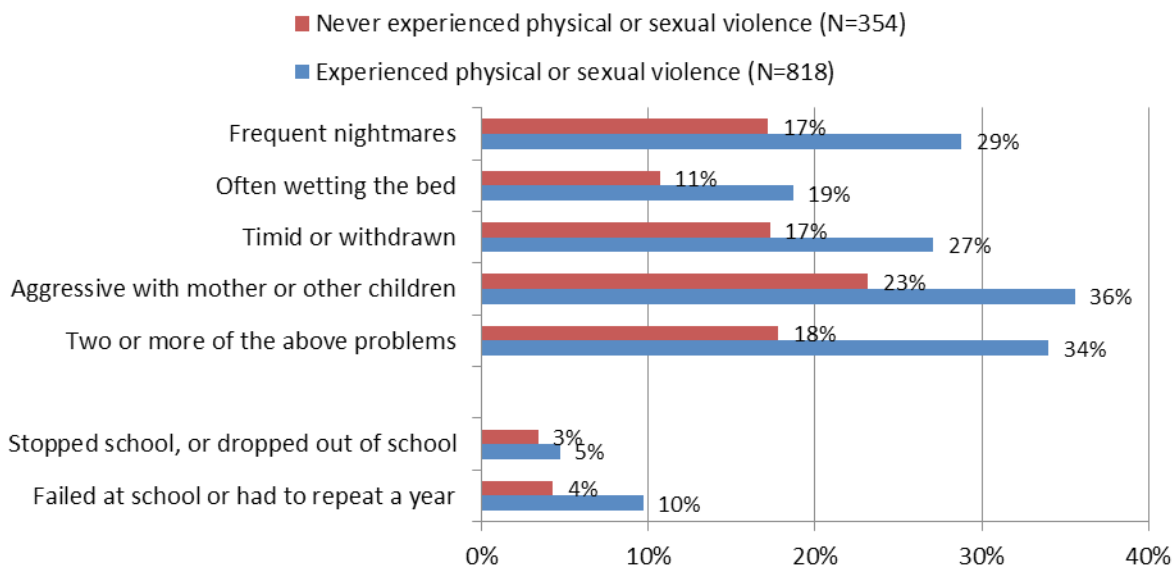
Figure 8.1: Percentage of women who reported that their children witnessed violence, among those who experienced physical partner violence (N=1692)



Twenty-nine percent (29%) of children living in a household with domestic violence had frequent nightmares and 27% were timid and withdrawn, compared with 17% among those where there was no physical or sexual partner violence. Frequent bedwetting was also more of a problem for 19% of children of women suffering from domestic violence, compared with 11% for those who were not living with violence. All these associations between intimate partner violence and children's behavioural problems were highly significant, with P values of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).



Figure 8.2: Percentage of women reporting behavioural problems with children aged 6-14, according to experience of partner violence (N=1172)



Note: Associations with intimate partner violence are highly significant with P values of less than 0.001, with the exception of “stopped school, or dropped out of school”. Source: Table 8.1 of Annex 1.

Mothers were also asked about issues with schooling. Although a higher percentage of children had stopped school or dropped out of school in families where there was domestic violence (4.7% compared with 3.4% for families without domestic violence), this association was not statistically significant. However, children were more than twice as likely to fail or repeat a year at school if their mothers were subjected to physical or sexual violence: 9.7% of children in families with domestic had problems with progress at school (about 1 in 10), compared with 4.3% of those where there was no domestic violence. This association was also highly significant with a P value of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).

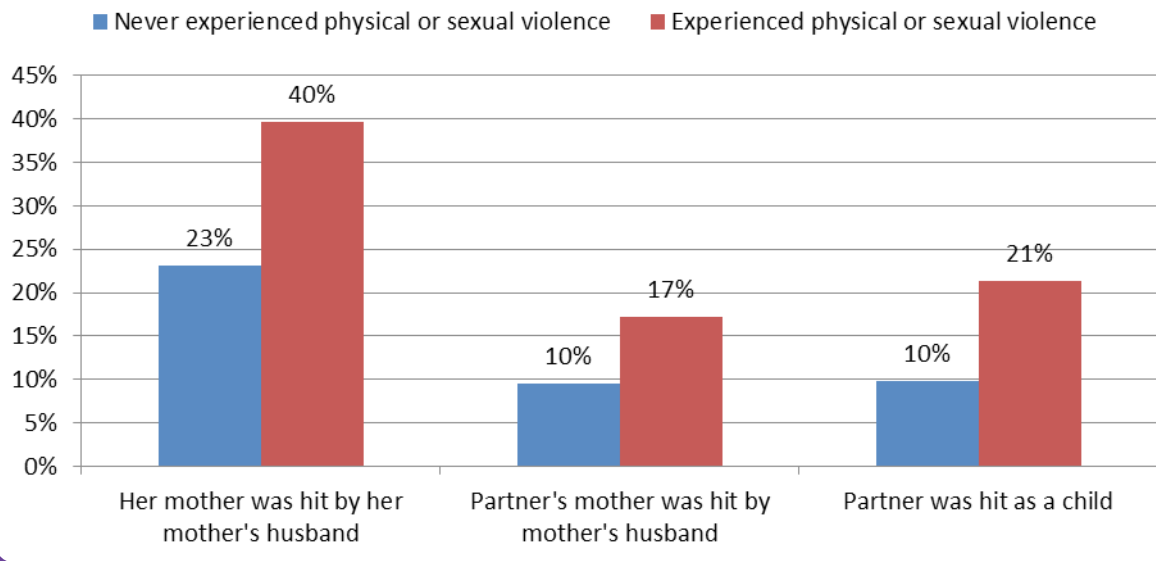


Women living with intimate partner violence were significantly more likely to have a history of violence in their own family background and in the family background of husband/partner. Among all ever-partnered women, 34% said that her mother was hit by her mother’s husband (Table 8.3 of Annex 1). However, 40% of women living with domestic violence had mothers who were in violent relationships, compared with 23% for those who had not experienced intimate partner violence. Similarly, women who experienced physical or sexual violence were also more likely to report that their partner’s mother was hit (17% compared with 10% for those women who had not experienced violence). Twenty-one percent

(21%) of women who had experienced intimate partner violence had husbands/partners who were hit as children, compared with 10% for women who had not experienced partner violence. All these associations were highly significant, with P values of less than 0.001 (Figure 8.3).



Figure 8.3: Physical violence in the family of the respondent and her partner, according to the respondent's experience of partner violence (N=2955)



Note: All associations with intimate partner violence are highly significant with P values of less than 0.001. Source: Table 8.3 of Annex 1.

Women who had experienced both physical and sexual partner violence were far more likely to have had a family history of intimate partner violence than those who experienced only one form of violence. Similarly, these factors were also more prevalent for women who experienced the most “severe” types of physical violence rather than “moderate” physical assault.³ This effect is most significant when the woman’s mother was hit: 47% of women experiencing both physical and sexual violence had a mother who was hit, and 43% suffered from the most severe types of physical violence, compared with 33% who had been subjected to only one form of violence or who had experienced moderate types of physical violence (Table 8.3 of Annex 1).

8.2 Discussion of findings

The findings demonstrate that violence against women has long-term and negative impacts on children. These are damaging both for the individual children affected, and for national social and economic development. Children whose mothers are subjected to violence clearly need emotional support to address the emotional and behavioural problems that they experience, and that are likely to affect them throughout their lives; but what they need most is for the violence to stop.



³ “Severe” physical violence includes hitting with a fist or weapon, kicking, dragging, being beaten up, choked or burned; “moderate” violence includes slapping, throwing something, pushing or shoving (see Chapter 4).



Children whose mothers are subjected to physical or sexual violence are about twice as likely to repeat years of schooling, and to stop school altogether. These are worrying findings and are also consistent with other international evidence that children from such families have poorer educational outcomes (WHO and London School of Hygiene and Tropical Medicine 2010: 17). These long-term consequences for children need to be included in calculations of the economic costs of violence against women by their husbands and intimate partners.



FWCC's counselling experience provides additional insight into the damaging effects on individual children: many blame themselves for the violence they witness against their mother, or they blame themselves for not being able to stop the violence; and these feelings can make it more difficult to establish healthy relationships in their own adult lives. The study indicates that in addition to symptoms of stress such as bedwetting, nightmares, and failure at school, children may react with either aggression or timidity to the experience of violence in their households. The finding that 36% of children respond to domestic violence by being aggressive towards their mother and other children is very worrying.

The study findings show very clearly that men's violence against women is learned behaviour, with women who experience partner violence being about twice as likely to have had a mother, mother-in-law or partner who was hit. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality.

This interpretation is strongly supported by international evidence that children who grow up in families where there is intimate partner violence learn to accept this behaviour as normal (WHO and London School of Hygiene and Tropical Medicine 2010: 17, 21-23). These damaging attitudes are reinforced by the media, schools, religious and other institutions. Furthermore, having a mother or mother-in-law who was subjected to domestic violence can make it even harder for women to take steps to end the violence, in the context of family, cultural and religious tolerance for this behaviour by men.



On the positive side, the findings also provide evidence that an acceptance of violence is not inevitable for children living in families where their fathers physically or sexually abuse their mothers. Both boys and girls can reject the violence and learn other ways of managing relationships based on gender equality and respect for human rights. This is evident if we look at the findings from another perspective: among those women who have not experienced violence, 23% did have mothers who were hit, 10% have husbands whose mothers were hit, and 10% have partners who were also hit themselves as when they were boys

FWCC staff have explored the factors that may influence whether or not a child grows up to repeat the damaging behaviour patterns of intimate partner violence. If violence is equated with love, or if children blame the mother for the violence, FWCC has found that the patterns are more likely to be repeated. On the other hand, FWCC has anecdotal evidence that its education, information and awareness activities are having an impact, with examples of young men taking FWCC's brochures back home to their mothers to help them to take action to deal with the violence. Among the women who come to FWCC for counselling, there are many cases where their children don't want the mother to tolerate the violence any longer. Another factor is change within mothers themselves: FWCC is increasingly finding that mothers and grand-mothers are bringing their daughters and grand-daughters for counselling early in their relationships, because these mothers and grand-mothers no longer accept or tolerate the violence that they put up with in their own married life, due to FWCC's counselling or community education.

One of the factors that sometimes prompt clients to seek help from FWCC is when her husband starts to abuse her sexually in front of the children, or when he no longer cares if the children witness the most severe types of violence. Many women say that this is when they knew that they had to take the decision to get out of the relationship. The long-term impacts on children of intimate partner violence underscore the importance of FWCC's work to assist women to take decisions which stop the violence. This is not only an essential service for survivors of violence; it is also a critically important investment in the prevention of violence, given that the children of women living with violence are at high risk of repeating these damaging behaviour patterns in adult life.



Chapter 9: Economic Abuse And Impacts Of Partner Violence On Women's Work

Summary of main findings

- Women who experience physical or sexual partner violence are significantly more likely to have their husbands take their savings or earnings and refuse to give them money, compared with women who have not experienced partner violence; they are also less able to raise enough money to feed themselves and their families in case of emergency.
- Among those women living with violence who earn an income, about half have had their work disrupted due to their husband's/partner's violence.
- Women living with violence are significantly more likely to be prevented from participating in organisations and meetings.



This chapter begins by presenting the proportion of women in Fiji who earn an income and own assets. Findings are then presented on the prevalence of economic abuse, and the impact of physical and sexual partner violence on women's financial autonomy. Findings are also presented on the impact of physical and sexual partner violence on women's participation in organisations.

Questions on these issues were posed in various sections of the survey. Questions on participation in organisations were put to all women before they were asked to disclose whether they had experienced violence by a husband/partner (section 1 of Annex 2). Questions on financial autonomy and the prevalence of economic abuse were posed at the end of the survey to all women (section 11 of Annex 2). Questions on the impact of partner violence on women's work were posed only to those who had disclosed partner violence (section 9 of Annex 2).

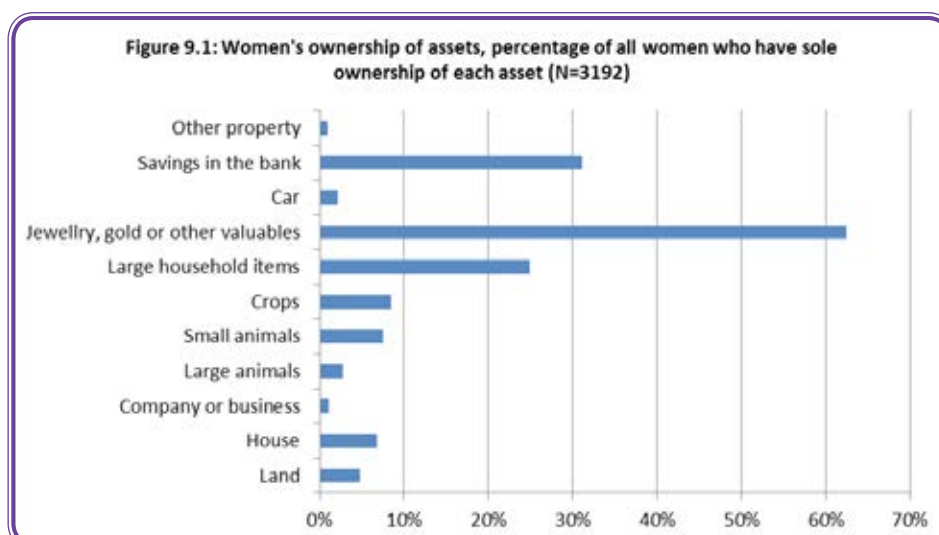
9.1 Women's financial autonomy

9.1.1 Income generation and ownership of assets

Of the 3193 women who participated in the survey, 35% said they were earning money; 17% were doing so by selling or trading, 14% had a job, 1.8% were doing seasonal work, 1.6% were receiving remittances, and 2.8% were doing other activities to earn money (Table 3.13 of Annex 1). With about 1 in 3 women earning an income, it is not surprising that few women own key assets such as land and housing in Fiji. Only 5% of women own land by themselves, 39% own it with others, and the remaining 56% do not own land. Seven percent (7%) of women own their own house, 53% own their house with others in the family, and 41% do not own a house. The highest rates of asset ownership by women on their own account include the following (Figure 9.1):

- Jewellery, gold or other valuables are wholly owned by 62% of respondents, with 6% sharing ownership of these assets with others; 31% did not own these types of things at all.
- Savings in a bank account were wholly owned by 31% of women (less than 1 in 3), and 19% have bank savings with others; 50% do not own any bank savings at all.
- Large household items such as a television, bed or cooker are wholly owned by 25% of women, 60% own these types of assets with others in the family, and 15% own none at all.

Very few women own crops (8%), small animals (8%) or large animals (3%) on their own; 48% own crops with others in the family but 44% do not own any crops at all. For small animals, only 31% own these with other people, and 61% do not own them at all. Fewer women share ownership of large animals (20%) compared with 77% who do not own them at all (Figure 9.1).



Source: Table 3.12 of Annex 1.



9.1.2 Prevalence of economic abuse and impacts of partner violence on financial autonomy

More than 1 in 4 ever-partnered women (28%) were subjected to at least one type of economic abuse: 12% had her husband/partner take her earnings or savings against her will (more than 1 in 10); and 21% (more than 1 in 5) had her husband/partner refuse to give her money for household expenses, even when he had money for other things. This type of control over women is more prevalent in rural than urban areas, and this is mainly due to a much higher rate of economic abuse in the Eastern Division, where it affects 42% of women (Table 9.1 of Annex 1).



I-Taukei women are far more likely to experience economic abuse by their husbands/partners: 36% of i-Taukei women had one or more types of financial control, compared with 16% for Indo-Fijian women, 34% for other ethnic groups combined, and an average of 28% for the country as a whole. Women with secondary education are most likely to be controlled in this way (30%) compared with 25% who were educated to primary level and 21% who were educated to tertiary level. There were no marked differences in the prevalence of financial control by age, which indicates that these types of abuses of women's rights have been occurring for many generations. Women

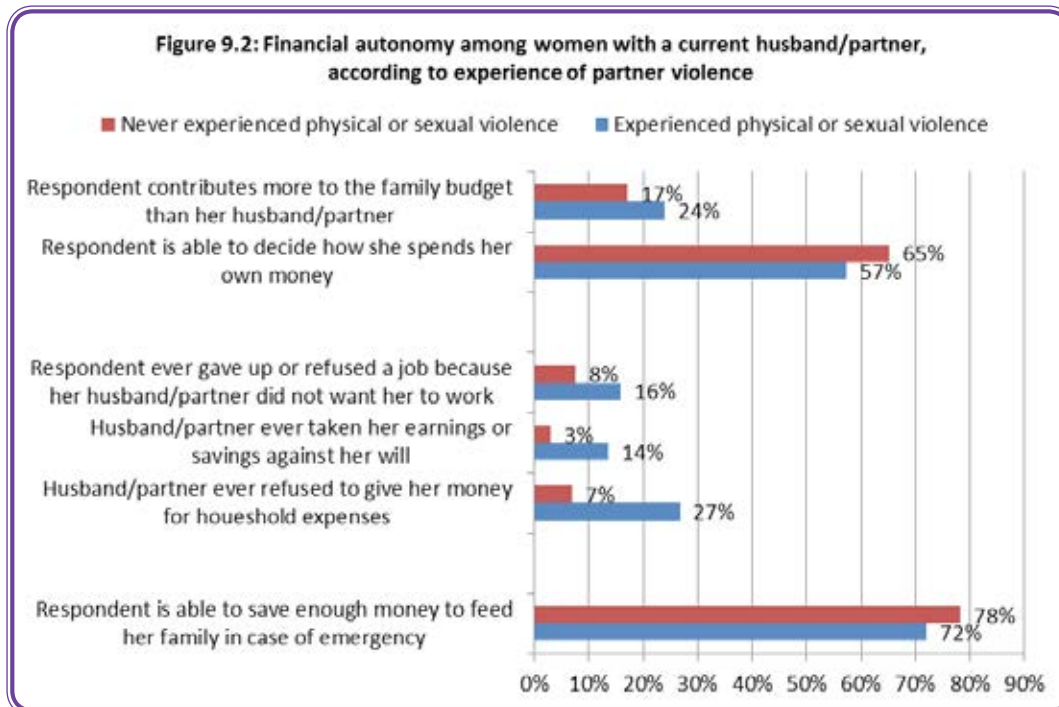
from the lowest socio-economic group face this problem more than those from medium or higher socio-economic clusters, with prevalence of 41%, 33% and 21% respectively (Table 9.1 in Annex 1).

Women subjected to physical or sexual violence are significantly more likely to be subjected to economic abuse by their husbands/partners (Figure 9.2 and Table 9.2 of Annex 1):

- 24% of women living with domestic violence contribute more to the family budget than their husband/partner, compared with 17% for those who have not experienced violence, and 22% overall for all women.
- However, they are less likely to have control over how their earnings are spent: 57% of women who experienced physical or sexual partner violence said they have control over their own earnings. This compares with 65% of those who never experienced violence, and 60% for all women currently married.
- Women living with partner violence are twice as likely to have given up a job compared with those who have never experienced violence (16% compared with 8%).
- 14% of those who experience violence have husbands/partners who have taken their earnings or savings against their will. This compares with only 3% of women who never experienced partner violence.
- More than 1 in 4 women who have experienced partner violence (27%) have had their husband/partner refuse to give them money for household expenses, compared with only 7% for those women who have never experienced violence.

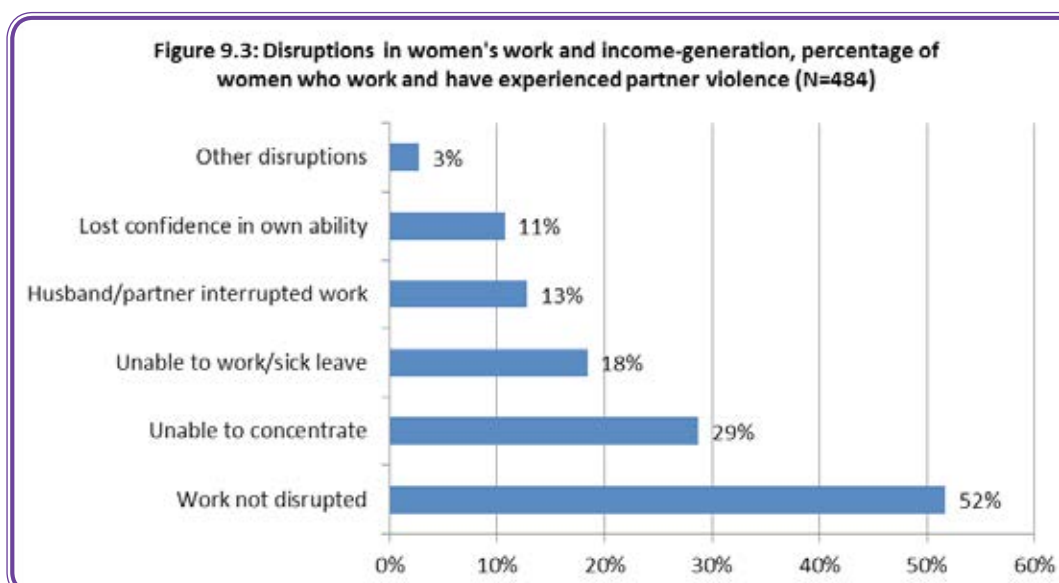


All respondents were asked whether they would be able to raise enough money to house and feed their families for 4 weeks, such as by selling assets or borrowing money. Seventy-two percent (72%) of women who are living with violent partners said they would be able to do so; this compares with 78% of women who never experienced violence and 74% for all women (Figure 9.2 and Table 9.2 of Annex 1).



Note: N is 877 for the first 2 indicators (number of women with a current husband/partner who are earning cash) and 2593 for the remaining indicators (number of women with a current husband/partner). All associations are statistically significant with P values of 0.031 and 0.027 for the first 2 indicators and less than 0.001 for the remainder. Source: Table 9.2 of Annex 1.

Women who experienced violence were also asked how their husband's/partner's abuse had affected their work or income-generation. About half (48%) said that their work was disrupted in some way. Impacts included: 29% were unable to concentrate due to the violence; 18% were unable to work and/or had to take sick leave; in 13% of cases their husband/partner interrupted their work; 11% said they lost confidence in their ability; and 3% mentioned other impacts (Figure 9.3).

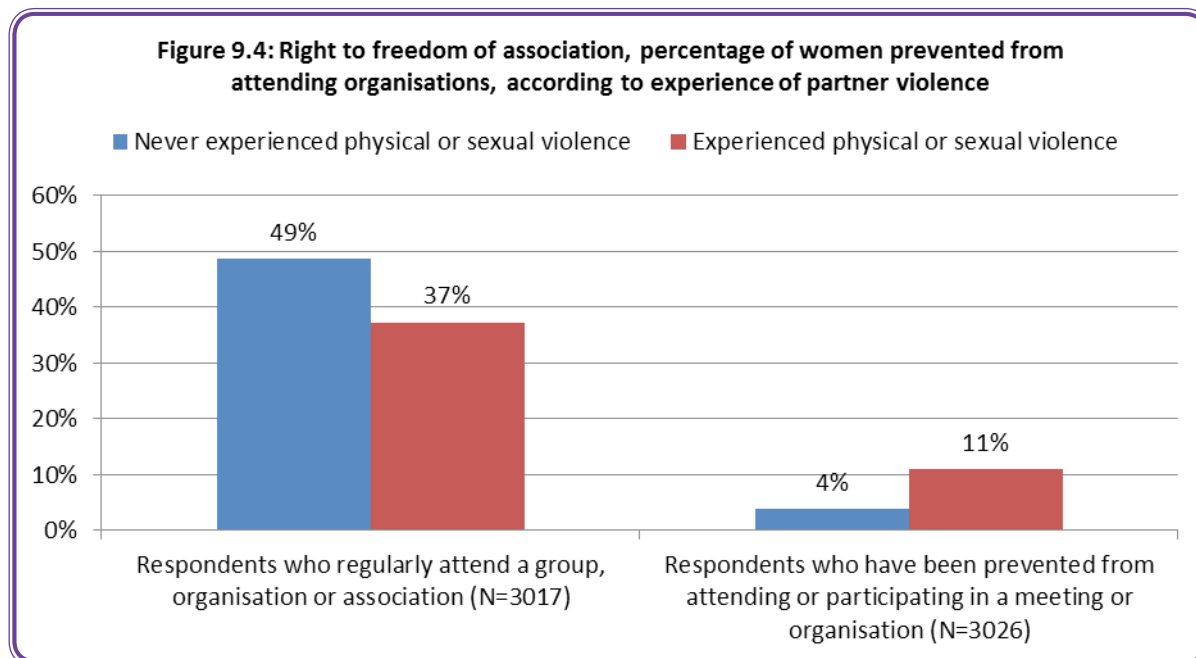


Source: Table 9.3b of Annex 1.



9.2 Women's participation in organisations

Overall, 41% of women said that they regularly attend a group, organisation or association. However, women who experience partner violence are significantly less likely to do so: 37% of these women regularly attend organisations, compared with 49% of women who have not experienced partner violence. Moreover, women who experience partner violence are also far more likely to be prevented from attending or participating in a meeting or organisation: 11% were prevented, compared with 4% of those who never experienced violence (Figure 9.4). Among those prevented from attending a meeting, most were prevented by husbands/partners (58%), 8% were prevented by parents, 5% by parents-in-law, and the remaining 28% were prevented by other people (Table 9.4a of Annex 1).



Note: Associations are highly significant with P values of less than 0.001 (Table 9.4b of Annex 1).

9.3 Discussion of findings

The findings on financial autonomy provide further insight into women's low economic status in Fiji, regardless of whether they experience partner violence. Men's control over women's earnings is common: overall, regardless of whether or not they experience violence, 3 in 5 women are able to decide how they spend their own money, and the remainder (40%) said they have to give all or part of their own income to their husband; 35% of those who never experienced violence do not control their own income (Table 9.2 of Annex 1). The financial dependence of women – with only 1 in 3 earning cash income, and very low rates of asset ownership particularly land, home and savings – increases their vulnerability to all types of abuse. Although ownership of house and land do not by themselves protect women from intimate partner violence, the lack of ownership of these vital assets makes it more difficult for women to escape from violent relationships temporarily or permanently when their lives and health are at risk. The fact that women also have very few savings or other liquid assets to support themselves compounds this problem: about 3 in 10 are women cannot raise enough funds to support themselves and their families for 4 weeks if they need to do so.



The relationship between women earning income and the experience of partner violence is complex. On the one hand, the findings show that women living with violence have an even greater need to earn money than other women, since their husbands and intimate partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without their permission. Although the survey shows that 14% of women who experience partner violence have their earnings or savings taken by their husband/partner, the proportion of FWCC clients who raise this as an issue during counselling is much higher. FWCC staff also suggested that the greater levels of financial control experienced by i-Taukei women and those from the Eastern Division may be partly due to pressure placed on them by husbands/partners to meet cultural obligations.

On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence. FWCC's counselling experience indicates that when women earn more than men, husbands and partners are often jealous of their wives – and as discussed in Chapter 5, 30% of women living with physical violence identified jealousy by her husband as a factor associated with a violent attack. The power and status that may accompany earning money and making decisions about spending challenge men's higher status, their traditional role as the household head and their view of themselves as providers who should be obeyed.



At the same time, most types of economic activity will take a woman out of the house, where she is not available to fulfil her husband's needs. Women's increased mobility due to the need to earn an income means they interact with a range of men, and this also challenges traditional views of appropriate gender roles. As discussed in Chapter 4, almost 2 in 3 women have husbands who exert control over their mobility and 1 in 3 have husbands who get angry if she speaks with another man (Figure 4.22). The fact that about 1 in 10 women who experience partner violence also have restrictions placed on the meetings and organisations they attend provides further evidence of the power that some men seek to have over their wives.



Yet earning an income is difficult to do without freedom of mobility, and access to organisations that may provide formal employment, build capacity, and provide support and resources. The fact that women living with violence are twice as likely to give up a job because their husband did not want them to work is another example of this pattern of intense controlling behaviour.



The findings on health impacts in Chapter 7 provided evidence that women tend to minimise the impacts of domestic violence on their health and emotional well-being. FWCC believes that the findings in this chapter (Figure

9.3) indicate that women also downplay the impact of partner violence on their work. Even so, about half of the women who live with partner violence and earn an income said they have had their work disrupted. This loss of productivity is a substantial cost to the economy and to individual women and their families in Fiji. Research in other countries has found similar impacts to those in the workplace in Fiji, including harassment by the husband at work, sleep deprivation, injuries, women being prevented from attending work, being dismissed from work, or having to resign from work due to lack of safety when her husband harasses or abuses her at the workplace (Australian Services Union 2011: 8).

Being employed does not protect women from violence. Nonetheless, employment can be a key pathway that helps women to leave a violent relationship. Without employment, women have no means to support themselves and their children, and therefore have no escape route from the violence. Examples of best practice by employers who have taken steps to address domestic violence include (Australian Services Union 2011: 9-10):

- raising awareness of the problem throughout the workplace, so that women know they will not be blamed by their employer if they disclose the reason for difficulties with attendance or performance at work;
- supporting women to be safe at work, for example by providing security measures to protect all staff at workplaces if needed; and
- providing special paid leave (up to 20 days) for women who need to attend hospital if they are injured, or court cases if they decide to leave a violent partner.¹

¹ Paid leave to deal with issues related to men's violence against women has been introduced as a workplace entitlement for women in Australia to the NSW public service, more than 20 Victorian councils, and the private-sector employer Queensland Rail (Schneiders 2012).



The response of some community members and leaders to the findings in this chapter may be that women should not work, or that they should avoid violence by putting men's needs first and acknowledging that he is "the boss" – but many families depend on women's earnings for basic needs. Both women and men have a right to seek and undertake work, and economic development requires both women and men to earn income. The problem is not the fact that women work, but men's lack of respect for women's right to earn, and their right to make decisions about spending their earnings.

Development agencies and government programs need to continue to support both women and men to earn an income. Programs aimed at increasing the productivity of women's small and medium enterprises need to be based on an understanding of how gender inequality impacts on women's lives. Such programs can empower women and advance social and economic development. However, for this to occur gender inequalities need to be discussed and addressed, to ensure that women are supported to earn an income by their husbands/partners, and that they can control their income and savings (WHO and London School of Hygiene and Tropical Medicine 2010: 47-49; Kabeer 2001: 19; and Hunt et. al. 2009: 44-46). For women who are just beginning to earn an income from trading, such programs could help prevent partner violence.

The findings in this chapter highlight the importance of social welfare and other measures to help women who make the decision to leave a violent relationship either temporarily or permanently. In addition to emergency assistance with food, housing and other essentials, support is needed to assist women to gain long-term housing and secure income. Findings on the impacts of domestic violence on women's work and productivity – including those on the proportion of women prevented from working – should be taken into account when estimating the total overall economic cost of violence against women.



Chapter 10: Women's Coping Strategies

Summary of main findings

- Almost half (47%) of the women who experienced physical or sexual violence in their lifetime never told anyone about the violence. When women did tell someone, they most often told their family members, friends, or their husband's family.
- About 3 in 4 (76%) have never sought help from any agency to help deal with the violence. Among those who did seek help, most went to the police, courts, or health services.
- Two in 5 women who experienced violence (40%) had to leave home at least once due to the violence; 4% left permanently.
- When women asked for help or left home, the most common reasons given were that they couldn't take any more of the violence, or they were badly injured.
- The most common reasons for returning home, and for never leaving at all, were that she didn't want to leave the children, she loved and forgave him, and her belief in the sanctity of marriage.
- About 1 in 4 women (27%) who experienced physical violence have ever defended themselves by fighting back, and most only did so 1 or 2 times.



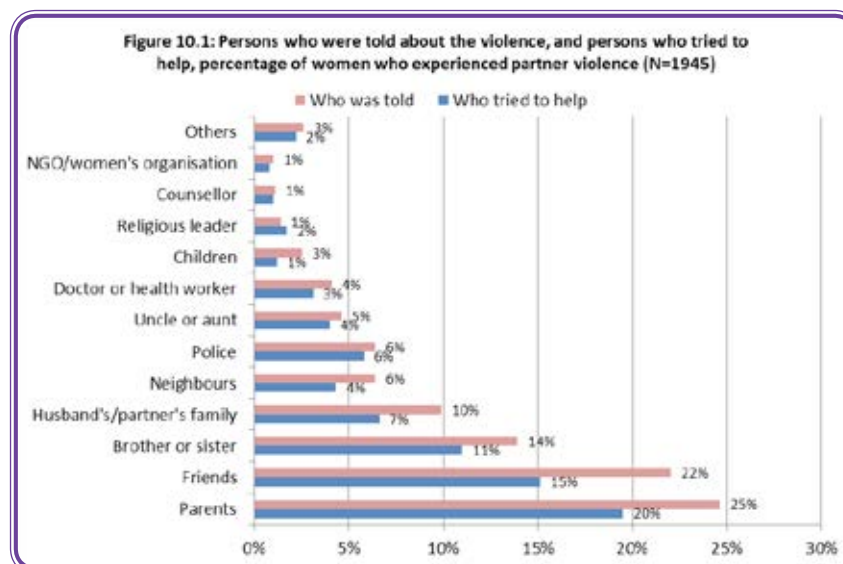
This chapter begins by presenting findings on who women tell about the violence and where they go to seek help and support, their reasons for doing so, and their reasons for not seeking help. Data is presented on the proportion of women who needed to leave home due to the violence, their reasons for leaving, and their reasons for returning to the violent relationship. Responses on whether women ever defended themselves by fighting back are also presented, along with findings on the communication patterns between women and their husbands/partners. All women who experienced physical and/or sexual violence by their husband or partner were asked questions about coping strategies (section 9 of Annex 2).

10.1 Who women told about the violence and who helped

Women were first asked who they had told about their husband's/partner's violence, and then whether anyone had ever tried to help them. Almost half of the women who experienced violence (47%) had never told anyone before the survey. Most women who did tell someone about the violence spoke to family members, including their parents (25%), brothers and sisters (14%), and aunts or uncles (5%). Very few women told their children (3%). One in 5 women (22%) told their friends, and 1 in 10 (10%) told their husband's or partner's family. Neighbours and police were told by 6% of women, compared with only 4% for doctors or other health workers, and only 1% for religious leaders such as pastors, priests or nuns, counsellors, and NGOs or women's organisations (Figure 10.1).

There are some interesting ethnic differences regarding who women told about the violence² (Table 10.1 of Annex 1):

- On the whole, i-Taukei women were less likely to tell immediate family members, including their parents, brothers and sisters, the husband's/partner's family or children. For example, only 23% of i-Taukei women told their parents and 13% told their siblings compared with 29% and 17% for Indo-Fijian women.
- However, i-Taukei women were slightly more likely to tell their aunts and uncles – 5% had done so, compared with 3% for Indo-Fijian women.
- I-Taukei women were much more likely to tell their friends (26%) compared with only 11% of Indo-Fijian women.
- Indo-Fijian were slightly more likely to tell the Police, with 8% doing so, compared with 6% of i-Taukei women.



Note: Percentages exceed 100% because multiple answers could be given. Source: Tables 10.1 and 10.2 of Annex 1.

² Slightly more Indo-Fijian women had never told anyone (50% compared with 47% of i-Taukei women); this is not statistically significant (Table 10.1 of Annex 1).



Sadly, some women received no help, despite the fact that they told these people about their husband's behaviour. Although 53% of the women had told someone, only 46% said that someone had ever tried to help them. For example, even though 25% had told their parents, only 20% of women had been helped by their parents. Similarly, 22% told their friends, but only 15% were helped by their friends (Figure 10.1 and Tables 10.1 and 10.2 of Annex 1).

Women were also asked if there was anyone who they would like to receive more help from. The majority (58% or almost 3 in 5) said they didn't want help from anyone. However, about 2 in 5 mentioned their family, and 1 in 10 (11%) mentioned that they would like help from FWCC. Sadly, 6% said they would have liked more help from their own mother, and 5% said they would like more help from the police (Table 10.3 of Annex 1).

Before women were asked about their experience of violence, questions were asked about how they feel about their communities. These questions indicate that most feel reasonably confident that community members would help people in need. For example: 94% said that neighbours know each other well; 78% believe that neighbours would do something to stop a street fight; 86% believe that most people would contribute to a community project; 84% believe that most people trust each other in matters of lending and borrowing; and 89% believe that neighbours would help each other in case of illness or accident (Tables 3.7 – 3.11 of Annex 1). Although most of these indicators were lower in urban than rural areas, they nevertheless point to a reasonable level of social capital within communities.³ Nevertheless, only 4% of neighbours tried to help women subjected to partner violence.

10.2 Agencies and authorities women asked for help

Although 53% of women who experience partner violence told someone about it, less than 1 in 4 women (24%) have ever gone to any agencies or persons in authority to ask for help to stop or deal with the violence. Among those who have sought help, most went to law and justice sector agencies including the police (15%), courts (6%), and others who provide legal advice (2%). Fourteen percent (14%) of women have asked for help from hospitals or health centres, 3.6% from religious leaders, 3.5% from social welfare services, 2.7% from FWCC or its Branches, 1.1% from shelters, and 0.5% from local leaders (Figure 10.2 and Table 10.4 of Annex 1).

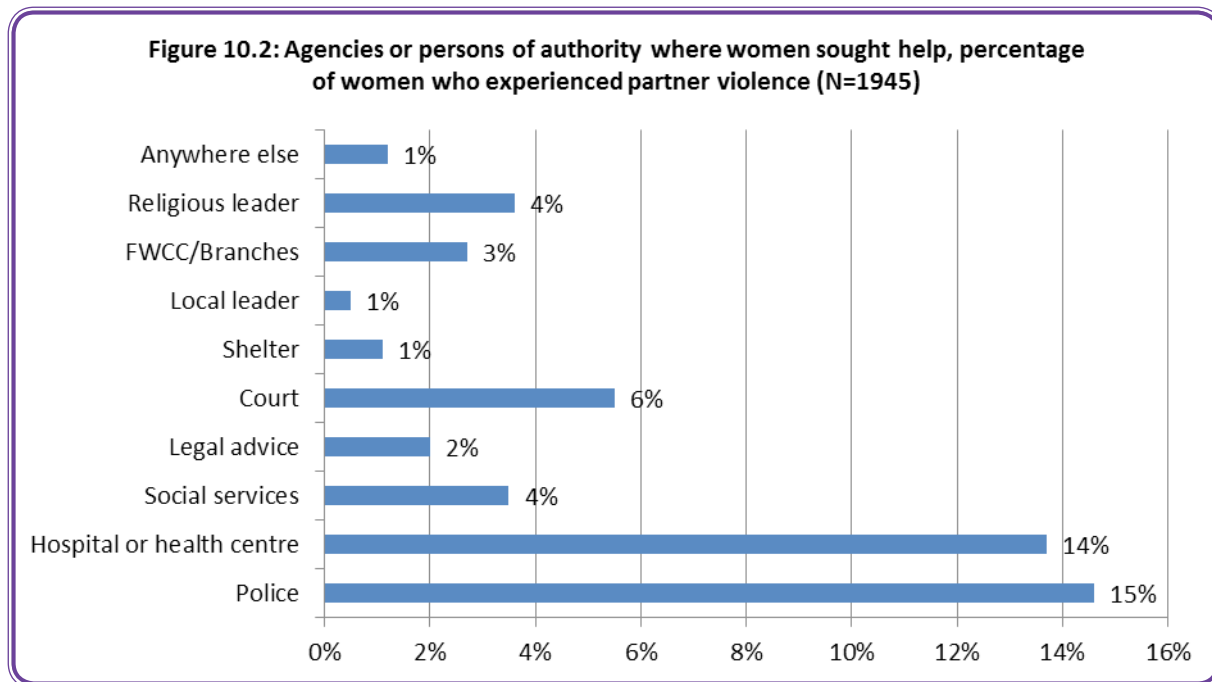


Overall, 77% of i-Taukei women have never gone to any agency for help, compared with 75% of Indo-Fijian women. Although this is not a huge difference, help-seeking behaviour does demonstrate some interesting differences by ethnicity.

³ Social capital describes social networks characterised by trust and reciprocity, which enable people to act for mutual benefit, resolve problems, and act collectively to promote well-being (Stone 2001).



Indo-Fijian women were more likely to ask for help from the police (18% compared with 13% for i-Taukei women), courts (8% compared with 2%), and to seek legal advice (9% compared with 4%). Indo-Fijian women were also more likely to access social welfare services (8% compared with 2% for i-Taukei women) and FWCC or its Branches (5.5% compared with 1.8%). In contrast, i-Taukei women were more likely to seek help from a hospital or health centre (15% compared with 11% for Indo-Fijian women), or a religious leader (4% compared with 2.4%) (Table 10.4 of Annex 1).



Note: Percentages exceed 100% because multiple answers could be given. Source: Tables 10.4 of Annex 1.

Box 10.1: Women's reasons for seeking help, or not seeking help

Women's main reasons for seeking help from agencies or authorities (N=465)

Could not endure more violence (53%)

Badly injured (49%)

Encouraged by friends or family (19%)

Fear or threats that he would kill her (13%)

Children suffering, threatened or hit by him (9%)

Aware of her rights (7%)

Thrown out of home (5%)

Women's main reasons for *not* seeking help from agencies or authorities (N=1480)

Violence was normal, not serious (48%)

Fear and threats of more violence (27%)

Embarrassed, ashamed, afraid she would not be believed (15%)

Bring bad name to the family (11%)

Afraid would end the relationship (10%)

Afraid would lose children (8%)

Note: Percentages exceed 100% because women could give multiple reasons. Source: Tables 10.5 and 10.6 of Annex 1.



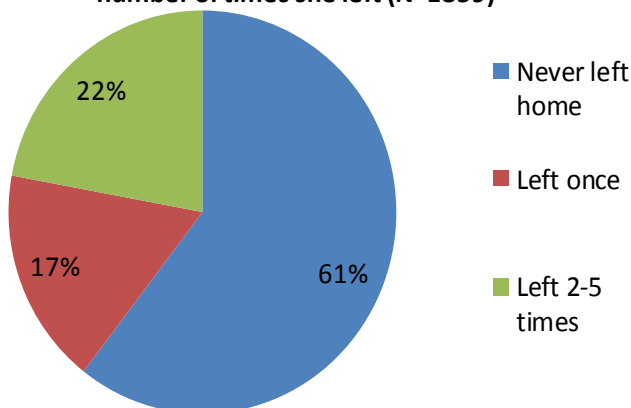
When women were asked about the reasons why they asked for help, about half said that they could not endure any more violence, and that they were badly injured. Fear that they would be killed by their husband and concern for the safety of their children were other major reasons. Almost 1 in 5 women were encouraged to seek help by family or friends (Box 10.1 and Table 10.5 of Annex 1).

Fear and threats of further violence emerged as a major reason that prevented more than 1 in 4 women from seeking help. However, the major reason mentioned by almost half of those who had not asked for help was that they thought the violence was normal or not serious. Shame, humiliation and embarrassment were major reasons that prevented women from seeking help, including the fear that they would not be believed and the fear of giving the family a bad name; these reasons combined were mentioned by about 1 in 4 women. Fear that the relationship would end and that she would lose the children were also powerful motivators that prevented women from seeking help. In 2% of cases women mentioned that either her own or her husband's family had prevented her from seeking help (Box 10.1 and Table 10.6 of Annex 1).



10.3 Leaving home

Figure 10.3: Percentage of women who ever left home because of partner violence, and the number of times she left (N=1859)



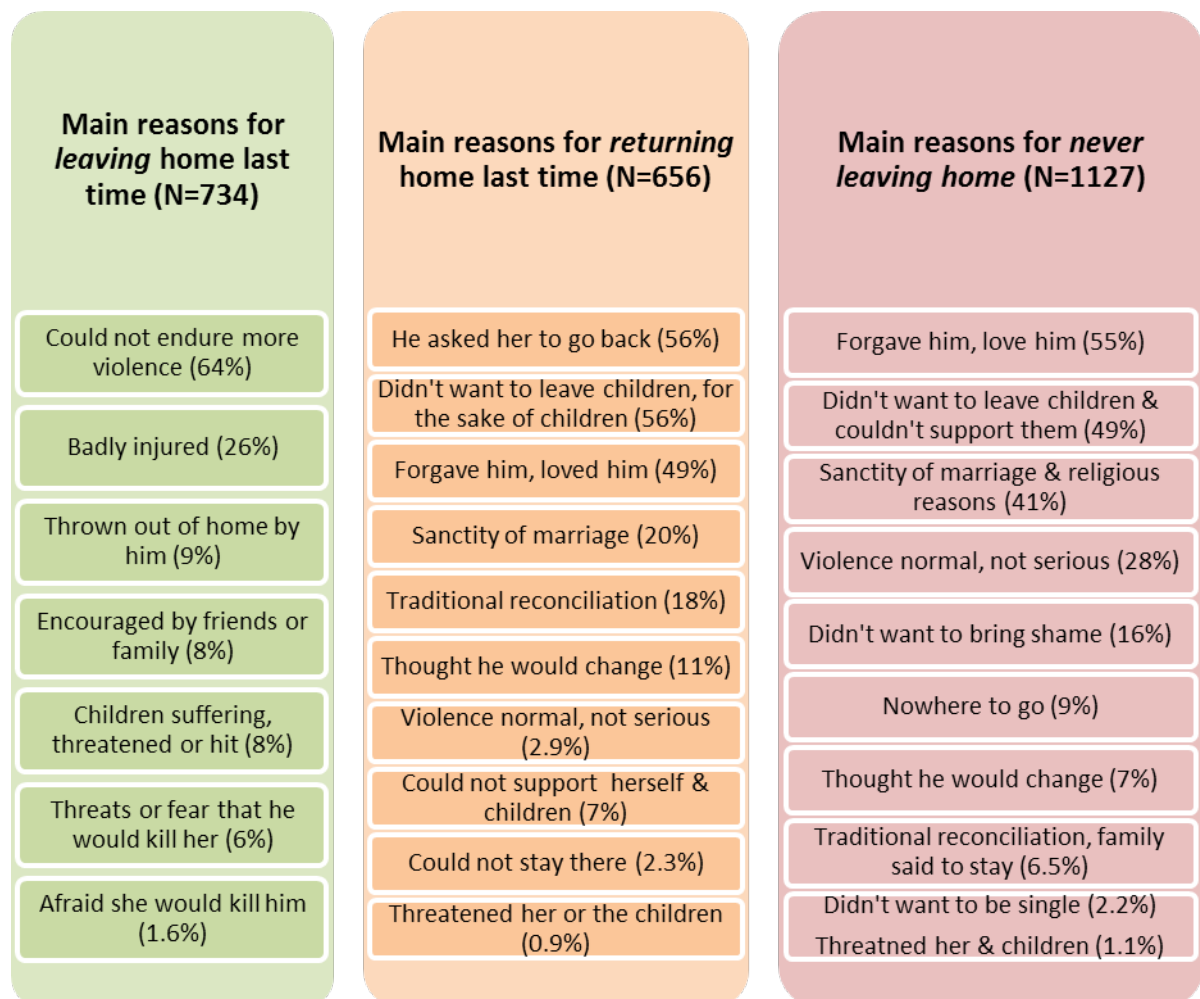
Two in 5 women (39.5%) have had to leave home due to the violence and the remaining 3 in 5 (60.5%) have never left home. About 1 in 5 (22%) have had to leave home several times, and 17% have left home once. The average time women spent away from home was 40 days. Women in urban areas spent a longer time away than those in rural areas (46 days compared with 37). Women from the Eastern Division also spent a longer period away from home, averaging 35 days, compared with 31 for women from the Northern Division (Figure 10.3 and Table 10.7 of Annex 1).

Women were asked where they stayed the last time they left home. Most stayed with her relatives (89%), but a few stayed with her husband's/partner's relatives (5.6%); 5% of those who had left home stayed in other places: most with friends, a few at a church or their children's house, or on the street. None of the women mentioned that they had stayed at a shelter (Table 10.7 of Annex 1).



Most of the 734 women who had left home had done so temporarily. However, 78 women said they had left home permanently. This amounts to 5% of women who experienced physical or sexual violence in their lifetime.

Box 10.2: Women's reasons for leaving home, returning home, and for not leaving home at all



Note: Percentages exceed 100% because women could give multiple reasons. Source: Tables 10.8 – 10.10 of Annex 1.

When women were asked their main reasons for leaving the last time, the majority said that they could not endure any more violence. More than 1 in 4 of those who left did so because they were badly injured. Disturbingly, almost 1 in 10 was thrown out and did not make the decision themselves to leave. Some were encouraged to do so by family or friends. The fear and threat of further violence for herself, and her concerns for her children were also mentioned; and a few were afraid that they might kill their husband or partner (Box 10.2 and Table 10.8 of Annex 1).

The reasons that women gave for returning home, or for never leaving home in the first place, were quite similar. Love and forgiveness and concern for her children were reasons given by about half of the women. The sanctity of marriage was an important reason for many of those women who had never left home, and it also features for those who have left and returned, along with traditional reconciliation and a desire not bring shame to the family.



About 1 in 10 women said they went back home or never left because they believed that the husband would change. Sadly, almost 1 in 10 of those who have never left had nowhere to go; this was also a reason mentioned by some women who had returned home, as well as the inability to support herself and her family. More than 1 in 4 of those who have never left said that this was because the violence was normal, or not serious (Box 10.2 and Tables 10.9 and 10.10 of Annex 1).

10.4 Self-defence and communication patterns

10.4.1 Women's self-defence

The majority of women never fought back to defend themselves when they were being physically attacked: 73% of women who have been physically abused had never done so; 16% have physically fought back in self-defence once or twice, 7% have done so several times and only 3.1% have done this many times. Women living in rural areas are less likely to defend themselves physically: 78% from rural areas and 67% from urban areas had never fought back. When women from rural areas have fought back, they have also done so less often than those from urban areas (Table 10.11 of Annex 1).

The 500 women who have fought back in self-defence were asked what effect this had on her husband's/partner's violent behaviour. Over half said that the violence had either stopped or reduced when they defended themselves physically, and an additional 18% said that it had no effect (that is, her husband/partner neither reduced nor increased the physical violence when she fought back). However, 31% said that fighting back made the violence worse (Table 10.12 of Annex 1).

Women were also asked whether they had ever physically mistreated their husband/partner when he was not physically attacking them: 86% had never done so (section 7 of Annex 2). Among the 14% who have ever initiated physical violence against their husband/partner, the majority (74%) had only ever done so once. Women who have been subjected to physical or sexual violence by their husbands/partners were almost twice as likely to have initiated physical violence themselves: 16% of those of who experienced physical violence had done so, compared with 9.6% of women who had not experienced violence (Table 10.13 of Annex 1). Although this association is highly significant (with a P value of less than 0.001), caution is needed when interpreting these findings since they do not demonstrate causality. In other words, the data by itself does not indicate whether this small group of women were provoked to physical violence because their husbands/partners had already physically attacked them; or conversely, whether women were punished by their husbands/partners for initiating physical violence in the first place. Either of these interpretations could be true.

10.4.2 Communication patterns and quarrelling

Before questions were posed about partner violence, women were asked about communication patterns with their husbands/partners (section 7 of Annex 2). Four in 5 women (81%) described good communication patterns with their partners. This included discussing things that happened to both him and her during the day, and discussing both his and her worries and feelings. Women who have not experienced violence were more likely to be in relationships with good communication patterns (85%) compared with those who had been subjected to violence (78%, Table 10.14 of Annex 1).

When asked how often she and her husband/partner quarrelled, 1 in 3 said that they rarely did so (33%), about half (55%) said they quarrelled sometimes, and 12% said they quarrelled often. Women subjected to physical or sexual partner violence were more likely to be in relationships where there was a lot of quarrelling: 17% of women who had experienced partner violence said they quarrelled often, compared with 3% of women who had not experienced violence (Table 10.15 of Annex 1).



Although the associations between partner violence and communication patterns including quarrelling were highly significant with P values of less than 0.001, once again it is not possible to assume causality: that is, the quarrelling may be either a contributing factor, or a form of verbal resistance by women which is a consequence of men's violence, or both.

10.5 Discussion of findings

The findings in this chapter once again challenge common myths about domestic violence. First, women are often blamed for men's violence, on the grounds that they argued with their husband or provoked him (FWCC 1992: 8). Such assertions assume that women have no right to argue with men, and that a woman quarrelling with her husband can be seen as a justification for violence. However, putting the issue of gender power imbalance and unequal human rights to one side for the moment, the findings show that 78% of the women who are experiencing violence say they have good daily communication patterns with their husbands/partners, and 83% only quarrel rarely or sometimes with their husbands/partners. In other words, about 4 in 5 women who suffer from violence do not quarrel often. Even if a woman internalises the view that women have no right to quarrel with their husbands, this does not protect her from violence.



Second, the findings in this chapter demonstrate what FWCC staff have always known: that women show enormous resilience and personal strength in the face of serious violence and abuse, and that they try to cope with the violence themselves before taking the difficult step of even telling anyone else about it, let alone asking for help. Women do not seek help to deal with violence or leave home to escape from the violence for frivolous or minor reasons. They do so

because their lives are in crisis – because they cannot take any more, they are badly injured, they fear for their lives, or they are concerned for the impact on their children. More than 1 in 5 women need to leave home several times during their lives because of their husband's/partner's behaviour. They return because they forgive and love their husbands, because they need to care for their children, and because they believe in the sanctity of marriage.

The women who do ask for help show great courage, particularly when we consider that attitudes condoning men's are widespread in the community. These women seek help because the violence and its consequences are serious. Their experiences reinforce the importance of ensuring that, when women do ask for help or leave their home, that family members, church leaders, friends and service-providers take their requests for help very seriously, and respond appropriately to ensure that their lives and their rights are protected, and that their decisions are respected.



The proportion of women who have asked an agency for help (24%) is considerably lower than the 53% who have ever told anyone about their husband's/partner's behaviour: less than half of the women who told someone about the violence have actually sought help. This was also the case in the WHO multi-country study and several other countries (SPC 2009: 123; SPC 2010: 149; VWC 2011: 162; WHO 2005: 75-7). The lack of accessible services in rural areas is one explanation for the smaller numbers of women seeking help from an agency, particularly in the Eastern Division.

However, there are other key barriers: the WHO concludes that "women living in violent relationships often experience feelings of extreme isolation, hopelessness and powerlessness that make it particularly difficult for them to seek help" (WHO 2005: 79). In addition this study has shown that violent partners, by placing restrictions on women's mobility and participation in organisations, often keep women isolated from potential sources of help.

FWCC staff have commented that most rural women don't even get an opportunity to come into the nearest town (due to poverty and the control exerted over their movements by their husbands), and this makes it even more difficult for them to know about the services that are available, and to access these services. In some areas of the Northern Division, this sense of isolation is compounded for Indo-Fijian women who have been evicted from land they have lived on for several generations: having relocated to new areas, women suffering from domestic violence have even less contact with family and community members, and less knowledge of available services.

Even though Police posts are located throughout the country, these are nevertheless difficult for women to get to, particularly the poorest women and those living in the Eastern Division such as in Kadavu and Rotuma. At the time of the research, Government legal aid centres were only located in urban areas such as Suva, Labasa, Lautoka and Ba, and another has since been set up in Rakiraki. The Department of Social Welfare has offices distributed throughout the country in urban areas. However, women face the prospect of shame, humiliation and blame if they ask agencies such as the Police and Department of Social Welfare for help.

On the positive side, the findings indicate that where there are more accessible services, such as in Central and Western Divisions, there are higher percentages of women seeking help. This underlines the importance of outreach and awareness programs that reinforce women's rights to get help and stop the violence; and the need for front-line service providers to be trained to respond sensitively and without blame so that women are encouraged to seek help.

The fear and threat of more violence is another serious barrier to women seeking help, along with the view that the violence is "normal" or not serious. FWCC has found through its counselling and community education that many women themselves minimise the violence and its impact.





This is a very important coping strategy for women who have very few options for dealing with the problem in any other way. “Resisting violence by not resisting” has been recognised in several counselling studies in other countries as an essential coping strategy for some women, who make a conscious decision to “subordinate themselves in different ways in order to avoid escalating verbal or physical violence from their partners, which could ultimately lead to more harm” (Barassi-Rubio 2013: 15).

In Fiji, FWCC staff also have anecdotal evidence that when women say that violence is “just a slap”, or that the violence is “normal”, women are reassuring themselves that they can handle it, particularly when all the other voices around them are reinforcing the view that it is a “normal” part of life as a woman.⁴ Hence, these women only seek help when the violence has reached a crisis point and is unendurable or threatens their life.

It is interesting that many more women have left home due to violence (40%) than those who have sought help from any agency or authority (24%). FWCC’s experience is that when women do leave home temporarily, they don’t always disclose the real reason for doing so to their relatives – because they don’t want to shame their family, make their husband look bad, or be blamed for the violence.



In many cases, women who leave home temporarily are not taking a stand against violence; they are trying to handle the situation themselves, and often say that they just leaving “for a break”. For example, it is said that Rotuman women, who often leave the island to give birth, sometimes “forget to go home”.⁵ As noted above, women from the Eastern Division tend to stay away from home longer; the Eastern Division also has the highest prevalence of the most severe types of violence. However, the higher numbers of women leaving temporarily may also be due to the fact that some are forced out of the home by their husbands/partners (Box 10.2).

4 Workshop with FWCC staff, September 2012.

5 Workshop with FWCC staff, September 2012.



The ethnic differences noted above regarding help-seeking behaviour – where i-Taukei women are more likely to tell friends and ask for help from health workers and religious leaders, and Indo-Fijian women are more likely to tell family members and seek help from government agencies and non-government services such as FWCC – needs to be taken into account when developing and implementing targeted measures for preventing and responding to men's violence.

In some cases health services may be the only agency that a woman approaches for assistance, because she is injured. Given the extensive and serious health impacts of intimate partner violence documented in previous chapters, health workers need to be able to respond appropriately when intimate partner violence is disclosed by their patients.

They need to be able to refer women to FWCC, the police or other agencies if women give permission to do so, and they need to ensure confidentiality and the safety of women in their care. Religious leaders also have an enormous responsibility; even though only 4% of women overall have approached them for help, the messages that they portray about violence can have a huge impact on women's perceptions of themselves, their problems and their rights, and their decision making about seeking help.



Family members and friends are often the first people whom women tell about the violence; family members are also the ones that many women would like more help from. This is not surprising and it highlights how important it is for family and friends to respond in a sensitive and supportive manner that respects women's rights, when survivors of partner violence finally make the very difficult decision to tell someone, ask for help, or leave their home during crisis. According to the WHO multi-country study and other research, women who have support from family and friends suffer fewer negative effects on their mental health, and are better able to cope with the violence (WHO 2005: 79; Barassi-Rubio 2013: 9, 19-22).

It is very positive that some women sought help because they were aware of their rights, that 11% of women who have experienced partner violence wanted more help from FWCC or its Branches, and that some women were encouraged by family and friends to either seek help or to escape from the violence by leaving home temporarily.

Although there are no direct quantitative comparisons with FWCC's 1999 and 2006 research projects, it is very clear that attitudes have changed over the past decade. For example, in FWCC's 1999 survey, women were also asked their reasons for seeking help from agencies, and no respondents mentioned that they were aware of their rights (FWCC 2001: 49).



In FWCC's 2006 research into attitudes and tolerance of violence, the overwhelming conclusion was that domestic violence was seen as a private matter, and there was little evidence that study participants agreed with either providing assistance to survivors or confronting perpetrators (FWCC 2006: 4-8).

As noted in earlier chapters, FWCC staff are noticing that women are increasingly being referred for counselling by friends, mothers, sons and FWCC's male advocates⁶, who may be relations, community leaders or members or work colleagues. Many women and men have grown up with FWCC and its strong messages on gender equality and human rights. The findings from the survey show that this has led to a strong foundation for further work to strengthen the coping strategies of survivors, and the families and friends who try to support women living with violence.

⁶ See Chapter 1 for details on FWCC's programs to eliminate violence against women.



Chapter 11: Risks And Protective Factors For Violence By Husbands And Intimate Partners

Summary of main findings

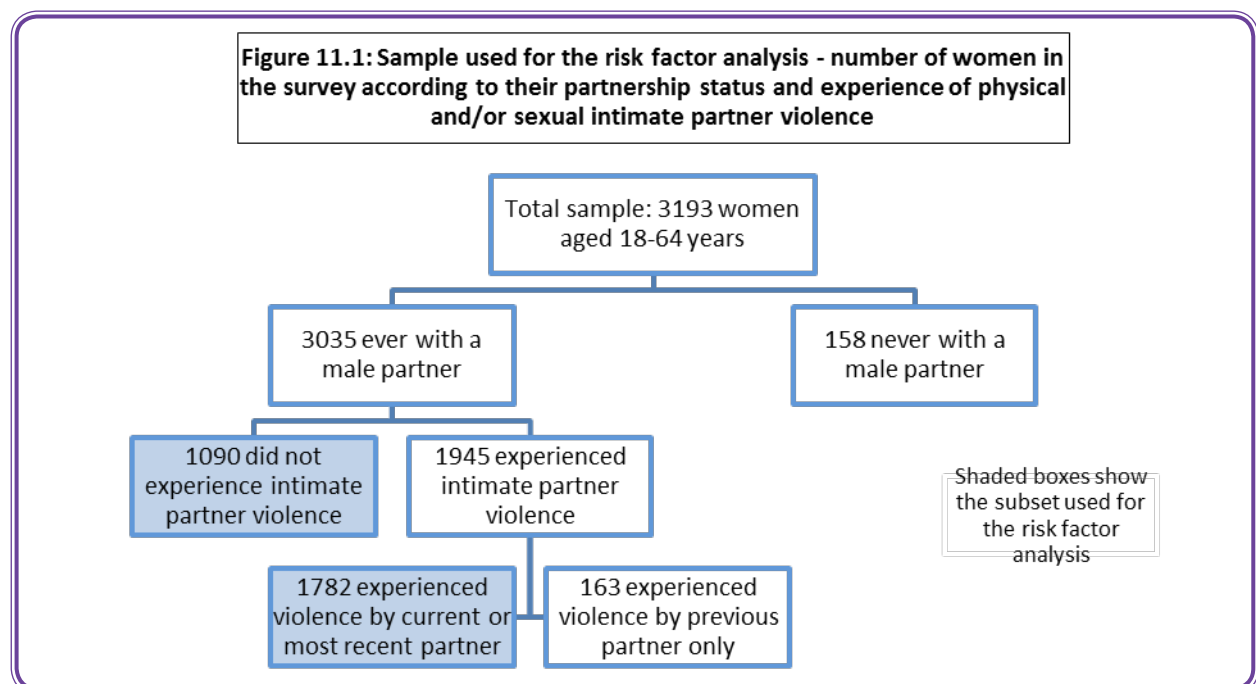
- The most significant risk factors for women experiencing partner violence in Fiji today relate to the behaviour and life history of her husband/partner including: **if he drinks alcohol weekly or daily, has affairs with other women, is violent with other men, or was regularly hit or beaten as a child.**
- Current risk factors in the woman's background are: **if her first sexual experience was forced or coerced, if she grew up in a family where her mother was abused, and if she rarely speaks with members of her family.**
- **Young women under 25 are currently more at risk** from experiencing intimate partner violence, and **young men under 35 are more likely to perpetrate** violence against their wives/partners.
- Other risk factors during a woman's lifetime are: if she was sexually abused since she turned 15 by someone other than her husband/partner, if she has 5 or more children, and if she lives with her husband's/partner's family.



This chapter begins with a brief description of the method for the statistical analysis of risk and protective factors associated with violence by husbands and intimate partners. Both lifetime and current risk factors are presented. The factors that were found to be the strongest predictors of a woman experiencing partner violence are discussed, in addition to those characteristics that protect women from violence. (See Annex 6 for a glossary of the statistical terms used in this chapter).

11.1 Method for statistical analysis of risk and protective factors

The aim of the statistical analysis is to identify the factors that increase or reduce women's risk of experiencing violence by their husband or intimate partner. The sample group for the analysis includes ever-partnered women who answered questions regarding their experience of physical and/or sexual violence by a husband or intimate partner. Among those women who did experience partner violence in their lifetime, only those subjected to violence by their current or most recent partner were included in the analysis (Figure 11.1).



Twenty-nine potential risk and protective factors were explored in the statistical analysis. These included the following (Tables 11.1 and 11.2 of Annex 1):

- **Characteristics relating to the woman**, such as her age, education level, whether she currently has a partner, her age when she first married, whether she earns her own income, the number of children she has, and her ethnicity. Her other experiences of violence were explored, including whether she had been physically or sexually abused by people other than a husband or intimate partner since she turned 15, whether she had been sexually abused as a child, and whether her first sexual experience was wanted, coerced or forced. The history of violence in her family background was considered, including whether her own mother was physically abused by her mother's husband/partner. Variables relating to the woman's immediate support network were also explored including the proximity of the woman's family, how often she talks with family members, whether she feels she can count on their support if she needs help or has a problem, and whether or not she lives with her birth family or her husband's/partner's family.



- Characteristics relating to the husband/partner, such as his age, education level, employment status, how frequently he consumes alcohol, whether he has had fights with other men, and whether he has parallel relationships – that is, sexual relations with other women while still in an intimate relationship with his wife/partner. The history of violence in his family background was also considered, including whether his mother was physically abused by his mother's husband, and whether he was regularly hit or beaten as a child by someone in his family.
- Household and relationship characteristics, including socio-economic status, age differences between the woman and her husband/partner, and differences in educational levels between them.
- Location, including whether women live in the Central, Eastern, Northern or Western Division of Fiji.

Statistical analysis was used to assess the significance of the association between intimate partner violence and each potential risk or protective factor. This was done to assess risk factors over a woman's lifetime; current risk factors was also identified, based on whether women experienced physical or sexual partner violence in the previous 12 months before the survey. The statistical analysis was done in 2 stages:

- Univariable analysis, where each factor was assessed in isolation. For each variable, its statistical significance was calculated (P value), and the effects of each variable were identified in terms of odds ratios, relative to a reference category.
- Multivariable analysis, where the aim was to identify those factors that most significantly affect the likelihood of partner violence, after controlling for all the other variables. Variables with P values of more than 0.1 in the univariable analysis were excluded from the multivariable analysis. The final analysis identifies risk factors that have the strongest association with intimate partner violence including: odds ratios for each variable (an estimate of the likelihood that any woman with that particular characteristic will experience partner violence); confidence intervals (which provides a range of error for the odds ratio); and P values, which show the strength of the statistical association with intimate partner violence (Tables 11.1 and 11.2 of Annex 1).

11.2 What factors increase women's lifetime risk of domestic violence?

The multi-variable analysis showed that 12 factors are the strongest predictors of whether women experience physical or sexual violence from a husband/partner in her lifetime. These include characteristics in the women's background, the husband's background, and other factors (Box 11.1).

Factors relating to the background and characteristics of the woman:

Significant factors in the woman's background include the following (Table 11.1 of Annex 1):

- Women who were sexually abused since they turned 15 by men other than their husbands/partners are 4.6 times more likely to experience partner abuse than women who had not been sexually abused by other men; 86% of women who were sexually abused by others have also experienced partner violence.
- Women with 5 or more children are twice as likely to experience partner violence, and women with 3-4 children are about 1½ times more likely, compared with those who have no children.
- Women whose mothers were beaten are about 1½ times more likely to experience partner violence, compared with those whose mothers were not beaten; 77% of those whose mothers were beaten have also experienced partner violence themselves.
- Women whose first sexual experience was coerced are about 1¼ times more likely to experience partner violence, compared with those who wanted their first sexual experience.
- Women who are living with their husband's family are 1¼ times more likely to experience partner violence compared with those who are not.



Box 11.1: Lifetime risk factors for physical or sexual partner violence	
Factors in her background	Factors in her husband's/partner's background
She was sexually abused since she turned 15 years old by someone other than her husband	He has sexual relationships with other women when he is still in a relationship with her
She has 5 or more children	He has fights with other men
Her mother was hit by the mother's husband or boyfriend	He was hit or beaten regularly when he was a child
Her first sexual experience was coerced	He drinks alcohol weekly or daily
She lives with his family	
Other factors	
Ethnicity, lower socio-economic cluster and location (higher prevalence in the Eastern Division)	

Source: Table 11.1 of Annex 1.

Factors relating to the behaviour and life history of her husband/partner:

Significant factors are as follows (Table 11.1 of Annex 1):

- Women whose husbands/partners have parallel relationships with another woman are 3½ times more likely to have been subjected to physical or sexual partner violence; 87% of these women have experienced partner violence in their lifetime.
- Women whose husbands have been involved in fights with other men are almost 3 times more likely to physically or sexually assault their wives and partners, compared with those whose husbands have no history of violence with other men; 88% of women in relationships with men who fight with other men have been subjected to domestic violence.
- Women whose husbands were regularly beaten as children are 2¼ times more likely to physically or sexually abuse their wives, compared with men who had not been hit by other family members when they were boys; 81% of women in relationships with men who were beaten as children have been subjected to domestic violence.
- Women whose husbands drink alcohol weekly or daily are about 1¾ times more likely to perpetrate domestic violence, compared with those whose husbands/partners drink alcohol less than once a week; 77% of women with husbands/partners who drink frequently have experienced partner violence in their lifetime.

Other risk factors:

Three other factors emerge as being significant predictors of whether a woman will experience partner violence during her lifetime:

- Indo-Fijian women are about half as likely to experience partner violence as i-Taukei women, and those from other ethnic groups combined.
- Women from the lowest socio-economic cluster are 1¾ times more likely to experience partner violence than those from the highest socio-economic cluster.
- Women in the Eastern Division are about twice as likely to experience violence during their lifetime as those in the Central Division, women in the Northern Division are about 1½ times more likely, and those in the Western Division are about 1¾ times more likely.

11.3 What factors increase women's risk of domestic violence today?

Twelve factors are strong predictors of whether women are currently experiencing physical or sexual violence from a husband/partner; as noted above, these have been identified based on whether women experienced physical or sexual partner violence in the previous 12 months before the survey. Although there is some overlap with the lifetime risk factors mentioned above, there are also some key differences (Box 11.2).



Factors relating to the background and characteristics of the woman:

Significant factors in the women's background include the following (Table 11.2 of Annex 1):

- Women whose first sexual experience was coerced or forced are about $1\frac{3}{4}$ times more likely to experience partner violence, compared with those who wanted their first sexual experience.
- Women whose mothers were beaten are $1\frac{2}{3}$ times more likely to experience partner violence themselves, compared with those whose mothers were not beaten.
- Women who rarely talk with members of their family (less than once a week) are $1\frac{1}{3}$ times more likely to experience partner violence, compared with those who see or talk with family members at least once a week.
- Women who are currently married or in an intimate relationship are about 8 times more likely to experience violence, compared with those who are no longer married or in intimate relationships, either because they have separated or divorced from their husbands/partners, or because they are widowed.
- Young women aged below 24 are significantly more likely to be living with partner violence now, compared with older women. The likelihood that women will be subjected to physical or sexual violence reduces steadily until women turn 50, when it drops off markedly (Table 11.2 of Annex 1).

Box 11.2: Current risk factors for physical or sexual partner violence	
Factors in her background	Factors in her husband's/partner's background
Her first sexual experience was coerced or forced	He drinks alcohol weekly or daily
Her mother was hit by the mother's husband or boyfriend	He has sexual relationships with other women when he is still in a relationship with her
She rarely talks with members of her family	He has fights with other men
She is currently married or in an intimate relationship	He was hit or beaten regularly when he was a child
She is young	He is young
Other factors	
Ethnicity and lower socio-economic cluster	

Source: Table 11.2 of Annex 1.

Factors relating to the behaviour and life history of her husband/partner:

Men's behaviours that increase women's risk during their lifetime are the same as those that increase women's current risk of experiencing partner violence, although the odds vary somewhat compared with lifetime risk factors (Box 11.2 and Table 11.2 of Annex 1):

- Women whose husbands drink alcohol weekly or daily are twice as likely to experience domestic violence, compared with women whose husbands/partners drink alcohol less than once a week.
- Women whose husbands/partners have parallel relationships are almost twice as likely to be subjected to physical or sexual partner violence, compared with those whose husbands/partners who are faithful.
- Women whose husbands/partners have been involved in fights with other men are about $1\frac{3}{4}$ times more likely to experience domestic violence, compared with those whose husbands do not fight with other men.
- Women whose husbands were regularly beaten as children are $1\frac{1}{2}$ times more likely to be living with domestic violence, compared with women whose husbands were not hit when they were boys.
- Young men aged below 35 are more likely than other age groups to perpetrate partner violence; those aged over 45 are least likely to do so.



Other risk factors:

Two other factors are significant predictors of whether a woman will be experiencing partner violence now:

- I-Taukei women are about 1½ times more likely to be experiencing physical or sexual partner violence now, compared to Indo-Fijian women. Women from other ethnic groups are also about 1½ times more likely to experience partner violence as Indo-Fijian women.
- Women from the lowest socio-economic group are 1²/₃ times more likely to experience partner violence than those from the highest socio-economic group.

11.4 Discussion of findings

Exploring the factors that increase and reduce women's risk of experiencing intimate partner violence may help to identify the most effective approaches for preventing this serious problem. The risk factors identified above have important implications for all stakeholders who aim to effectively prevent and respond to the problem of violence against women. However, it is very important not to misconstrue any one factor as the cause of violence against women. As stated in the United Nations Declaration on the Elimination of Violence against Women, violence against women is the result of "unequal power relations between men and women" (UN 1993: preamble). Nevertheless, the findings on risk and protective factors give strong pointers to attitudes, beliefs and behaviours that need to change to strengthen prevention strategies on violence against women, particularly those factors that relate to the current risk of violence.

11.4.1 What factors are protecting women from partner violence now?

Leaving the violent relationship

By far the strongest protective factor to emerge from the statistical analysis is the finding that women who have separated or divorced from their husbands/partners and women who are widowed are at significantly lower risk of experiencing physical or sexual partner violence in the 12 months before the survey. This may seem self-evident, given the very high prevalence rates in Fiji, with 64% of all ever-partnered women having suffered from physical or sexual abuse in their lifetime and 24% in the previous 12 months (Figure 4.1). However, it is a very important finding from a prevention perspective, because it demonstrates that the violence usually stops when women leave the relationship; only 7% of previously-partnered women experienced partner violence in the year before the survey, compared with 28% of those who were currently partnered (Table 11.2 of Annex 1). Given the significance of inter-generational risk factors – in other words, a history of violence in one's birth family (see the discussion below) – separation from the perpetrator can also be expected to have an important primary prevention impact for the children of women living with domestic violence.

This finding also highlights the importance of counselling to re-build women's self-esteem, confidence and knowledge of their human and legal rights. FWCC's Counsellors have observed that women who are very vulnerable – both emotionally and financially – may tend to fall into other relationships where violent patterns are repeated. However, women who take longer before choosing another partner may be more alert to the early warning signs of violence, including controlling behaviours and emotional abuse. Many community and church leaders and institutions such as the Family Court continue to advise women to reconcile with their violent husbands and partners, without putting in place steps to stop the violence or informing women of their rights and the full range of options available. Service-providers need to be aware of this finding when they provide counselling to survivors, to enable women to make their own informed decisions about whether they leave a relationship temporarily or permanently.



Socio-economic status

Higher socio-economic status emerges as a protective factor over a woman's lifetime and currently; conversely lower socio-economic status and poverty is a risk factor. However, it must be emphasised that women from higher socio-economic groups nevertheless experience partner violence at rates much higher than the global average prevalence of 30% (WHO 2013: 16). Moreover, poverty as a risk factor has less impact on a woman's likelihood of experiencing violence than the characteristics in her background or her husband's/partner's behaviour. Nevertheless, it is useful to consider this finding in relation to women's options if they are faced with domestic violence: the poorer a woman is, the fewer options she has, and this has a direct impact on her ability to make a decision to leave the violent relationship, which has the strongest protective and preventative impact. On the other hand, few have the resources to support themselves and their children, and women from all socio-economic groups have little financial autonomy, with very high degrees of financial enmeshment and dependence (see Chapter 9).

Education

Education does appear to have some protective impact on both a woman's lifetime and current experience of partner violence. However, the association between partner violence and education level is only statistically significant for univariable analysis, and not for the multivariable analysis which controlled for all other factors or variables. This suggests that there is enormous potential for preventing violence against women and girls through interventions targeted at young people through the education system; however, the potential for primary prevention has not yet been fully realised.



Women's support networks

It is interesting to note the factors that neither increased nor reduced women's risk of violence. Although living with the husband's/partner's relatives significantly increases women's likelihood of experiencing partner violence over her lifetime, living with her own relatives does not necessarily protect women. This is true for both lifetime and current experience of partner violence, with 30% of women living with their own families subjected to partner abuse in the 12 months before the survey. Being in frequent contact with her birth family (at least once a week) does not protect women from violence; nor does living close by to her birth family. A woman's belief about whether she can count on her family members for support if she needs help or has a problem also has no protective impact.

One factor relating to women's support networks does have a slight protective effect: women who talk at least once a week with family members are less likely to experience physical or sexual violence. All these findings highlight the need to inform and educate community and family members on how to support women living with violence, including by focusing on the importance of not losing contact with them – since a key feature of domestic violence is that women become progressively isolated, as the husband/partner exerts more power and control over her mobility and freedom of association.



Location

Location emerges as a key protective factor over a woman's lifetime, but not for her current risk of partner violence. In other words, although women in the Eastern Division have a much greater likelihood of experiencing violence in their lifetime compared with those from the Central and Western Divisions, women from all locations are currently being subjected to violence at about the same rates. Historically, FWCC has had less focus and impact in the Eastern Division. Lack of access to a range of services and the impact of traditional and conservative social structures have also made it harder for women to deal with and escape from partner violence.

11.4.2 Gender inequality

Risk factors that increase women's likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence. Looking at the predictors in the background of husbands/partners, most relate to the behaviours of men and the social construction of masculinity; whereas most of the risk factors in the women's background relate to acts of abuse that she has already suffered, or factors in her context that are beyond her control.

Risk factors in both the woman's background and those of her husband/partner can only be addressed if gender equality is promoted and progressively achieved, particularly changing attitudes and mind-sets on women's human rights and their equal value as human beings – including changing men's attitudes that they are entitled to dictate when to have sex and with whom. The implication of all these findings is that social norms around gender relations, men's entitlements and sexual abuse need to be tackled head-on in order to prevent intimate partner violence.

Sexual abuse increases women's vulnerability to domestic violence.

Sexual abuse emerges as the most important risk factor in the background of the woman, over her lifetime and currently. This includes sexual abuse by someone other than her husband, and whether her first sexual experience was coerced or forced. This tells us a lot about gender relations and women's status in Fiji. Women who have been sexually abused are blamed and stigmatised by the community; the assumption is that somehow the woman has brought it upon herself. Women themselves internalise this blame, suffering from low self-esteem and self-confidence as a result, and this increases their vulnerability to physical and sexual partner violence.

How women feel about rape:

"She feels that he is more powerful, and that she is now worth nothing. She thinks her life has been ruined because she was raped."
(Participants at an FWCC workshop, describing how a woman feels about herself after rape.)

The notion that women are less worthy or damaged after they have been forced or coerced to have sex highlights the very low status of women and how perceptions of their value are tied to their bodies and their virginity. FWCC Counsellors have countless examples of women who were forced to marry the men who raped them, or who coerced her to have sex the first time; often, they come to the centre to report physical violence, and after several counselling sessions they disclose that they were raped and forced into marriage. The view of the community and society is that after rape, she is no longer good enough for any other man, apart from the perpetrator. In addition, the perpetrator – now her husband – has established extraordinarily unequal power relations from the outset.



Although this survey has shown that most women have a strong sense of their sexual autonomy (Chapter 6), it is also very clear that men who perpetrate domestic violence do not respect this. The power imposed over women through the use of rape and sexual coercion is reflected in another lifetime risk factor, with women's risk of domestic violence increasing steadily with the number of children she has. Having many children can be an outcome of violence and control, due to women's lack of reproductive rights – such as the power to negotiate sex and to make decisions and choices about when to have a baby and the use of contraception. Furthermore, when a woman has many children, it is even more difficult for her to leave the violent relationship, support her children, and find someone in the family or community who will take her in.

Unequal gender relations and social constructions of masculinity fuel domestic violence

The strong association between men having extra-marital affairs (parallel relationships) and perpetrating domestic violence is an important finding that underlines men's sense of privilege including entitlement to sex. Engaging in multiple sexual relationships is clearly seen as more acceptable for men than women, and is also seen as a “manly” thing to do. FWCC Counsellors recount many cases where clients have challenged men over having affairs with other women; this often leads to the angry reply that it is none of her business, and he can do as he likes, in addition to violent attacks. In other cases, FWCC Counsellors have found that men's extra-marital affairs are associated with violence because he feels guilty. There are also examples of men using extra-marital affairs to push their wife out of the marital home; in these situations, men argue that they didn't chase their wife away – rather, she left him because she would not put up with his infidelity.

Infidelity is an expression of masculinity:

“The same notions of masculinity that condone male infidelity also tend to support male violence or control.” (WHO 2005: 69)

When women refuse to have sex, it is not uncommon for men to threaten that he can go elsewhere if she doesn't give him what he wants. Family and community members will often advise women to just accept men's infidelity, telling women to “just wait, he'll come back”.⁷ Many other studies have also found that men who are violent towards their wives and partners are more likely to have multiple sexual partners (SPC 2009: 149; SPC 2010: 173; VWC 2011: 175; and WHO 2005: 69).

Men fighting with other men is also a significant predictor of the risk of domestic violence and is another key part of the social construction of masculinity in Fiji. It is closely linked to a social acceptance of violence as form of conflict resolution, and points to poor communication and negotiation skills. This risk factor has also been found in other studies in the Pacific region (SPC 2009: 139; SPC 2010: 169; VWC 2011: 173).

Unequal gender relations, domestic violence and tolerance for violence are learned

A history of intergenerational violence in the woman's family is an important predictor for lifetime and current partner violence. When a girl grows up in a family where her mother is beaten, she learns that violence is a “normal” part of relationships between women and men. According to FWCC Counsellors, girls growing up in this type of environment often have low self-esteem, and low expectations about relationships. Violence against women by their husbands has also been condoned by some Christian churches as a legitimate form of punishment or discipline – a fact which points once again to the very low status and power of women.

Men's violence against women is seen as a legitimate form of “discipline”:

“I waited until I was not angry, and beat her with ‘love’, to teach her.” (Participants at an FWCC workshop, describing a common statement made by men in community education workshops.)

⁷ Workshop with FWCC staff, September 2012.



Another aspect of learned behaviour is the general tolerance for violence in the community including through corporal punishment in the family and schools. Several of the attitudes discussed in Chapter 6 show that there is a high level of tolerance for violence, as do the findings on non-partner violence reported in Chapter 5. The risk factors discussed above reinforce these earlier findings.

In addition, two other predictors point to a high tolerance for violence. First, the fact that women are at greater risk of partner violence if they live with their husband's/partner's family (a lifetime risk) underlines women's powerless and oppression in a social context where violence is condoned. Second, men who were hit or beaten regularly as children are more likely to perpetrate intimate partner violence, and this is both a lifetime and current risk. Being hit regularly as a child, and learning that power in family relationships is maintained by violence, is another integral part of the social construction of masculinity.

However, it is important to remember that some of the men who were beaten when they were boys are not physically abusing their wives and partners, and that not all women who grew up in families where the mother was beaten are currently in violent relationships themselves. This is a positive finding which confirms that new behaviour patterns can be established and nurtured based on an understanding of equality and human rights. Conversely, some of the men who were not beaten as children are now physically abusing their wives and partners – in these cases, the violent behaviour has also been learned, based on pervasive gender inequality and a general tolerance for violence in Fiji society.

11.4.2 Alcohol abuse

Having a husband who drinks alcohol weekly or daily is a significant lifetime and current predictor of women's risk of intimate partner violence. There is no doubt that excessive and frequent use of alcohol is a factor in contributing to men's use of violence. However, this should not be confused with the causes of violence (see boxes). Moreover, the interplay between alcohol and domestic violence is more complex than it may seem at first glance.

Men's violence against women reinforces gender norms:

“When a woman is subjected to violence for transgressing social norms governing female sexuality and family roles, for example, the violence is not only individual but, through its punitive and controlling functions, also reinforces prevailing gender norms. Acts of violence against women cannot be attributed solely to individual psychological factors or socio-economic conditions ... Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or a history of exposure to violence, overlook the broader impact of systemic gender inequality and women's subordination. Efforts to uncover the factors that are associated with violence against women should therefore be situated within this larger social context of power relations.” (UN 2006: 29)

Among the 2829 women who answered questions on their husband's/partner's alcohol consumption, 22% said that he drinks alcohol weekly or daily, and the remaining 78% said that he drinks occasionally, such as 1-3 times a month, or less than once a month. This means that about 1 in 5 men are drinking alcohol weekly or daily.

FWCC Counsellors note that alcohol consumption by the husband/partner can result in arguments about money; women transgressing social norms, by arguing with her husband and questioning his drinking, can be a factor associated with a violent attack. Moreover, being drunk is widely used as an excuse for bad behaviour, and community members will generally be more forgiving if the man is drunk when a violent incident occurs. Being physically or sexually violent while drunk feeds into a common myth that men cannot control their behaviour.



Moreover, the survey findings show that 65% of women have been beaten by husbands/partners who do not drink frequently (compared with 76% who drink daily or weekly, Table 11.1 of Annex 1). FWCC client statistics show that of 586 new cases of women seeking assistance with domestic violence in 2011, only 57 women (less than 10%) indicated that alcohol was involved. In the vast majority of these cases, extra-marital affairs by the husband was a major factor.⁸

Addressing alcohol consumption is a sound strategy for its own sake, given the public health costs and the range of damaging social effects on families and communities. Moreover, 29% of women in the survey said that drunkenness by their husband or partner was a factor related to violent incidents, and it ranks among the top 3 factors identified by women living with violence (Figure 6.5). Excessive drinking by men has been strongly associated with partner violence in almost every setting where research has been undertaken on violence against women, including in the Pacific region (Heise 2011: 46; SPC 2009: 144; SPC 2010: 171; VWC 2011: 173; and WHO 2010: 21). A recent evidence-based review of prevention efforts indicates that lowering the rates of binge drinking in high-income countries can reduce the overall level and severity of partner violence, and that alcohol use can be a good entry point for discussing marital relations, given that both women and men associate men's excessive drinking with domestic violence (Heise 2011: xiii, 46). Nevertheless, with so many predictors pointing to unequal gender relations, **reducing alcohol consumption by itself is unlikely to be effective as a primary prevention strategy in Fiji. Other predictors all point to men's sense of entitlement and privilege and women's lower social status, in addition to a high tolerance for violence. These norms and expectations also need to be addressed in the context of any alcohol reduction program that is designed with the aim of reducing or preventing violence.**

Alcohol is a factor but not a cause of domestic violence:

"It is totally wrong to think alcohol is the cause of the violence. ... The causes of domestic violence have to do with the fact that the man believes he has power over the woman and can treat her badly if he wants to. Some men have less control over themselves when they are drunk, and that is why they lash out. But they know that about themselves when they start drinking. They can choose not to drink because they know they become violent when they do. Drunkenness is no excuse for brutal behaviour." (FWCC 1992: 8)

11.4.3 Ethnicity

The risk factor analysis confirms the findings from Chapter 4 on lower prevalence rates for women of Indo-Fijian background, compared with i-Taukei women and those from all other ethnic groups combined. These are very challenging findings and they expose a common myth that there is less violence against women in i-Taukei communities. The findings raise several questions, which could be pursued through future research and dialogue:

- Is there a higher tolerance for violence in general among i-Taukei communities? If so, what cultural and social factors contribute to the normalisation of violence, and how can these norms be changed?
- Is the prevalence of partner violence lower in Indo-Fijian communities because women are more likely to internalise attitudes about unequal power relations, and are they therefore less likely to challenge prevailing social norms and practices relating to women's traditional roles and status and other aspects of gender inequality?
- Why are i-Taukei women less likely to report the violence to people outside their families and communities, and more likely to report to hospitals; and why are Indo-Fijian women more likely to report to formal agencies such as the police and courts?
- What are the implications of the survey findings for prevention strategies, and for ensuring that women from all ethnic backgrounds can access services and family and community support when needed?

⁸ FWCC client statistics for 2011.



11.4.4 Age

Being young (under 24) is a significant current risk factor for women experiencing partner violence; and younger men (under 35) are more likely to perpetrate violence. These findings accord with FWCC's counselling and community education experience, which provides further insights into why young women are at significantly higher risk than older women.

Violence begins very early in intimate relationships in Fiji, as men establish their power by using both physical and sexual force. FWCC staff have noted that binge drinking occurs more frequently among men under 35; this may also be contributing to the higher risk of partner violence among young women and men. Men tend to have a much more active social life when they are younger; and young women who question the time and money associated with this may be beaten.

As women age in a relationship, they often adapt their behaviour to suit their husband's/partner's preferences and needs. For example, they may question him less, and they narrow their circle of friends. By adapting in this way, women seek to actively avoid situations that challenge his authority or that have been associated with physical violence. However, FWCC's counselling experience and the survey findings demonstrate that emotional violence and controlling behaviours do not reduce as women age, and in some cases they are even more intense.

Similar findings regarding the increased risk of young people were demonstrated in the WHO multi-country study (WHO 2005: 32-33). However, age is a much stronger predictor of intimate partner violence in Fiji than in other Pacific countries (SPC 2009: 149; SPC 2010: 173; VWC 2011: 175). The findings point to the need for specific and targeted interventions to prevent violence among young people, including through the education system.



Chapter 12: International Comparisons Of Prevalence

Summary of main findings

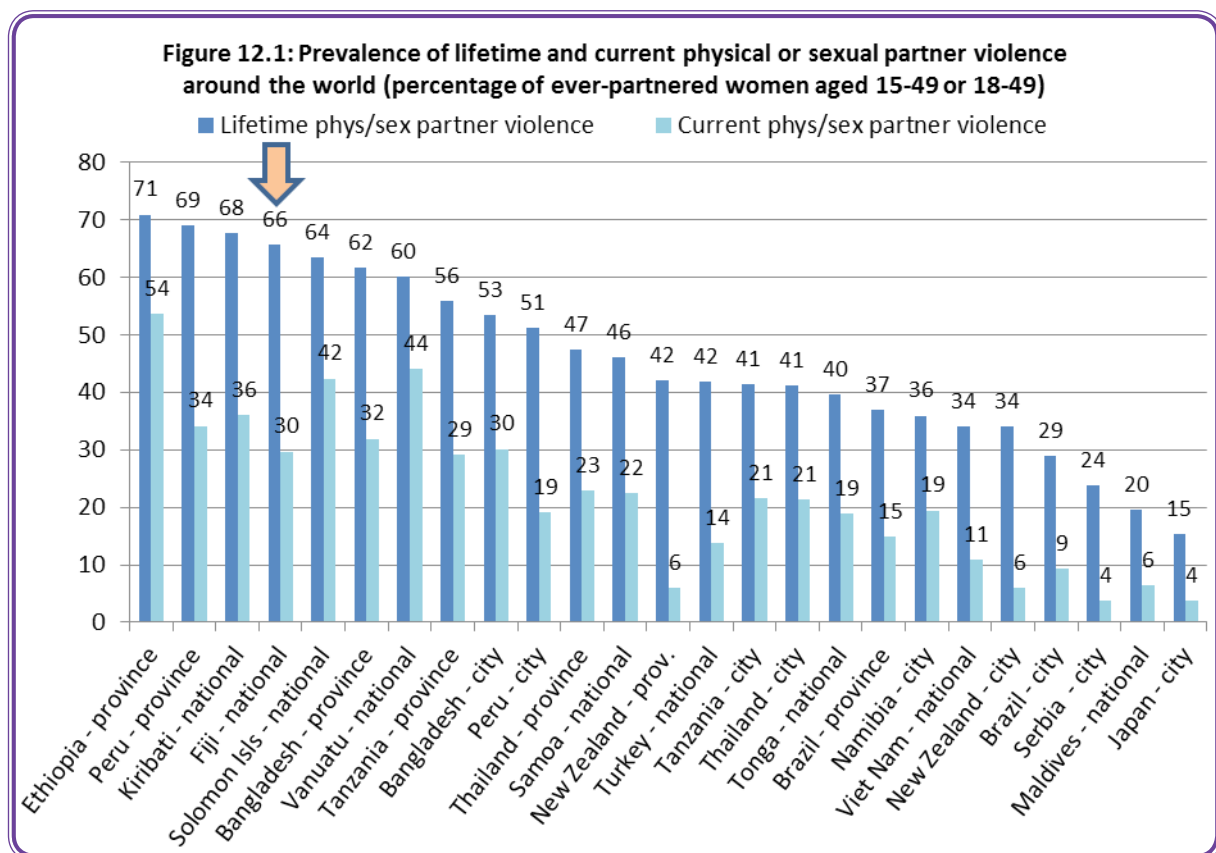
- Fiji has the 4th highest prevalence of physical and/or sexual partner violence over a woman's lifetime, compared with 20 countries that have used the WHO research methodology.
- Six Pacific Island countries have undertaken national research studies using the WHO methodology. Women in all 6 countries experience very high rates of both partner and non-partner violence compared with global averages.



This chapter presents a series of graphs which compare prevalence rates for partner and non-partner violence against women and girls. Comparisons are presented with 24 sites in 20 countries globally, and with 5 other countries in the Pacific region. All these countries have undertaken national, urban or provincial prevalence studies using the WHO methodology.

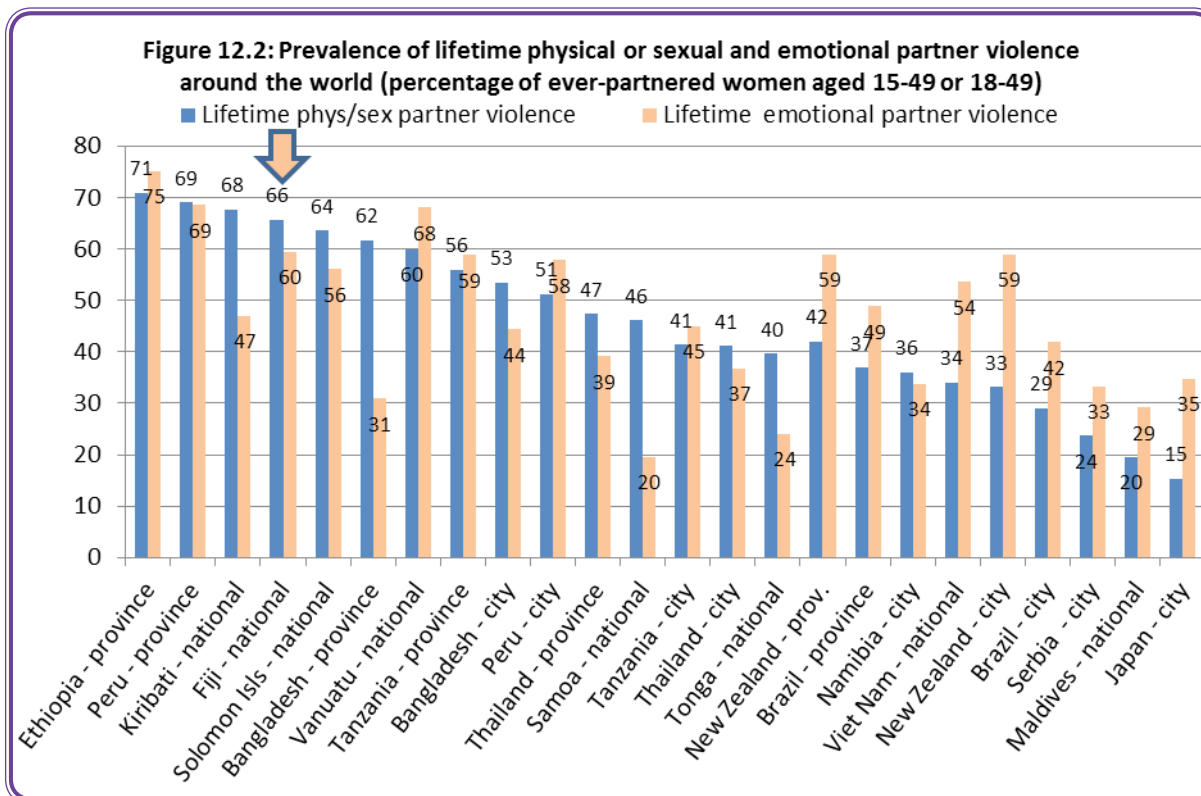
Prevalence rates in this chapter have been recalculated to use a consistent age range of 15-49 or 18-49 (in Fiji's case) to enable valid comparison. Consequently prevalence rates for Fiji presented in this chapter are slightly higher than those presented in Chapter 4, due to the lower prevalence rates among women in Fiji aged over 49 (see Table 12.1 of Annex 1).

12.1 Global comparisons

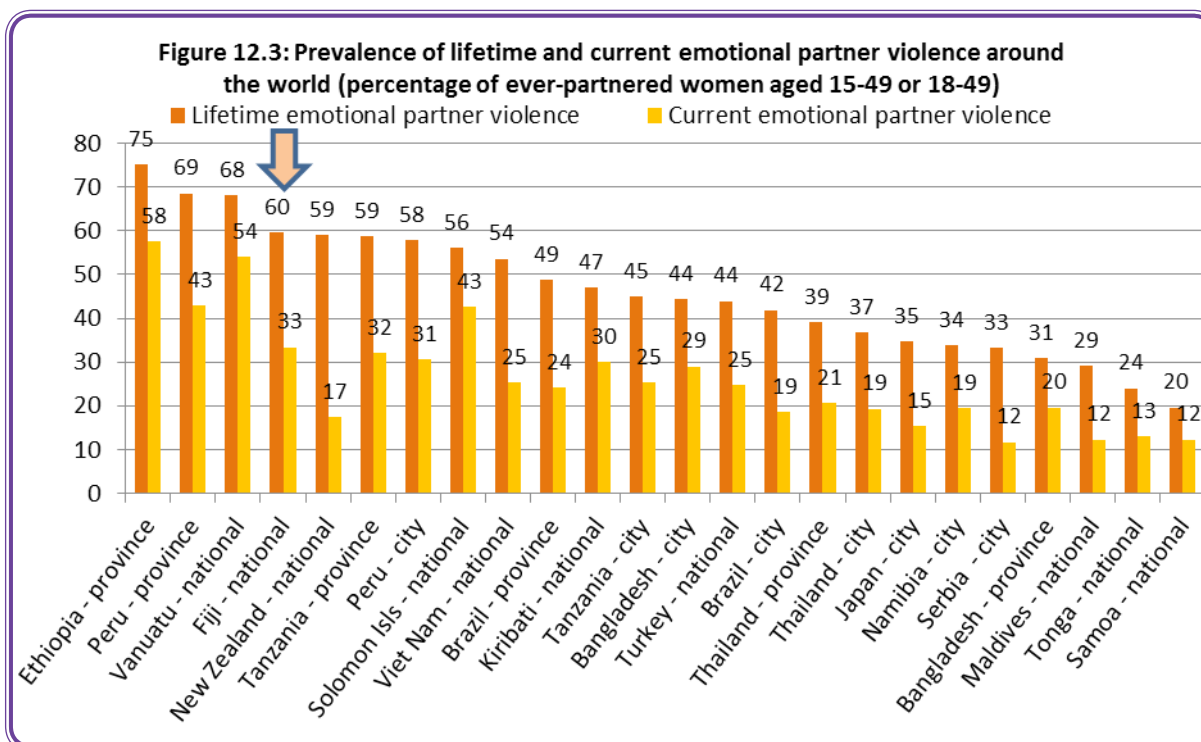


Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.

Among all the study sites that have undertaken research into the prevalence of intimate partner violence against women using the WHO methodology, Fiji has the 4th highest prevalence globally at 66%. Three countries have higher rates of lifetime prevalence of physical and/or sexual partner violence: Ethiopia, Peru and Kiribati. Five countries have higher current rates of prevalence than Fiji, including provincial Ethiopia, provincial Peru, Kiribati, Solomon Islands, and provincial Bangladesh (Figure 12.1).



Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.



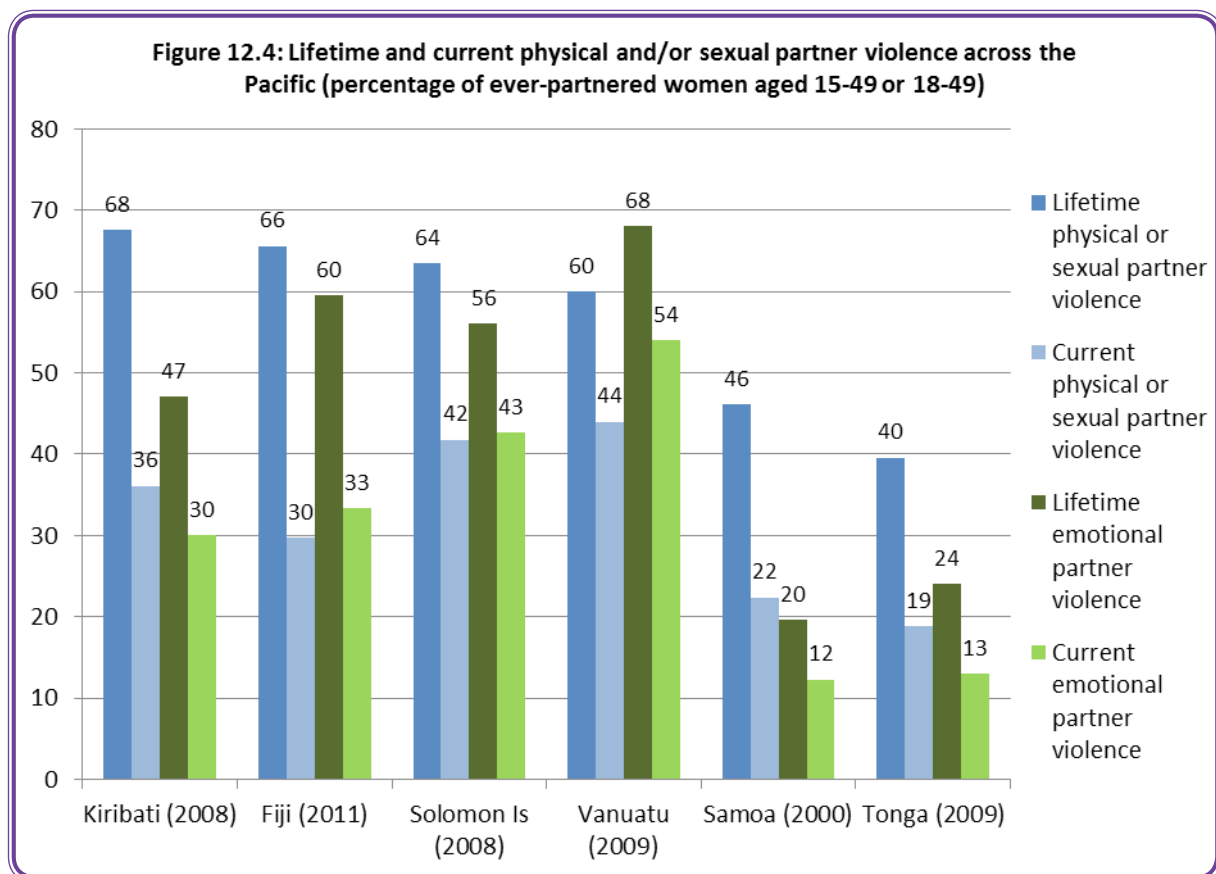
Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.



Similarly, only 3 countries in the world have higher lifetime prevalence rates for emotional partner violence than Fiji: provincial Ethiopia, provincial Peru and Vanuatu (Figures 12.2 and 12.3). Figure 12.3 compares lifetime and current rates of emotional partner violence; Fiji is again among the top 5 in the world, with current prevalence rates exceeded only by Ethiopia, Peru, Vanuatu and the Solomon Islands (Figure 12.3).

12.2 Pacific comparisons

Intimate partner violence is extremely high in Melanesia, although the highest prevalence is in Kiribati with 68% of women experiencing physical and/or sexual violence in their lifetime, compared with 66% in Fiji, 64% in the Solomon Islands, 60% in Vanuatu, 46% in Samoa and 40% in Tonga. Lifetime experience of emotional partner violence is highest in Vanuatu (68%), followed by Fiji at 60%, Solomon Islands at 56%, Kiribati at 47%, Tonga at 24% and Samoa at 20% (Figure 12.4).



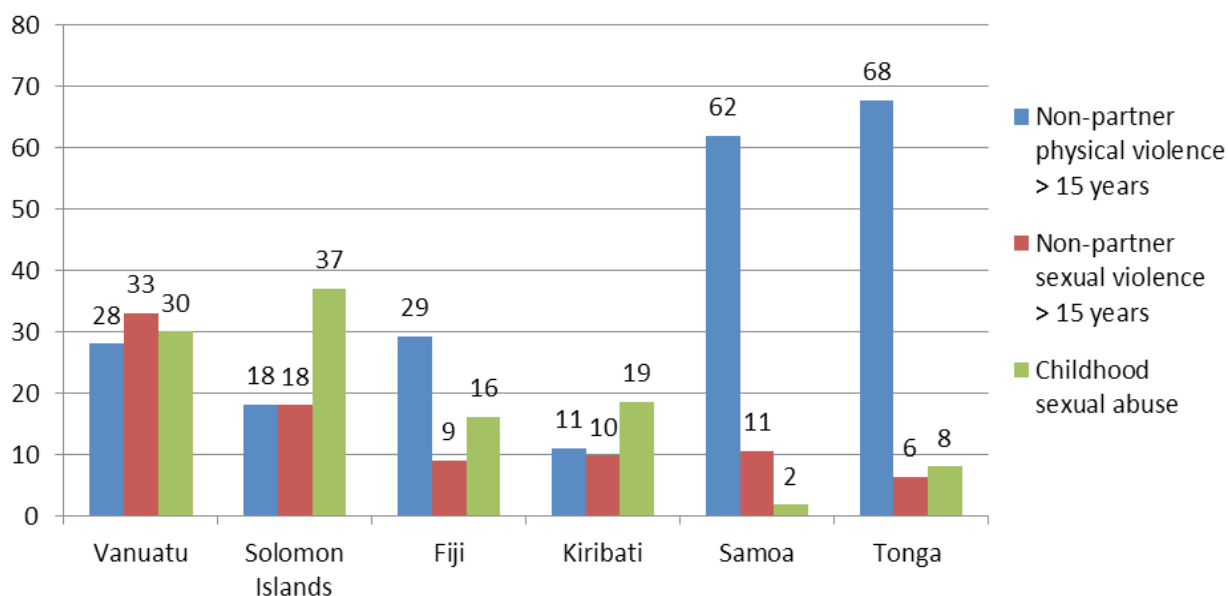
Source: Henrica A.F.M. Jansen et. al. 2013: 139.

Current rates of physical and/or sexual intimate partner violence are also extremely high in all Pacific countries, particularly in Vanuatu (with the highest current prevalence of 44%), Solomon Islands (42%), Kiribati (36%) and Fiji (30%). This compares with 22% in Samoa and 19% in Tonga (Figure 12.4). Current rates of emotional partner violence are also highest in Vanuatu (54%), followed by Solomon Islands (43%), Fiji (33%), Kiribati (30%), Tonga (13%) and Samoa (12%) (Figure 12.4).



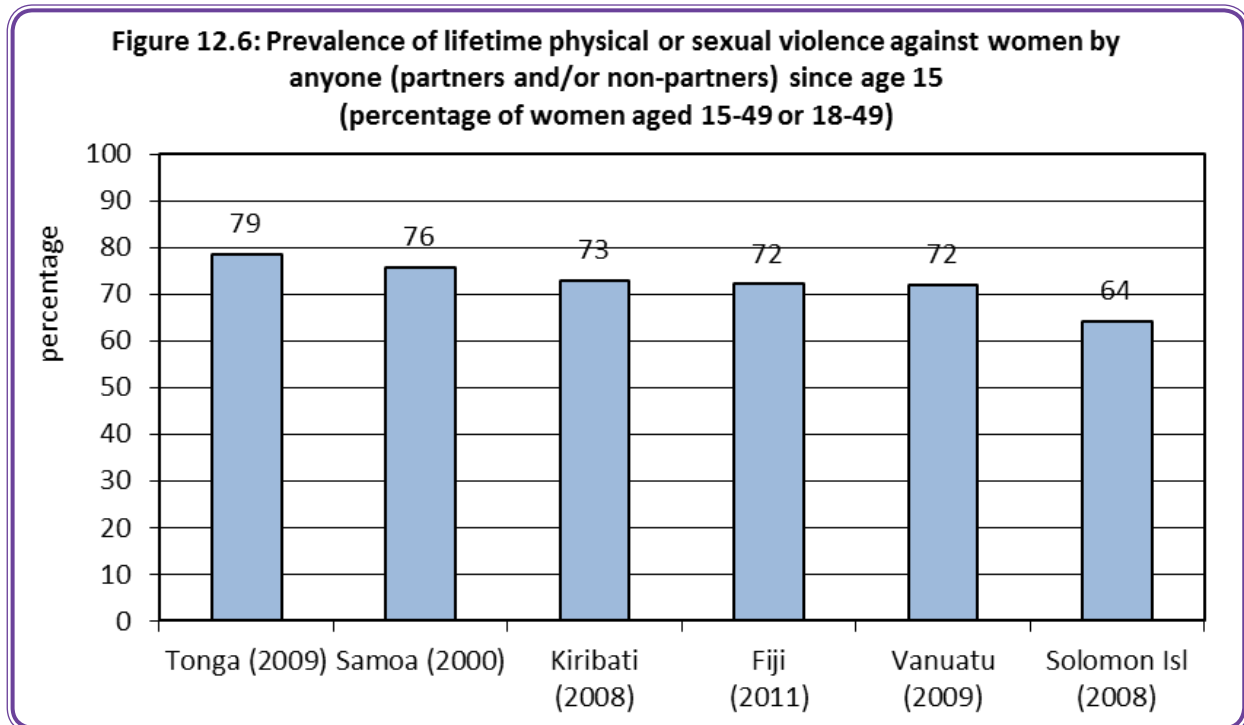
Although the rates of intimate partner violence are much higher than non-partner violence in Melanesia and Kiribati, this picture is reversed in Polynesia. Intimate partner violence affects about 2 in every 3 women in Fiji, Vanuatu, Solomon Islands and Kiribati; in Tonga and Samoa, non-partner physical violence affects about 2 in every 3 women. Tonga has the highest rates of non-partner physical violence against women over the age of 15, with 68% of women experiencing this in their lifetime. This compares with 62% in Samoa, 29% in Fiji, 28% in Vanuatu, 18% in the Solomon Islands and 11% in Kiribati (Figure 12.5).

Figure 12.5: Non-partner violence across the Pacific (percentage of all women aged 15-49 or 18-49)



Source: Henrica A.F.M. Jansen et. al. 2013: 139.

Non-partner sexual violence against women over the age of 15 is a significant problem across the Pacific region. One in 3 women in Vanuatu (33%) have been subjected to rape or other forms of sexual assault by someone other than their husband or intimate partner in their lifetime, compared with 18% in the Solomon Islands (almost 1 in 5), 11% in Samoa, 10% in Kiribati, 9% in Fiji and 6% in Tonga. The prevalence of childhood sexual abuse is extremely high in the Solomon Islands (37%) and Vanuatu (30%), and is also a significant problem throughout the region: 19% of girls in Kiribati are sexually abused under the age of 15 (1 in 5), 16% in Fiji, 8% in Tonga and 2% in Samoa (Figure 12.5).



Source: Jansen et. al. 2013: 139

One interesting finding is that very similar proportions of women have experienced some form of partner or non-partner physical or sexual violence in their lifetime in all 6 Pacific Island countries, despite the significant differences noted above. Due to the extremely high rates of non-partner violence, Tonga has the highest overall prevalence of non-partner and partner violence combined, affecting almost 4 in 5 women, followed by Samoa (also about 4 in 5). In Kiribati, Fiji, Vanuatu and Solomon Islands, more than 3 in 5 women experience some form of partner or non-partner violence in their lifetime (Figure 12.6).



The rates of controlling behaviour by husbands and partners in Pacific Island countries are considerably higher than most other countries where the WHO methodology has been used.

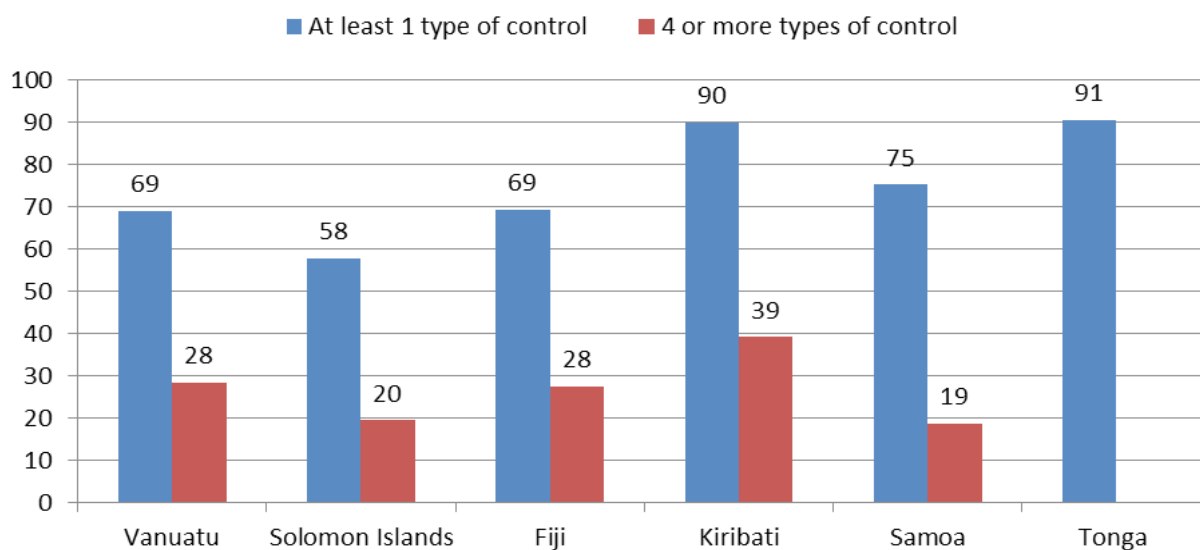
For example, among the countries included in the WHO multi-country research, the percentage of ever-partnered women subjected to 4 or more controlling behaviours ranged from a low of 2% in Japan to a high 30% in provincial Peru, with an average of 14% across all 15 sites (WHO 2005: 35).



This is considerably less than the rate of controlling behaviours experienced by women in the Pacific region: 19% of women in Samoa experienced 4 or more forms of control, 20% in the Solomon Islands, 28% in Vanuatu and Fiji, and 39% in Kiribati (Figure 12.7).



Figure 12.7: Lifetime prevalence of controlling behaviours by husbands/partners across the Pacific (percentage of all ever-partnered women)



Notes: The percentage of women in Tonga who experienced 4 or more types of control is not available; prevalence has not been recalculated for consistent age ranges for this graph. Sources: Table 4.11 of Annex 1; VWC 2011: 70; SPC 2009: 65; SPC 2010: 85; WHO 2005: 34-35; and Ma`a Fafine mo e Famili 2012: 207).



12.3 Discussion of findings

Caution should be applied when comparing the prevalence of violence against women, since all 6 Pacific Island countries have disturbingly high rates of violence against women, regardless of which indicator is used. The global average for lifetime non-partner and partner violence combined is 35.6%, compared with just over 60% for the Solomon Islands with lowest combined lifetime prevalence in the Pacific region, and almost 80% for Tonga.

The global rate for intimate partner physical and/or sexual violence is 30%, compared with 40% in Tonga and 68% in Kiribati. Similarly, all but one of the 6 Pacific Island countries have high rates of non-partner sexual violence: the global rate is 7.2% compared with a high of 33% in Vanuatu and 9% in Fiji. Only Tonga (6%) has a prevalence of non-partner sexual violence slightly below the global average (WHO 2013: 16-20).

Although the prevalence of different types of violence varies somewhat between the 6 countries, all face a problem of epidemic proportions. Findings from all 6 Pacific Island country studies show consistent associations with damaging and costly health outcomes for women; there can be no doubt that men's violence towards women, whatever its form, is a key determinant of poor health among women. Similarly the findings from each country point to long-term social and economic impacts on children. Another common finding across all 6 countries – and indeed among all countries where research has been undertaken – is that few women who disclosed violence during the survey had ever sought help to deal with the problem or to stop the violence (Jansen et. al. 2013: 139; and WHO 2013).



Chapter 13: Conclusion & Recommendations



13.1 Conclusions on findings

Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Entrenched social norms and mind-sets about women's roles and status need to be challenged and changed to prevent violence; changes in attitudes, behaviours and institutional practices are also essential to respond effectively to this widespread problem. Concerted action is needed by all stakeholders, and these actions need to be well-informed by an understanding of the problem, its scope and causes.

Although the survey findings reinforce the scale of the problem and the need for long-term commitments to address it, they also provide evidence that attitudes to this problem are changing. Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights.

Prevalence and nature of violence against women and girls

Violence by husbands and partners

By any measure, Fiji's rates of violence against women and girls are among the very highest in the world: 64% of women who have ever been in an intimate relationship have experienced violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today; 58% experienced emotional violence in their lifetime, and 29% in the last 12 months. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many of these suffered from all 3 forms of abuse. In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to 4 or more types of control. Women living with intimate partner violence are also subjected to various forms of economic abuse, with their husbands/partners either taking their savings or refusing to give them money.

FWCC has undertaken previous studies of prevalence and attitudes to violence against women (FWCC 2001 and FWCC 2006), and other organisations have researched violence against children (UNICEF 2009 and Global Initiative to End All Corporal Punishment of Children 2012). Despite these studies, many sections of the media continue to trivialise the problem and many people in Fiji believe that violence happens rarely, or that it is minor. These myths are exploded by the findings in this report, which describe a terrible reality for many women living with violence. This includes severe and repeated attacks akin to torture, coupled with humiliating emotional abuse and high levels of coercive control. The high proportion of women who have experienced very severe physical attacks is alarming: 44% or more than 2 in every 5 ever-partnered women.

Fiji has an image of itself as a society that values family, children and community. Yet 15% of women have been beaten during pregnancy, and one-third of these were punched or kicked in the abdomen by their husband or partner.

The complex web of control, intimidation, humiliation and multiple forms of violence needs to be recognised by all service providers who aim to prevent violence and assist women living with violence. Coercive control by husbands and partners prevents women and girls from finding out about their legal and human rights and the services available to help them. It prevents them from reporting the violence to authorities and getting the help they need for their injuries and trauma. It also prevents women from telling their family and friends about the violence.



Physical and sexual violence by non-partners

There are also high rates of non-partner violence against women and girls: 31% have been subjected to physical or sexual assault since the age of 15 by someone other than their husbands and partners, and 16% were sexually abused as children. For 29% of women, their first sexual experience was either forced or coerced. These findings are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will be subjected to intimate partner violence. Overall, 71% of women were subjected to physical or sexual violence by anyone in their lifetime – including partners and/or non-partners.

How women cope with the violence

Women show enormous resilience and strength in the face of repeated and serious violence and abuse. The findings demonstrate that they try to cope with the violence themselves before telling anyone about it. Only about half of the women living with violence have ever told anyone about it; when they do tell someone, they usually turn first to family members or friends. Forty percent (40%) of women who experienced violence have left home temporarily at least once due to the violence, but many have not disclosed the true reason for leaving. Only 24% have ever gone to an agency or formal authority for help, and the police and health services are usually the first agencies that women go to.

Given these findings, it is not surprising that almost 3 in 5 women (58%) believe that people outside the family should not intervene if a man mistreats his wife. These entrenched community attitudes are a serious disincentive to women disclosing violence and taking steps to deal with it.

When women do take the very difficult step of asking for help or leaving home, the evidence shows that the majority do so because the violence is extremely serious, they cannot endure any more, or because they are badly injured. Service-providers, traditional and church leaders, families and friends need to take note of these findings by not condoning, excusing or tolerating the violence. When women do ask for help or leave home, it means that the problem has reached crisis point. Requests for help need to be taken seriously; service-providers, families and friends need to respond appropriately to ensure that women's rights, health, access to resources and life are protected.

Health, social and economic impacts of violence against women and girls

The findings demonstrate costly impacts from Fiji's very high levels of violence against women and girls. These include:

- severe short-term and long-term impacts on the physical, reproductive and mental health of individual women;
- short-term and long-term impacts on children; and
- economic and social costs to families, communities and the nation.

Intimate partner violence against women imposes a high burden of injury on women and the economy: 43 women are injured, 1 is permanently disabled, and 71 lose consciousness every day in Fiji. With 30% of ever-partnered women injured in their lifetime, and a significantly increased risk of emotional distress symptoms including suicidal thoughts and actions, domestic violence is undoubtedly one of the biggest risks to women's physical health and mental well-being in Fiji. Injuries and emotional distress have a severe impact on women's physical health, their ability to care for their families, earn an income, and engage in social and economic development. Higher rates of miscarriage and an increased likelihood of unwanted pregnancies also have damaging health impacts and social and economic costs to the community.



Domestic violence has negative impacts on children's emotional well-being; it is associated with increased aggressive behaviour in some children, and increased timidity and social withdrawal in others. Children whose mothers are subjected to intimate partner violence are significantly more likely to fail or repeat at school. These impacts affect both boys and girls; they reduce their life opportunities and pre-dispose them to the risk of violence in their own intimate relationships in adult life, as either perpetrators or survivors. These findings have highlighted the fact that children need emotional support to address the range of emotional and behavioural problems that they experience due to violence perpetrated against their mothers; and they need the violence to stop.

A range of economic and social costs of domestic violence have been highlighted by the survey findings. Direct costs to the health system are substantial, even though many women do not receive the health care they need for their injuries. High levels of control by men over women's mobility and access to employment reduces women's ability to earn income and provide for themselves and their families, and thus results in direct and indirect costs to families and communities. There are significant and ongoing lost opportunities for social and economic development due to men placing restrictions on women's participation



in organisations and meetings, their disruptions to women's work, the long-term behavioural and educational impacts on children, and enormous costs due to lost productivity as a result of injury, disability and emotional distress.

Men's control over women's access to health care is pernicious and exacerbates health problems for both women and children. It increases the long-term costs of providing treatment, as opposed to early intervention in preventative health care.

Gender inequality: causes, attitudes and risk factors

The findings describe patterns of extreme gender inequality in Fiji: patterns of physical, sexual and emotional abuse coupled with coercive control, with men imposing power over women in a range of damaging ways, including by intimidation and threats. In addition, many women agree with statements that undermine or negate women's rights, and 43% agree with one or more "justifications" for a man to beat his wife. Sixty percent of women (60%) agree that "a good wife obeys her husband", 55% believe that "it is important for a man to show his wife/partner who is the boss", 53% do not agree that woman has the right to choose her own friends, and 33% believe that a wife is obliged to provide sex, even if she doesn't feel like it.

The most common situations mentioned by women where violence occurs include jealousy by her husband, her disobedience and his desire to show he is the boss, in addition to drunkenness. Women subjected to intimate partner violence are significantly more likely to agree with statements that negate women's human rights, and with a range of justifications for violence by husbands and partners.



This is a common finding in other studies and indicates strongly that unequal gender norms and power relations are reinforced by women as well as men (Fulu et. al. 2013: 4; SPC 2009: 72-73; and VWC 2011: 80-86).

The high rates of both partner and non-partner abuse show that the use of violence as a form of punishment and discipline is accepted within many families and communities. Women themselves minimise the impact of the violence on their health and well-being; many even say that they have not sought help because the violence was “normal”. All these findings demonstrate that a tolerance for men’s violence against women and unequal gender power relations remain entrenched in social norms, and in the belief systems of some women.

On the positive side, most women have a strong sense of sexual autonomy and 57% do not agree with any reasons for physical violence by a husband/partner. Overall, the more education a woman has, the more likely she is to agree with statements that support equal gender power relations and women’s human rights. (However there is one exception to this generalisation: tertiary educated women are less likely to agree that people outside the family should intervene if a man mistreats his wife, compared with secondary and primary school graduates.)

Several findings also demonstrate clearly that men’s violence against women is learned behaviour. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality by both women and men. Risk factors that increase women’s likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence.

Most factors in the background of husbands/partners are related to the social construction of masculinity, such as having multiple sexual relationships and fighting with other men; being regularly beaten as a child and frequent alcohol abuse are also key risk factors. The main risk factors in the women’s background relate to acts of sexual abuse or coercion that she has already suffered, and a history of inter-generational violence.

Differences in prevalence and help-seeking behaviour

All forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women’s mobility. **The prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world.**

All forms of partner and non-partner violence against women and girls are very high compared with global averages among all groups, regardless of ethnicity, religion, location, education levels and socio-economic group. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women, and substantially higher for both i-Taukei women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions. Seventy-two percent (72%) of i-Taukei women experienced physical and/or sexual violence by a husband or partner in their lifetime, compared with the national prevalence of 64%; 65% of i-Taukei women have experienced emotional violence compared with a national rate of 58%, and they have a higher prevalence of all forms of coercive control by husbands.



These same patterns and differences in prevalence are also found for violence during pregnancy, with 18% of i-Taukei having been attacked while pregnant compared with 11% for women from the Indo-Fijian community and a national rate of 15%. I-Taukei women have a higher prevalence of the most severe forms of physical violence (55% compared with a national rate of 44%); consequently, i-Taukei women and those from the Eastern Division also have much higher rates of injury.

There are some differences in attitudes associated with ethnicity that need to be noted by stakeholders undertaking prevention programs. Indo-Fijian women are substantially more likely to agree that a good wife should obey her husband, and that a wife is obliged to have sex with her husband, compared with i-Taukei women and those from other ethnic groups. On the other hand, i-Taukei women are far more likely to agree that a man should show his wife that he is the boss. Women from the Eastern Division and i-Taukei women are also more likely to agree with statements that condone violence by a husband or partner.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than i-Taukei women. Indo-Fijian women were more likely to ask for help from the police and courts, and to seek legal advice, social welfare services and assistance from FWCC or its Branches. In contrast, i-Taukei women were more likely to seek help from a hospital or health centre or a religious leader. I-Taukei women were less likely to tell immediate family members about the violence, and more likely to tell aunts, uncles and friends, compared with Indo-Fijian women who were more likely to tell immediate family members (such as parents and siblings).

13.2 Has FWCC's work helped to prevent violence and change attitudes?

FWCC's integrated and holistic approach to addressing the problem of men's violence against women includes the following: counselling and advocacy for individual clients; community education, rural outreach and mobilisation; training and supervision of male advocates; national networking with a range of key stakeholders including training to build their skills and the quality of their responses to the problem and prevention efforts; and high-level/national legal and policy advocacy.

Although the survey was not designed to assess FWCC's impact, there are several sources of evidence that suggest that FWCC's persistent work over the last 28 years has contributed to a reduction in the prevalence of domestic violence, and to some changes in attitudes. Each source requires some degree of caution regarding its interpretation.

However, taken together, a sound case can be made regarding the preventative impact of FWCC's integrated approach to addressing the problem of men's violence against women. These sources of evidence include the following:

- a comparison between the current survey conducted in 2011, with FWCC's first survey on domestic violence and sexual assault undertaken in 1999, and with FWCC's qualitative research on attitudes to women's rights and tolerance for violence undertaken in 2006;
- a comparison of prevalence and attitudes in areas where FWCC has been most active in providing prevention and response services, with those where it has been least active; and
- qualitative evidence collected and analysed annually on impact, as part of FWCC's ongoing monitoring and evaluation of its program.



Comparing findings from previous FWCC research

FWCC's 1999 national survey on the prevalence of violence against women found that 66% of the 1500 ever-partnered women surveyed had been subjected to physical abuse by their partners, compared with 61% in the 2011 survey; 30% of the women who participated in the 1999 survey said that they suffered repeated physical violence. The 1999 survey found that hands, fists and legs were used against 61% of respondents and that weapons were used against 30%, including a range of objects such as sticks, belts, knives, brooms, electric cords and steel bars (FWCC 2001: 16, 22).

The two surveys used different methodologies and survey instruments to collect data. Therefore, although it is reasonable to conclude that there has been some reduction in physical violence, it would be unwise to assert a precise 5% reduction in the prevalence of physical violence. The 1999 study was more likely to underestimate the prevalence of physical violence than the current study; this further supports the conclusion that rates of physical violence have indeed reduced.

This is because the questions asked in the 1999 questionnaire were less precise and less comprehensive in their coverage of the various types of physical attack; and because the well-tested methodology of the current survey was also more likely to lead to full disclosure than the 1999 survey. For example, the 1999 survey instrument did not include questions on pushing and shoving, pulling of hair, throwing something at the woman, dragging, choking, burning, or threatening her with a weapon (FWCC 2001: 10-11); these forms of violence were experienced by many women in the current study.

Despite the entrenched attitudes described above on gender relations, comparing findings on attitudes from the 2006 research with the 2011 survey indicates that mind-sets are indeed beginning to change among some sections of the population – towards a greater commitment to women's right to live free from violence. Again, it is not possible to say that there has been a percentage reduction in community tolerance of men's violence against women. However, the overwhelming conclusion from the 2006 research was that most people believed that if a woman is beaten by her husband, she must have "done something wrong" and deserved the ill-treatment.

This contrasts with 57% of women in the current survey who believe there is no justification for a man to hit his wife. The fact that 7% of women mentioned awareness of their rights as a main reason for seeking help from agencies and authorities is also a sign of a very important change compared to 2006, when most respondents were confused about women's rights and their relationship to traditional roles and social and cultural obligations, and many saw women who stood up for their rights as "socially deviant".

The current survey also shows that younger women are less likely than older women to agree with statements that negate women's rights and sanction extremely unequal gender relations – such as the view that a man should show he is the boss, that a wife is obliged to have sex with her husband, and that a woman should not choose her own friends. Compared with the 2006 survey, the 2011 findings suggest that there may be a generational change occurring in attitudes among some young women who have "grown up with FWCC" over the past 20-25 years, and an increased likelihood that they will challenge traditional gender relations.



However, the current survey findings suggest that these changes in attitudes are more likely among tertiary educated women than those educated to primary or secondary level. Moreover, these attitudinal changes are not yet contributing significantly to protecting women from intimate partner violence. For this next step to occur, a broader and deeper transformation is required within Fiji society, including changes to entrenched social norms on a wider scale, a groundswell in changed attitudes and behaviours by men, and systematic improvements in the responses to violence from social and legal institutions.

Another comparison made by FWCC staff between the 1999, 2006 and 2011 studies is the difference in the way people responded to FWCC during each survey. While there was reluctance in some communities to FWCC's approach to undertake research in the previous studies, this was not the case in 2011, when people welcomed FWCC's research teams and FWCC's work more generally.

Comparing findings from areas where FWCC has been most and least active

In addition to the main centre in Suva, FWCC had 2 branches in the Western Division for many years (Ba and Lautoka) and more recently 3 branches (Ba, Nadi and Rakiraki), and one in the Northern Division in Labasa. Although FWCC has had a national program since its establishment, face-to-face community education and counselling work has been focused primarily in the Central and Western Divisions in Viti Levu, in addition to the Northern Division.

The Central, Western and Northern Divisions have significantly lower rates of prevalence than the Eastern Division, particularly the Central Division which has benefitted from FWCC mobile counselling and community education outreach for well over 20 years, as well as the from the efforts of other stakeholders who have progressively taken up FWCC's anti-violence message. The ethnic make-up of the Eastern Division is a key factor in its higher prevalence; nevertheless it is also true that FWCC has focused less on the Eastern parts of the country, with less outreach and community mobilisation. (This has changed in the last few years with concerted efforts to reach out to women in the Eastern Division.)

Qualitative evidence from FWCC's monitoring and evaluation

FWCC collects and analyses qualitative information on several indicators focused on assessing changes in attitudes, behaviours and practices that contribute directly to the prevention of violence. These annual reviews provide a wealth of anecdotal and case study evidence that change is occurring, and that this change is due to a combination of factors – including the persistent work that FWCC has done over many years in raising awareness of women's rights and understanding of the nature of men's violence against women, in addition to the efforts of the women's movement in Fiji more generally. A variety of community leaders and organisations have progressively taken up the issue of violence against women due to FWCC's input and support, and FWCC's male advocacy program has been successful at spreading prevention messages into new places that were previously resistant and opposed to FWCC and its work.

For example, there have been 14 policy and legislative changes in Fiji since 2004 that institutionalise women's rights or criminalise domestic violence – each of these is due wholly or partly to persistent high-level lobbying, community and media advocacy by FWCC and other women's organisations.



These include: the Fiji Police Force No Drop Policy; a Memorandum of Understanding between the Social Welfare Department, the Fiji Police Force and the Health Department on child sexual assault and policies and protocols on child protection; a draft Employment Relations Bill addressing sexual harassment policies; the Act to amend the Criminal Procedure Code 2003 (relating to the sentencing of sexual offences); abolishment of the Law of Corroboration in Sexual Offence (through case law); the establishment of a precedent in case law recognizing marital rape as a serious crime; a review of the Penal Code, Sentencing Act and Criminal Procedure Code; the passing of the Family Law Act; the Employment Relation Promulgation 2007; and several decrees which included content based on FWCC's lobbying – the Domestic Violence Decree, the Criminal Procedure Code Decree, the Crimes Decree, the Child Welfare Decree, and the Family Law Amendment Decree recognising de facto relationships (FWCC 2013).

There are several signs of reduced tolerance for sexual assault (particularly child sexual assault) and marital rape among the community in general and selected institutions, following a series of annual campaigns by FWCC on sexual abuse. There is considerable case study evidence of reduced tolerance of violence among key individuals and institutions, including some faith-based organisations.

There are more well-informed individuals leading and engaging in debate in traditional and social media on women's human rights and gender based violence than there were in either 2006 or 1999 when FWCC's other research studies were undertaken. There is increased awareness and understanding of violence against women within targeted communities and institutions where FWCC has made repeat visits to raise awareness of the problem, change attitudes and improve service delivery. The demand for FWCC community education and training activities continues to grow.

Many organisations now conduct their own activities for the 16 Days of Activism Against Gender Violence, including government agencies, some trade unions and a range of civil society organisations; whereas 10-15 years ago only FWCC led these types of campaigns. Finally, some service providers have been influenced to improve their responses to violence, particularly through FWCC's National Network and the inter-agency committees that FWCC Branches have either established or participated in. All these changes help to prevent violence against women, by changing mind-sets and behaviours.

Positive conclusions about FWCC's impact are supported by international evidence regarding the impact of civil society and particularly home-grown feminist social movements on policy relating to violence against women. A recent quantitative study drawing on data from 70 countries from 1975 to 2005 found that feminist mobilisation in civil society had the greatest impact on bringing about policy change on violence against women, which itself is a measure of changes in attitudes at institutional level (Htun and Weldon 2012: 548). The study identified several drivers of change; each has been used by FWCC over 3 decades. These include (Htun and Weldon 2012: 550-554):

- consistent promotion of women's human rights;
- challenging male privilege in sexual relations and social norms of male domination more generally;
- a focus on mobilising community support through repeated protests and campaigns, coupled with strategic use of the media to influence the political will for change;
- ongoing lobbying of decision-makers to bring about policy, legal and institutional reforms;
- ongoing provision of practical services to survivors;



- strategic use of international norms and forums to reinforce and re-frame the push for change at home;
- modelling new forms of social organisation based on equality and human rights principles;
- producing media to communicate key messages (such as through newsletters, social marketing and community education efforts); and
- organising conferences, seminars and other targeted training and learning events that help to improve services for survivors, and re-shape the public policy agenda.

13.3 Implications and recommendations

The findings from this survey have implications for all stakeholders engaged in efforts to eliminate violence in Fiji, and particularly those who provide services to women, girls and boys who have experienced violence in their families or other contexts. Although substantial progress has been made by FWCC and others to prevent and respond to men's violence against women, long-term and innovative efforts will be needed to reduce prevalence, particularly among those women who are currently most at risk.

While FWCC's strategies have been effective, the findings highlight the need for increased focus in key areas, and for ongoing efforts to promote women's human rights and gender equality and to reduce the tolerance of violence within the community.

The implications and recommendations listed below are based on: the evidence documented in this report; FWCC's experience in trialling, implementing and evaluating strategies over the past 28 years; and the deliberations and resolutions from the Sixth Pacific Regional Meeting on Violence Against Women and Girls in 2012 (FWCC 2014 forthcoming).

Prevention

Being young is a key risk factor for violence. The findings show that violence begins very early in relationships, that younger women are more likely to experience intimate partner violence, and that younger men are more likely to perpetrate it. The missed potential of the formal education system at preventing violence and changing attitudes has been a consistent theme through several findings discussed in this report.

A family history of violence significantly increases the risk that girls will suffer from violence as adults; men are more likely to become perpetrators if they are beaten regularly during their childhood. This evidence underscores the importance of responding appropriately to violence whenever and wherever it occurs. Service delivery for women living with violence is usually categorised nowadays as an intervention focused on response rather than prevention.

The findings show clearly that helping women to take steps to stop the violence is imperative to prevent violence in future generations of young women and men. Preventing violence towards boys and girls at home and at school is also essential to prevent young men from learning and repeating these damaging behaviours. Rights-based and integrated approaches that encompass both prevention and response are essential to eliminate and circumvent violence before the behaviour is repeated by future generations.



There is strong evidence that men's power over women has to be challenged to increase the effectiveness of prevention efforts. The intense web of coercive control and the damaging impacts of emotional abuse also need to be acknowledged and addressed by stakeholders seeking to prevent violence against women and girls, in addition to physical and sexual violence.

Recommendations

1. *Prevention programs by all stakeholders must be evidence-based, and grounded in a sound understanding and gender analysis of the problem and dynamics of violence against women and girls.*
2. *Gender equality and awareness on violence against women and girls should be included in the education curriculum in schools and in teacher training programs.*
3. *Prevention programs should focus on the prevention of coercive control and emotional violence, as well as physical and sexual violence, in addition to actively promoting the rights of women and girls.*
4. *Innovative methods for reaching young women and men should be trialled to enhance the effectiveness of awareness-raising and behaviour change strategies, such as: building and mentoring a network of creative artists from various forms of performance art and social media; working through sports groups; and through social media.*

Targeting high-risk areas and groups

The different rates of prevalence between ethnic groups is one of the most challenging findings from the survey and suggests that different methods may be needed to reach out to different communities, to both prevent and respond to violence.

High rates of all forms of violence in the Eastern Division require concerted action by all stakeholders. However, the central message that gender inequality and the low status of women are the fundamental causes of violence against women and girls cannot be compromised if prevention strategies are to be effective.

Many women do not seek help because they lack access to services. However, entrenched belief systems that reinforce gender inequality, condone violence and extol the "virtues" of obedience and punishment are also significant barriers to women seeking help, and to the effectiveness of prevention efforts.

When women do seek help, many turn first to law and justice sector agencies including the police; all stakeholders (and relatives) need to heed the evidence in this report that women only ask for help when the violence and its consequences are very severe indeed.

While there is promising evidence that addressing alcohol abuse by men may help to reduce the severity and overall level of violence in some developed countries, there is also strong evidence that focusing on one risk factor alone will not end violence against women.

Most research on men's violence against women in other settings concurs with the evidence in Fiji that intimate partner violence is largely driven by factors related to gender inequality including a sense of sexual entitlement among some men, childhood experiences, and behaviours linked to harmful expressions and interpretations of masculinity (Fulu et.al. 2013: 4).



This study was not designed to investigate whether there is an increased risk of violence faced by women and girls living with a disability, although there is considerable international evidence that this is the case. However, it has demonstrated clearly that intimate partner violence increases disability among women due to a range of serious injuries.

Recommendations

5. *Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence need to be acknowledged by all service-providers in their prevention and response efforts.*
6. *More attention needs to be given to targeting isolated and vulnerable communities where this research has shown women and girls to be at the greatest risk, including the Eastern Division.*
7. *Traditional leaders need to demonstrate strong commitment and active involvement in community based initiatives and mobilisation to end violence against women and girls.*
8. *Faith based organisations should be actively involved in the prevention of violence against women and girls through their missionary work as well as through their welfare and support programs.*
9. *Community based initiatives and mobilisation should focus on providing knowledge, skills and practical strategies to family and community members and friends who witness violence against women and girls, and assist them to respond appropriately when women turn to them for help or disclose violence for the first time.*
10. *All service providers should be trained to respond appropriately to cases of violence against women and girls using a gender equality and rights based approach, including police, judiciary staff and officers, traditional leaders, faith based organisations and welfare agencies.*
11. *Perpetrator programs should be based on a sound understanding of the causes and dynamics of violence against women; they should focus on behavioural change and holding offenders accountable, and be adequately monitored and evaluated from a rights based perspective.*
12. *Prevention and service delivery programs should take into account the links between violence and disability, and be responsive to the needs and rights of women and girls with disabilities and other vulnerable groups.*
13. *Quality standards should be developed for both prevention and service delivery programs that address violence against women; standards should articulate a rights based and gender equality approach, and be grounded in evidence regarding the scope, nature, dynamics and impacts of violence against women and girls.*
14. *The Fiji Police Force should systematically and consistently implement its No Drop policy for all offences against women and girls; police and other law and justice sector agencies should be adequately resourced and skilled to respond expeditiously and sensitively.*
15. *Donors that support prevention and response programs should assess proposals from a rights based and gender equality perspective, and ensure that funded programs and organisations adhere to quality standards.*



Improving health sector responses

The high rates of injury and the damaging range of physical, mental and reproductive health problems associated with violence against women calls for informed, skilled and sensitive responses from health sector workers.

The significant burden of injury, disability and emotional distress needs to be acknowledged in health policies and strategies, including in mental health policy and strategy. Health professionals are seeing women every day whose injuries or health problems are directly or indirectly due to the violence in their lives; in many cases, health workers are also the first people to be asked for help.

Recommendations

16. *Protocols need to be established within the health sector for dealing with cases of violence against women against children.*
17. *All health workers should be trained to ensure sensitive and appropriate responses when victims/survivors access health services, to ensure protection of their rights, confidentiality and their health.*
18. *Health services in rural and maritime areas should be equipped to provide appropriate prevention and response services to women and girls.*
19. *Physical, reproductive and mental health prevention strategies need to take into account the serious impacts of violence against women including men's control over women's access to health care, by reinforcing women's rights to decision-making about their own health, access to health care, and sexual and reproductive rights.*



**Economic empowerment**

Employment and ownership of assets do not protect women from violence. Nonetheless, without employment and assets, women have no means to support themselves and their children, and therefore no escape route from violent relationships. Women in Fiji have very limited access to employment and own few assets; women living with violence need to earn income, since their husbands/partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without permission.

On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence. Programs aimed at increasing women's employment and the productivity of small and medium enterprises have the potential to empower women and advance social and economic development (AusAID 2012:12). However for this to occur, gender inequalities need to be explicitly addressed.

For women who are just beginning to earn an income, economic empowerment programs could help prevent partner violence – by working with women to enable them to claim their rights, and by working with men to increase their understanding of women's rights, and the benefits to the whole family and community when women's productivity is increased.

Recommendations

20. *Economic empowerment programs should be based on an understanding of how gender inequality and violence impacts on women's lives and their ability to earn and control income and assets; they should support women to claim their rights to earn and control income and assets, by working with both women and men.*
21. *Targeted activities are needed to support women who have made the difficult decision to leave a violent relationship, to ensure they have access to long-term housing and secure income-generating opportunities.*



Annex 1: Statistical Tables



- 3.1. Household and individual sample obtained and response rates
- 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household)
- 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population aged 18-64 years in the general population (based on 2007 Census)
- 3.4. Prevalence of partner violence, unweighted and weighted for number of eligible women in the household
- 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence
- 3.6. Sex of head of household as reported for the households where a complete interview was obtained
- 3.7. Women's reply to the question on whether the neighbours in her community know each other well
- 3.8. Women's reply to the question on whether people would do something to stop a street fight in her community
- 3.9. Women's reply to the question on whether most people in her community would contribute to a community project
- 3.10. Women's reply to the question on whether most people in her community trust each other in matters of lending and borrowing
- 3.11. Women's reply to the question on whether neighbours in her community would offer help if someone fell ill or had an accident
- 3.12. Proportion of women owning assets, either by herself or with someone else
- 3.13. Proportion of women earning money by herself and the way they are earning money, among all respondents
- 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women
- 4.2. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered women
 - 4.2.a. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Fijian iTaukei women
 - 4.2.b. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Indo-Fijian women
 - 4.2.c. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered other (non-iTaukei, non-Indo-Fijian) women
- 4.3. Prevalence of physical partner violence, broken down by severity
- 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened
- 4.5. Proportion of women who reported physical violence in pregnancy among ever-pregnant women
- 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women
- 4.7. Prevalence of specific acts of sexual violence by husbands/partners, among ever-partnered women
- 4.8. Prevalence of specific acts of sexual violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened
- 4.9. Prevalence of emotional partner violence, among ever-partnered women
- 4.10. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women
- 4.11. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women



- 4.12. Women who said that during or after an incident of violence she was forced to have sex, according to women who ever experienced physical partner violence
- 5.1.1 Prevalence and frequency of physical violence since the age of 15 years by non-partners, among all interviewed women
- 5.1.2. Prevalence and frequency of forced sexual intercourse since age 15 years, among all interviewed women
- 5.1.3. Prevalence and frequency of attempted rape and other sexual abuse since age 15 years, among all interviewed women
- 5.1.4. Prevalence and frequency of sexual abuse before age 15 years as reported in face to face interview, among all interviewed women
- 5.2. Overview of prevalence of sexual abuse by non-partners, since the age of 15 years and before the age of 15 years, as reported by all interviewed women
- 5.3. Percentage of all interviewed women who reported physical or sexual violence by non-partners, broken down by number and type of perpetrator
- 5.4. Overlap of non-partner and partner violence among all women
- 5.5a. Age of first sexual intercourse, among interviewed women
- 5.5b. Age of first sexual intercourse, among interviewed women who said they had ever had sex
- 5.6a. Nature of first sexual experience, among women who ever had sex (% in each category)
- 5.6b. Nature of first sexual experience by age of first sexual intercourse, among women who ever had sex
- 6.1. Attitudes to gender power relations
- 6.2. Attitudes to physical partner violence
- 6.3. Attitudes to sexual partner violence
- 6.4. Situations associated with violence as reported by women who ever experienced physical partner violence
- 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence
- 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence
- 7.3. Self-reported impact of violence on women's physical and mental health, among women who reported physical or sexual partner violence
- 7.4.a. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence
- 7.4.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence
- 7.5. Use of health services and medication among ever-partnered women, according to their experience of physical and/or sexual partner violence
- 7.6. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence
- 7.7. Factors related to last pregnancy, among women with live birth in the past 5 years, according to the women's experience of physical and/or sexual partner violence
- 7.8. Use of contraception reported by women, according to their experience of physical and/or sexual partner violence
- 7.9. How husbands/partners showed disapproval of contraceptive or condom among women who mentioned partner ever refused use of method
- 7.10. Estimates of the number of women injured per year, per week and per day
- 8.1. Children's well-being as reported by women with children 6-14 years old, according to the women's experience of physical and/or sexual partner violence
- 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence



- 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence
- 9.1. Prevalence of economic abusive acts by partners, as reported by currently-partnered women
- 9.2. Financial autonomy among currently married or cohabiting women, according to the women's experience of physical and/or sexual partner violence
- 9.3.a. Self-reported impact of violence on women's work, among women who reported physical or sexual partner violence
- 9.3.b. Self-reported impact of violence on women's work, among women who did work for money and who reported physical or sexual partner violence
- 9.4.a. Responses on persons who prevented women from attending groups/meetings
- 9.4.b. Respondents' freedom to attend groups/meetings, according to the women's experience of physical and/or sexual partner violence
- 10.1. Percentage of women who had told others, and persons they told about the violence, among women experiencing physical or sexual partner violence
- 10.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence
- 10.3. Percentage of women who mentioned they would have liked more help, and from whom, among women experiencing physical or sexual partner violence
- 10.4. Percentage of women who sought help from agencies/persons in authority, and satisfaction with support received, among women who experienced physical or sexual partner violence
- 10.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help
- 10.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help
- 10.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence
- 10.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (temporarily)
- 10.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned
- 10.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home
- 10.11. Retaliation/fighting back, among women who experienced physical partner violence
- 10.12. Effect of fighting back, among women who ever fought back because of physical partner violence
- 10.13. Percentage of women who said they ever initiated violence against their husband/partner, and frequency distribution of number of times it happened, among ever-partnered women
- 10.14. Communication between partners and association between communication and partner violence, in ever-partnered women
- 10.15. Quarrelling between partners and association between quarrelling and partner violence, in ever-partnered women
- 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women
- 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women
- 12.1. Prevalence of different types of partner and non-partner violence, among women 18-49 years old (for comparison with other studies using age group 15-49 or 18-49)



Table 3.1. Household and individual sample obtained and response rates, Fiji 2011

	Urban		Rural		Central		Eastern		Northern		Western		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total number of households in the sample	1671		1867		1469		320		601		1148		3538	
Dwelling vacant	14	0.8	34	1.8	14	1.0	1	0.3	3	0.5	30	2.6	48	1.4
Dwelling destroyed	1	0.1	5	0.3	2	0.1	0	0.0	3	0.5	1	0.1	6	0.2
Dwelling not found	3	0.2	4	0.2	2	0.1	0	0.0	0	0.0	5	0.4	7	0.2
Strange language (not eligible)	3	0.2	0	0.0	3	0.2	0	0.0	0	0.0	0	0.0	3	0.1
Total number of true (eligible) households visited	1650		1824		1448		319		595		1112		3474	
Household absent	13	0.8	24	1.3	14	1.0	2	0.6	1	0.2	20	1.8	37	1.1
No member at home	5	0.3	0	0.0	4	0.3	0	0.0	0	0.0	1	0.1	5	0.1
Refused at household level	40	2.4	3	0.2	28	1.9	0	0.0	1	0.2	14	1.3	43	1.2
Household interview completed (household response rate, based on true households)	1592	96.5	1797	98.5	1402	96.8	317	99.4	593	99.7	1077	96.9	3389	97.6
No eligible woman in household	63	3.8	79	4.2	58	4.0	3	0.9	20	3.3	61	5.3	142	4.0
Total number of households with selected eligible woman	1529		1718		1344		314		573		1016		3247	
Selected woman not at home	4	0.3	5	0.3	5	0.4	0	0.0	1	0.2	3	0.3	9	0.3
Selected woman incapacitated	5	0.3	7	0.4	2	0.2	0	0.0	4	0.7	6	0.6	12	0.4
Refused by selected woman	8	0.5	5	0.3	4	0.3	0	0.0			9	0.9	13	0.4
Does not want to continue (partially completed)	17	1.1	6	0.4	14	1.0	0	0.0	2	0.4	7	0.7	23	0.7
Completed individual interview (individual response rate based on households with selected eligible woman)	1496	97.8	1697	98.8	1321	98.3	314	100.0	566	98.8	992	97.6	3193	98.3

Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Fiji 2011

	Urban (unweighted)		Ever-Partnered		Rural (unweighted)		Ever-Partnered		Total (unweighted)		Ever-Partnered		Total (weighted*)		Ever-Partnered	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total	1496	100.0	1393	100.0	1697	100.0	1642	100.0	3193	100.0	3035	100.0	3193	100.0	3035	100.0
Division																
Central	894	59.8	824	59.2	427	25.2	413	25.2	1321	41.4	1237	40.8	1400	43.8	1304	43.0
Eastern	20	1.34	20	1.4	294	17.3	287	17.5	314	9.8	307	10.1	265	8.3	264	8.7
Northern	151	10.09	144	10.3	415	24.5	404	24.6	566	17.7	548	18.1	529	16.6	518	17.1
Western	431	28.81	405	29.1	561	33.1	538	32.8	992	31.1	943	31.1	999	31.3	948	31.3
Religion																
Methodist	422	28.2	383	27.5	745	43.9	721	43.9	1167	36.6	1104	36.4	1175	36.8	1110	36.6
Catholic	108	7.2	97	7.0	173	10.2	167	10.2	281	8.8	264	8.7	301	9.4	283	9.3
Seventh Day Adventist	65	4.3	62	4.5	79	4.7	75	4.6	144	4.5	137	4.5	138	4.3	132	4.4
Assemblies of God	93	6.2	88	6.3	103	6.1	103	6.3	196	6.1	191	6.3	202	6.3	197	6.5
Anglican	11	0.7	11	0.8	10	0.6	8	0.5	21	0.7	19	0.6	22	0.7	19	0.6
Other Christian	152	10.2	140	10.1	122	7.2	119	7.3	274	8.6	259	8.5	307	9.6	289	9.5
Hindu	500	33.4	479	34.4	350	20.6	335	20.4	850	26.6	814	26.8	791	24.8	757	24.9
Muslim	111	7.4	101	7.3	81	4.8	80	4.9	192	6.0	181	6.0	182	5.7	173	5.7
Other	32	2.1	30	2.2	34	2.0	34	2.1	66	2.1	64	2.1	74	2.3	73	2.4
No Religion	2	0.1	2	0.1					2	0.1	2	0.1	2	0.1	2	0.1
Education of respondent																
Primary**	130	8.7	130	9.3	143	8.4	138	8.4	273	8.6	268	8.8	247	7.7	247	8.1
Secondary	983	65.7	942	67.6	1372	80.9	1,345	81.9	2,355	73.8	2,287	75.4	2,307	72.3	2,266	74.7
Tertiary	383	25.6	321	23.0	182	10.7	159	9.7	565	17.7	480	15.8	638	20.0	522	17.2
Ethnicity																
Fijian (iTaukei)	798	53.3	710	51.0	1,203	70.9	1,155	70.3	2,001	62.7	1,865	61.5	2,082	65.2	1,865	61.5
Indo-Fijian	599	40.0	599	43.0	416	24.5	416	25.3	1,015	31.8	1,015	33.4	932	29.2	1,015	33.4
Other***	99	6.6	84	6.0	78	4.6	71	4.3	177	5.5	155	5.1	179	5.6	155	5.1
Age group of respondent																
18-24	233	15.6	152	10.9	168	9.9	130	7.9	401	12.6	282	9.3	522	16.4	350	11.5
25-29	189	12.6	181	13.0	195	11.5	192	11.7	384	12.0	373	12.3	403	12.6	397	13.1
30-34	193	12.9	184	13.2	247	14.6	244	14.9	440	13.8	428	14.1	396	12.4	387	12.8
35-39	181	12.1	181	13.0	199	11.7	199	12.1	380	11.9	380	12.5	321	10.1	328	10.8
40-44	186	12.4	186	13.4	229	13.5	223	13.6	415	13.0	409	13.5	401	12.6	404	13.3
45-49	185	12.4	184	13.2	232	13.7	232	14.2	417	13.1	416	13.7	400	12.5	408	13.5
50-54	131	8.8	129	9.3	192	11.3	190	11.6	323	10.1	319	10.5	318	10.0	323	10.6
55-64	198	13.2	196	14.1	233	13.8	230	14.0	431	13.5	426	14.1	430	13.5	435	14.4
Current Partnership status ****																



Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Fiji 2011

	Urban (unweighted)		Ever-Partnered		Rural (unweighted)		Ever-Partnered		Total (unweighted)		Ever-Partnered		Total (weighted*)		Ever-Partnered		
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	
Never partnered	103	6.9	1069	71.5	53	3.6	53	3.81	62	4.2	62	4.45	104	7.0	104	7.47	
Currently married	1069	71.5	1069	76.8	1343	85	5.0	85	5.2	138	4.3	138	4.6	133	4.2	136	4.5
Living with man (not married)	53	3.6	53	3.81	85	5.0	85	5.2	138	4.3	138	4.6	133	4.2	128	4.2	
Regular partner (dating)	62	4.2	62	4.45	30	1.8	30	1.8	92	2.9	92	3.0	125	3.9	128	4.2	
Divorced/separated	104	7.0	104	7.47	94	5.5	94	5.7	198	6.2	198	6.5	257	8.1	263	8.7	
Widowed	104	7.0	104	7.47	90	5.3	90	5.5	194	6.1	194	6.4	200	6.3	204	6.7	
Socio-economic clusters#																	
Lower	51	3.4	50	3.6	694	40.9	680	41.4	745	23.3	730	24.1	649	20	649	21.4	
Medium	325	21.7	308	22.1	577	34.0	555	33.8	902	28.3	863	28.4	874	27.4	835	27.53	
Higher	1120	74.9	1035	74.3	425	25.1	406	24.7	1545	48.4	1441	47.5	1669	52.3	1550	51	

See Annex 4 for method used to develop socio-economic clusters.

* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

** The group primary education includes 47 women who have not received any education.

*** Other ethnic groups include: Rotuman (2%), mixed (1.4%), other Pacific Islander (0.9%), Chinese (0.4%), European (0.2%), others (0.7%).

**** Results reflect male-female partnerships. Only one woman in the study reported to currently have a female partner; she is however also included in the ever-partnered women because she previously lived with a man and separated from him.



Table 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population aged 18-64 years in the general population (based on 2007 Census)

	Unweighted		Weighted*		Census (2007)	
	All respondents		All respondents		Female population 18-64	
	Number	%	Number	%	Number	%
Total	3193	100.0	3193	100.0	247456	100.0
Division						
Central	1321	41.4	1400	43.8	104142	42.1
Eastern	314	9.8	265	8.3	9386	3.8
Northern	566	17.7	529	16.6	37571	15.2
Western	992	31.1	999	31.3	96357	38.9
Religion						
Methodist	1167	36.6	1175	36.8	79378	32.1
Catholic	281	8.8	301	9.4		
SDA	144	4.5	138	4.3		
AOG	196	6.1	202	6.3		
Hindu	850	26.6	791	24.8	75121	30.4
Muslim	192	6.0	182	5.7		
Other+No religion	363	11.4	404	12.6	92957	37.6
Education of respondent						
Primary ***	273	8.6	247	7.7	29859	12.1
Secondary	2355	73.8	2307	72.3	166400	67.3
Tertiary	565	17.7	638	20.0	51078	20.7
Ethnicity						
Fijian (iTaukei)	2001	62.7	2082	65.2	132788	53.7
Indo-Fijian	1015	31.8	932	29.2	101135	40.9
Other	177	5.5	179	5.6	13533	5.5
Age group of respondent						
18-24	401	12.6	522	16.4	53315	21.5
25-29	384	12.0	403	12.6	36101	14.6
30-34	440	13.8	396	12.4	30720	12.4
35-39	380	11.9	321	10.1	27775	11.2
40-44	415	13.0	401	12.6	27678	11.2
45-49	417	13.1	400	12.5	24486	9.9
50-54	323	10.1	318	10.0	19792	8.0
55-59 **	252	7.9	253	7.9	15426	6.2
60-64 **	179	5.6	177	5.5	12163	4.9
Current Partnership status						
Never partnered	158	5.0	224	7.0	58071	23.5
Currently married	2412	75.6	2254	70.6	167235	67.6
Living with man (not married)	138	4.3	133	4.2	2340	0.9
Regular partner (dating)	92	2.9	125	3.9	n.a.	
Divorced/separated	198	6.2	257	8.1	4784	1.9
Widowed	194	6.1	200	6.3	15026	6.1

* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

** Because of the relatively small number of individuals in these groups in this report most results are presented for the combined group 55-64.

*** The group primary education includes 47 women who have not received any education.

**** The group 'other' for the census data contains everybody who is not Methodist or Hindu.



Table 3.4. Prevalence of partner violence, unweighted and weighted for number of eligible women in the household, Fiji 2011

Type of partner violence	Prevalence unweighted		Prevalence weighted for total eligible women in hh*	
	%	95% CI	%	95% CI
Lifetime physical violence	61.1	59.3 - 62.8	59.4	57.7 - 61.2
Current physical violence	19.4	18.0 - 20.8	19.1	17.7 - 20.5
Lifetime sexual violence	33.9	32.3 - 35.6	33.7	32.0 - 35.4
Current sexual violence	14.2	12.9 - 15.4	13.8	12.6 - 15.1
Lifetime phys/sexual violence	64.1	62.4 - 65.8	62.6	60.9 - 64.3
Current phys/sexual violence	23.7	22.2 - 25.2	23.2	21.7 - 24.7
Lifetime emotional violence	58.3	56.6 - 60.1	57.5	55.8 - 59.3
Current emotional violence	28.8	27.2 - 30.4	28.2	26.6 - 29.8

* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

CI: Confidence Interval (see Glossary of Statistical Terms in Annex 6); hh: households.

Table 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence, Fiji 2011

	All ever-partnered respondents (%) (n=3035)	By experience of partner violence			
		No violence (%) (n=1090)	Only sexual violence (%) (n=92)	Only physical violence (%) (n=915)	Both physical and sexual violence (%) (n=938)
The interview made you feel:					
Good/better	91.8	87.8	92.3	92.0	96.4
Same/ no difference	0.9	1.2	0.0	0.3	1.1
Worse	7.3	11.0	7.7	7.7	2.6
Agreed to be contacted again					
Yes	93.8	92.4	94.5	94.5	94.8
No	6.2	7.6	5.5	5.5	5.3
Duration of interview*					
Mean (minutes)	44.7	40.2	43.8	43.9	50.9
Median (minutes)	40	35	40	40	45

* For the calculation of duration of interview 20 observations were dropped due to "negative" or unlikely short duration (less than 10 minutes).



Table 3.6. Sex of head of household as reported for the households where a complete interview was obtained, Fiji 2011

	(N)	Male (%)	Female (%)	Both (%)
Total	3189	83.5	14.9	1.6
Urban- Rural				
Urban	1494	79.6	18.4	2.0
Rural	1695	86.9	11.8	1.3
Division				
Central	1320	81.7	16.7	1.7
Eastern	314	84.4	11.8	3.8
Northern	565	87.3	9.9	2.8
Western	990	83.4	16.4	0.2
Religion				
Methodist	1166	83.4	14.4	2.2
Catholic	281	85.8	13.2	1.1
SDA	144	91.7	6.9	1.4
AOG	195	81.5	17.4	1.0
Hindu	849	80.9	17.6	1.5
Muslim	191	86.4	13.1	0.5
Other+No religion	363	84.3	14.3	1.4
Education of respondent				
Primary	273	75.5	24.2	0.4
Secondary	2351	85.3	13.2	1.4
Tertiary	565	79.6	17.3	3.0
Ethnic group				
Fijian (iTaukei)	1998	84.2	14.5	1.3
Indo-Fijian	1014	83.9	14.9	1.2
Other	177	72.9	19.2	7.9
Age group of respondent				
18-24	400	82.3	15.5	2.3
25-29	384	87.0	12.0	1.0
30-34	439	87.0	11.4	1.6
35-39	380	86.8	11.3	1.8
40-44	414	88.2	9.7	2.2
45-49	417	84.2	14.4	1.4
50-54	322	82.9	17.1	0.0
55-64	431	70.1	27.6	2.3
Socio-economic cluster				
Lower	744	88.2	10.1	1.7
Medium	902	81.8	16.6	1.6
Higher	1542	82.2	16.2	1.6
By experience of physical or sexual partner violence*				
* Total ever-partnered women	3032	84.0	14.4	1.6
No violence	1090	83.7	14.9	1.5
Physical and/or sexual violence	1942	84.2	14.2	1.6



Table 3.7. Women's reply to the question on whether the neighbours in her community know each other well (N=3192), Fiji 2011

	Yes (%)	No (%)	Don't know/ No answer (%)
Total	94.0	5.7	0.3
Urban- Rural			
Urban	89.8	9.6	0.5
Rural	97.6	2.2	0.2
Division			
Central	91.3	8.4	0.3
Eastern	99.0	1.0	0.0
Northern	95.6	3.5	0.9
Western	95.0	4.8	0.2
Religion			
Methodist	96.2	3.6	0.2
Catholic	94.0	5.7	0.4
SDA	90.3	9.0	0.7
AOG	90.8	9.2	0.0
Hindu	94.4	5.5	0.1
Muslim	94.8	3.7	1.6
Other+No religion	88.4	10.7	0.8
Education of respondent			
Primary	94.1	5.1	0.7
Secondary	94.8	4.8	0.3
Tertiary	90.3	9.6	0.2
Ethnic group			
Fijian (iTaukei)	94.1	5.6	0.4
Indo-Fijian	94.4	5.3	0.3
Other	90.4	9.6	0.0
Age group of respondent			
18-24	87.3	11.5	1.3
25-29	90.1	9.6	0.3
30-34	95.7	4.3	0.0
35-39	92.6	7.1	0.3
40-44	97.1	2.9	0.0
45-49	96.4	2.9	0.7
50-54	96.6	3.4	0.0
55-64	95.6	4.2	0.2
Socio-economic cluster			
Lower	97.6	2.3	0.1
Medium	94.0	5.1	0.9
Higher	92.2	7.7	0.1
By experience of physical or sexual partner violence (N=3034)*			
* Total ever-partnered women	94.3	5.4	0.3
No violence	93.8	6.1	0.2
Physical and/or sexual violence	94.6	5.0	0.4



Table 3.8. Women's reply to the question on whether people would do something to stop a street fight in her community (N=3192), Fiji 2011

	Yes (%)	No (%)	Don't know/ No answer (%)
Total	79.7	16.1	4.2
Urban- Rural			
Urban	70.9	22.6	6.5
Rural	87.4	10.4	2.2
Division			
Central	75.4	19.6	5.1
Eastern	92.7	7.0	0.3
Northern	85.2	11.1	3.7
Western	78.1	17.2	4.6
Religion			
Methodist	86.7	10.4	2.9
Catholic	86.8	8.2	5.0
SDA	81.9	17.4	0.7
AOG	83.7	12.8	3.6
Hindu	69.3	25.5	5.2
Muslim	70.3	21.4	8.3
Other+No religion	77.7	17.1	5.2
Education of respondent			
Primary	74.4	21.3	4.4
Secondary	80.7	15.4	3.9
Tertiary	77.8	16.7	5.5
Ethnic group			
Fijian (iTaukei)	85.1	11.5	3.5
Indo-Fijian	69.1	25.1	5.8
Other	79.7	16.4	4.0
Age group of respondent			
18-24	77.6	16.2	6.2
25-29	77.6	17.5	5.0
30-34	80.2	16.1	3.6
35-39	78.4	16.3	5.3
40-44	82.2	14.9	2.9
45-49	81.5	14.6	3.8
50-54	78.6	18.6	2.8
55-64	80.5	15.3	4.2
Socio-economic cluster			
Lower	89.5	8.5	2.0
Medium	81.1	15.2	3.7
Higher	74.1	20.3	5.6
By experience of physical or sexual partner violence (N=3034)*			
* Total ever-partnered women	79.9	16.1	4.1
No violence	77.2	17.7	5.1
Physical and/or sexual violence	81.4	15.1	3.5



Table 3.9. Women's reply to the question on whether most people in her community would contribute to a community project (N=3192), Fiji 2011

	Yes (%)	No (%)	Don't know/ No answer (%)
Total	86.2	8.5	5.3
Urban- Rural			
Urban	78.0	13.1	8.9
Rural	93.5	4.4	2.1
Division			
Central	82.1	11.6	6.4
Eastern	98.1	1.6	0.3
Northern	92.1	4.6	3.4
Western	84.8	8.8	6.5
Religion			
Methodist	93.2	4.6	2.2
Catholic	89.3	7.1	3.6
SDA	84.7	9.0	6.3
AOG	87.2	8.2	4.6
Hindu	80.0	12.4	7.7
Muslim	74.5	15.6	9.9
Other+No religion	82.3	9.4	8.3
Education of respondent			
Primary	78.4	15.0	6.6
Secondary	88.1	7.5	4.4
Tertiary	82.3	9.6	8.2
Ethnic group			
Fijian (iTaukei)	90.5	5.7	3.9
Indo-Fijian	79.0	13.1	7.9
Other	80.2	13.6	6.2
Age group of respondent			
18-24	83.5	9.5	7.0
25-29	82.0	10.2	7.8
30-34	87.5	8.0	4.6
35-39	86.8	7.6	5.5
40-44	90.6	6.3	3.1
45-49	88.0	9.1	2.9
50-54	85.8	8.4	5.9
55-64	85.1	9.1	5.8
Socio-economic cluster			
Lower	95.3	3.2	1.5
Medium	87.7	8.7	3.7
Higher	81.0	11.0	8.0
By experience of physical or sexual partner violence (N=3033)*			
* Total ever-partnered women	86.3	8.5	5.2
No violence	84.4	9.6	6.0
Physical and/or sexual violence	87.3	7.9	4.8



Table 3.10. Women's reply to the question on whether most people in her community trust each other in matters of lending and borrowing (N=3192), Fiji 2011

	Yes (%)	No (%)	Don't know/ No answer (%)
Total	84.2	13.1	2.6
Urban- Rural			
Urban	74.5	21.1	4.4
Rural	92.8	6.1	1.1
Division			
Central	78.2	18.4	3.4
Eastern	96.5	3.2	0.3
Northern	88.7	8.7	2.7
Western	85.9	11.8	2.3
Religion			
Methodist	90.2	8.1	1.7
Catholic	87.9	9.3	2.9
SDA	82.6	14.6	2.8
AOG	83.7	12.2	4.1
Hindu	79.7	17.9	2.5
Muslim	74.5	19.3	6.3
Other+No religion	79.1	17.9	3.0
Education of respondent			
Primary	79.5	16.9	3.7
Secondary	86.5	11.5	2.0
Tertiary	77.1	18.3	4.6
Ethnic group			
Fijian (iTaukei)	87.7	10.0	2.3
Indo-Fijian	78.6	18.4	3.0
Other	77.4	18.1	4.5
Age group of respondent			
18-24	74.1	21.2	4.7
25-29	81.5	14.6	3.9
30-34	86.6	12.1	1.4
35-39	85.0	12.4	2.6
40-44	89.6	9.9	0.5
45-49	89.5	9.4	1.2
50-54	83.9	14.2	1.9
55-64	83.1	12.1	4.9
Socio-economic cluster			
Lower	95.0	3.9	1.1
Medium	85.2	12.3	2.4
Higher	78.5	18.1	3.5
By experience of physical or sexual partner violence (N=3034)*			
* Total ever-partnered women	84.9	12.7	2.4
No violence	82.8	14.1	3.1
Physical and/or sexual violence	86.1	11.8	2.1



Table 3.11. Women's reply to the question on whether neighbours in her community would offer help if someone fell ill or had an accident (N=3190), Fiji 2011

	Yes (%)	No (%)	Don't know/ No answer (%)
Total	88.9	8.4	2.7
Urban- Rural			
Urban	84.9	10.8	4.3
Rural	92.4	6.3	1.3
Division			
Central	86.7	9.6	3.7
Eastern	95.9	4.1	0.0
Northern	90.5	7.6	1.9
Western	88.7	8.7	2.6
Religion			
Methodist	90.9	6.4	2.7
Catholic	90.0	7.5	2.5
SDA	88.9	8.3	2.8
AOG	88.8	9.2	2.0
Hindu	87.7	10.0	2.4
Muslim	88.0	8.3	3.7
Other+No religion	85.1	11.3	3.6
Education of respondent			
Primary	84.6	13.2	2.2
Secondary	89.5	7.9	2.6
Tertiary	88.4	8.2	3.4
Ethnic group			
Fijian (iTaukei)	89.6	7.6	2.8
Indo-Fijian	88.0	10.0	2.1
Other	85.9	9.0	5.1
Age group of respondent			
18-24	87.5	8.0	4.5
25-29	86.7	10.2	3.1
30-34	88.4	9.3	2.3
35-39	88.4	7.7	4.0
40-44	91.6	7.2	1.2
45-49	90.2	8.2	1.7
50-54	87.6	10.2	2.2
55-64	90.3	7.0	2.8
Socio-economic cluster			
Lower	91.0	8.1	0.9
Medium	88.4	8.8	2.9
Higher	88.2	8.4	3.4
By experience of physical or sexual partner violence (N=3032)*			
* Total ever-partnered women	89.0	8.5	2.5
No violence	89.8	8.1	2.1
Physical and/or sexual violence	88.5	8.7	2.8



Table 3.12. Proportion of women owning assets, either by herself or with someone else, as reported in the survey (N=3192), Fiji 2011

	Yes, own by herself (%)	Yes, own with others (%)	No, don't own (%)
Land	4.8	38.8	56.4
House	6.8	52.5	40.7
Company or business	1.1	4.3	94.6
Large animals (cows, horses, etc.)	2.7	20.3	77.0
Small animals (chickens, pigs, goats, etc.)	7.5	31.3	61.3
Crops from certain fields or trees	8.4	47.7	43.9
Large household items (TV, bed, cooker)	24.9	60.2	14.9
Jewellery, gold or other valuables	62.4	6.4	31.1
Motor car	2.1	9.7	88.2
Savings in the bank	31.1	18.9	50.1
Other property	0.9	4.0	95.1

Table 3.13. Proportion of women earning money by herself and the way they are earning money, among all respondents (N=3192), Fiji 2011

	number	(%)
Not earning money by herself	2072	64.9
Way of earning money:		
Job	434	13.6
Selling things, trading	534	16.7
Doing seasonal work	56	1.8
Remittance	50	1.6
Any other activity	89	2.8



Table 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women, Fiji 2011

	Physical violence		Sexual violence		Physical and/or sexual violence		Number of ever-partnered women (N)
	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	
Total	61.1	19.4	33.9	14.2	64.1	23.7	3035
Urban- Rural							
Urban	54.8	18.8	28.4	11.6	57.8	22.0	1393
Rural	66.4	19.9	38.6	16.3	69.4	25.2	1642
Division							
Central	57.2	20.2	30.0	13.9	59.9	24.4	1237
Eastern	78.8	23.5	52.8	17.6	81.4	28.0	307
Northern	65.9	22.6	39.6	17.9	69.2	27.9	548
Western	57.6	15.2	29.7	11.2	61.0	19.0	943
Religion							
Methodist	68.7	22.0	41.6	15.8	72.2	26.7	1104
Catholic	69.7	25.4	37.1	18.6	72.3	30.7	264
SDA	69.3	29.9	44.5	19.7	73.0	35.8	137
AOG	70.7	24.6	37.2	17.3	72.3	28.8	191
Hindu	46.4	11.3	20.4	8.8	49.0	14.4	814
Muslim	47.0	13.3	18.2	5.0	48.1	13.8	181
Other+No religion	63.4	21.8	41.3	19.2	67.7	28.5	344
Education of respondent							
Primary	60.8	9.7	32.5	7.1	62.3	11.6	268
Secondary	63.0	20.1	35.4	14.9	66.2	24.6	2287
Tertiary	52.1	21.7	27.9	14.6	55.2	26.5	480
Ethnic group							
Fijian (iTaukei)	68.6	23.2	41.1	16.9	72.0	28.3	1865
Indo-Fijian	47.3	11.8	20.7	8.7	50.0	14.9	1015
Other	60.6	23.2	34.8	16.8	61.3	26.5	155
Age group of respondent							
18-24	49.3	39.7	35.1	27.7	56.4	47.2	282
25-29	62.5	36.2	38.3	26.0	66.8	41.6	373
30-34	62.1	25.2	33.2	18.5	64.7	30.8	428
35-39	63.7	21.1	36.8	16.3	66.8	25.8	380
40-44	68.2	19.1	33.3	12.0	69.4	23.0	409
45-49	63.9	11.5	34.9	8.9	66.6	16.3	416
50-54	58.6	5.0	28.8	4.7	60.2	6.9	319
55-64	56.1	2.6	31.0	2.8	58.9	3.8	426
Socio-economic cluster							
Lower	74.0	26.8	47.3	17.8	77.0	30.5	730
Medium	65.0	20.7	36.2	17.0	67.7	26.3	863
Higher	52.2	14.9	25.9	10.6	55.4	18.7	1441



Table 4.2. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered women, Fiji 2011

	Urban (N=1393)		Rural (N=1642)		Total (N=3035)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	50.1	15.9	63.3	18.3	57.3	17.2
Pushed or shoved	32.0	11.1	41.0	12.9	36.9	12.1
Hit with a fist or something else	33.4	11.0	48.1	13.0	41.4	12.1
Kicked, dragged, beat	22.1	6.8	30.9	9.1	26.9	8.0
Choked or burnt on purpose	7.6	2.8	4.5	2.0	5.9	2.3
Threatened or used a gun, knife or weapon	11.3	3.6	12.9	4.3	12.2	4.0
At least one act of physical violence	54.8	18.8	66.4	19.9	61.1	19.4

Table 4.2.a. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Fijian iTaukei women, Fiji 2011

	Urban (N=710)		Rural (N=1155)		Total (N=1865)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	57.0	21.1	68.7	20.7	64.2	20.9
Pushed or shoved	36.8	15.1	46.0	14.6	42.5	14.8
Hit with a fist or something else	42.5	16.1	57.1	15.2	51.5	15.6
Kicked, dragged, beat	28.2	9.4	36.9	10.8	33.6	10.3
Choked or burnt on purpose	8.6	3.9	4.9	2.3	6.3	2.9
Threatened or used a gun, knife or weapon	12.5	4.4	14.6	4.9	13.8	4.7
At least one act of physical violence	63.1	24.7	72.0	22.3	68.6	23.2



Table 4.2.b. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Indo-Fijian women, Fiji 2011

	Urban (N=599)		Rural (N=416)		Total (N=1015)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	42.6	10.4	47.6	9.9	44.6	10.2
Pushed or shoved	26.4	7.2	25.2	6.0	25.9	6.7
Hit with a fist or something else	22.2	5.2	21.6	4.8	22.0	5.0
Kicked, dragged, beat	15.4	4.2	12.5	3.6	14.2	3.9
Choked or burnt on purpose	6.3	1.5	1.9	0.5	4.5	1.1
Threatened or used a gun, knife or weapon	9.9	2.7	7.5	1.7	8.9	2.3
At least one act of physical violence	45.2	12.2	50.2	11.3	47.3	11.8

Table 4.2.c. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered other (non-iTaukei, non-Indo-Fijian) women, Fiji 2011

	Urban (N=84)		Rural (N=71)		Total (N=155)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	45.2	11.9	69.0	28.2	56.1	19.4
Pushed or shoved	32.1	6.0	52.1	25.4	41.3	14.8
Hit with a fist or something else	35.7	9.5	57.8	25.4	45.8	16.8
Kicked, dragged, beat	19.1	2.4	40.9	14.1	29.0	7.7
Choked or burnt on purpose	8.3	2.4	11.3	5.6	9.7	3.9
Threatened or used a gun, knife or weapon	11.9	3.6	16.9	8.5	14.2	5.8
At least one act of physical violence	52.4	16.7	70.4	31.0	60.7	23.2



Table 4.3. Prevalence of physical partner violence, broken down by severity*, among ever-partnered women, Fiji 2011

	“Moderate” physical violence (%)	“Severe” physical violence (%)	Number of ever-partnered women (N)
Total	16.9	44.1	3035
Urban- Rural			
Urban	18.8	36.0	1393
Rural	15.4	51.0	1642
Division			
Central	17.1	40.0	1237
Eastern	11.7	67.1	307
Northern	19.3	46.5	548
Western	17.0	40.6	943
Religion			
Methodist	13.3	55.3	1104
Catholic	13.6	56.1	264
SDA	16.1	53.3	137
AOG	17.3	53.4	191
Hindu	23.0	23.5	814
Muslim	21.0	26.0	181
Other+No religion	14.8	48.6	344
Education of respondent			
Primary	20.9	39.9	268
Secondary	15.6	47.4	2287
Tertiary	21.3	30.8	480
Ethnic group			
Fijian (iTaukei)	14.1	54.5	1865
Indo-Fijian	23.0	24.3	1015
Other	11.6	49.0	155
Age group of respondent			
18-24	15.3	34.0	282
25-29	20.6	41.8	373
30-34	18.7	43.5	428
35-39	16.6	47.1	380
40-44	19.3	48.9	409
45-49	16.6	47.4	416
50-54	14.7	43.9	319
55-64	12.9	43.2	426

* All forms of violence are serious: all are a violation of human rights and all forms can cause injury and damaging psychological consequences. The WHO distinguishes between “moderate” (slapping, throwing something, pushing or shoving) and “severe” (hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon).



Table 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened

	Urban (N=1393)				Rural (N=1642)				Total (N=3035)			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Slapped you or thrown something	15.9	21.4	50.5	28.1	18.3	15.3	40.3	44.3	17.2	17.9	44.7	37.4
Pushed you or shoved you	11.1	18.6	51.3	30.1	12.9	12.3	50.5	37.3	12.1	15.0	50.8	34.2
Hit you with his fist or with something else	11.0	18.3	47.1	34.6	13.0	10.3	52.8	36.9	12.1	13.6	50.4	36.0
Kicked or dragged you	6.8	18.1	42.6	39.4	9.1	20.0	49.3	30.7	8.0	19.3	46.7	34.0
Choked or burnt you	2.8	23.1	33.3	43.6	2.0	15.6	25.0	59.4	2.3	19.7	29.6	50.7
Threatened with or used weapon	3.6	24.0	40.0	36.0	4.3	21.4	34.3	44.3	4.0	22.5	36.7	40.8



Table 4.5. Proportion of women who reported physical violence in pregnancy among ever-pregnant women, Fiji 2011

	Experienced violence during pregnancy (%)	Number of ever-pregnant women (N)
Total	15.2	2815
Urban- Rural		
Urban	15.2	1277
Rural	15.3	1538
Division		
Central	15.7	1146
Eastern	17.1	280
Northern	16.7	508
Western	13.2	881
Religion		
Methodist	16.8	1006
Catholic	18.0	244
SDA	21.6	125
AOG	18.2	176
Hindu	10.8	770
Muslim	11.0	173
Other+No religion	17.1	321
Education of respondent		
Primary	13.6	257
Secondary	16.2	2156
Tertiary	11.2	402
Ethnic group		
Fijian (iTaukei)	17.6	1865
Indo-Fijian	10.6	1015
Other	18.4	155
Age group of respondent		
18-24	20.8	202
25-29	20.0	335
30-34	16.0	407
35-39	15.8	362
40-44	16.5	400
45-49	15.5	401
50-54	10.2	303
55-64	9.7	404



Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, Fiji 2011

	Ever pregnant women		Women ever beaten during a pregnancy						Women beaten during pregnancy by the same person as before the pregnancy				
	Ever beaten during a pregnancy (%)	Total no. of ever pregnant women (N)	Punched or kicked in abdomen (%)	Beaten in most recent pregnancy by father of child (%)	Living with person who beat her while pregnant (%)	Beaten by same person as before the pregnancy (%)	Total no. of women ever beaten in pregnancy (N)	Beating got worse during pregnancy (%)	Beating stayed the same (%)	Beating got less (%)	Total no. of women beaten by the same person before the pregnancy (N)		
Total	15.2	2815	33.4	96.5	97.2	89.0	428	17.1	40.9	41.5	381		
Urban-Rural													
Urban	15.2	1277	36.8	99.0	98.5	91.7	193	22.0	38.4	38.4	177		
Rural	15.3	1538	30.6	94.5	96.2	86.8	235	12.8	43.1	44.1	204		
Division													
Central	15.7	1146	32.8	96.7	96.1	88.9	180	19.4	38.8	41.3	160		
Eastern	17.1	280	33.3	93.8	100.0	93.8	48	6.7	51.1	42.2	45		
Northern	16.7	508	31.4	96.5	97.7	84.7	86	20.8	44.4	34.7	72		
Western	13.2	881	36.0	97.4	97.4	90.4	114	15.4	37.5	46.2	104		
Religion													
Methodist	16.8	1006	36.1	95.3	96.5	88.8	169	12.7	42.0	44.7	150		
Catholic	18.0	244	25.0	97.7	95.5	86.4	44	10.5	44.7	44.7	38		
SDA	21.6	125	30.8	96.3	100.0	85.2	26	26.1	21.7	47.8	23		
AOG	18.2	176	46.9	93.8	96.9	81.3	32	19.2	53.9	26.9	26		
Hindu	10.8	770	32.1	96.4	97.6	91.6	84	19.7	40.8	39.5	76		
Muslim	11.0	173	21.1	100.0	100.0	94.7	19	11.1	50.0	38.9	18		
Other+No religion	17.1	321	31.5	100.0	98.2	92.6	54	28.0	34.0	38.0	50		
Education of respondent													
Primary	13.6	257	40.0	94.3	100.0	91.4	35	15.6	50.0	34.4	32		
Secondary	16.2	2156	33.3	97.1	96.8	89.1	348	16.8	40.3	42.6	310		
Tertiary	11.2	402	28.9	93.3	97.8	86.7	45	20.5	38.5	38.5	39		
Ethnic group													

Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, Fiji 2011

Age group of respondent	Ever pregnant women		Women ever beaten during a pregnancy						Women beaten during pregnancy by the same person as before the pregnancy				
	Ever beaten during a pregnancy (%)	Total no. of ever pregnant women (N)	Punched or kicked in abdomen (%)	Beaten in most recent pregnancy by father of child (%)	Living with person who beat her while pregnant (%)	Beaten by same person as before the pregnancy (%)	Total no. of women ever beaten in pregnancy (N)	Beating got worse during pregnancy (%)	Beating stayed the same (%)	Beating got less (%)	Total no. of women beaten by the same person before the pregnancy (N)		
Fijian (iTaukei)	17.6	1865	34.7	96.0	96.3	87.6	297	14.9	41.4	42.9	261		
Indo-Fijian	10.6	1015	26.0	97.1	99.0	91.3	104	20.2	39.4	40.4	91		
Other	18.4	155	48.2	100.0	100.0	96.3	27	26.9	42.3	30.8	26		
Age group of respondent													
18-24	20.8	202	28.6	97.6	90.5	66.7	42	17.9	57.1	25.0	28		
25-29	20.0	335	41.8	95.5	95.5	88.1	67	15.3	49.2	35.6	59		
30-34	16.0	407	31.8	95.4	96.9	90.8	66	20.3	37.3	42.4	59		
35-39	15.8	362	38.6	94.7	98.3	91.2	57	23.1	38.5	38.5	52		
40-44	16.5	400	30.3	97.0	98.5	90.9	66	16.7	36.7	46.7	60		
45-49	15.5	401	33.3	96.7	100.0	91.8	60	12.5	35.7	50.0	56		
50-54	10.2	303	29.0	100.0	100.0	90.3	31	17.9	39.3	42.9	28.0		
55-64	9.7	404	28.2	97.4	97.4	100.0	39	12.8	41.0	43.6	39.0		





Table 4.7. Prevalence of specific acts of sexual violence by husbands/partners, among ever-partnered women, Fiji 2011

	Urban (N=1393)		Rural (N=1642)		Total (N=3035)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Physically forced to have sexual intercourse when she did not want to	22.5	9.3	32.2	13.5	27.7	11.6
Had sexual intercourse when she did not want to because she was afraid of what her partner might do	20.6	8.2	28.8	11.7	25.0	10.1
Forced to perform degrading or humiliating sexual act	12.6	5.2	17.1	7.4	15.0	6.4
At least one act of sexual violence	28.4	11.6	38.6	16.3	33.9	14.2



Table 4.8. Prevalence of specific acts of sexual violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened, Fiji 2011

	Urban (N=1393)				Rural (N=1642)				Total (N=3035)			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Physically forced to have sexual intercourse when she did not want to	9.3	12.3	52.3	35.4	13.5	4.5	41.2	54.3	11.6	7.4	45.3	47.3
Had sexual intercourse when she did not want to because she was afraid of what her partner might do	8.2	8.8	61.4	29.8	11.7	9.4	49.0	41.7	10.1	9.2	53.6	37.3
Forced to perform degrading or humiliating sexual act	5.2	15.5	47.9	36.6	7.4	15.6	44.3	40.2	6.4	15.5	45.6	38.9



Table 4.9. Prevalence of emotional partner violence, among ever-partnered women, Fiji 2011

	Lifetime prevalence (%)	12 months prevalence (%)	Number of ever partnered women (N)
Total	58.3	28.8	3035
Urban- Rural			
Urban	51.4	24.9	1393
Rural	64.2	32.1	1642
Division			
Central	53.3	27.7	1237
Eastern	76.5	33.2	307
Northern	63.0	34.5	548
Western	56.3	25.5	943
Religion			
Methodist	64.9	32.6	1104
Catholic	68.2	34.8	264
SDA	70.8	36.5	137
AOG	64.4	33.0	191
Hindu	43.7	20.4	814
Muslim	44.8	19.9	181
Other+No religion	63.1	31.1	344
Education of respondent			
Primary	52.2	16.0	268
Secondary	60.2	29.9	2287
Tertiary	52.7	30.6	480
Ethnic group			
Fijian (iTaukei)	65.3	33.1	1865
Indo-Fijian	44.4	20.0	1015
Other	65.2	34.2	155
Age group of respondent			
18-24	50.0	41.5	282
25-29	61.7	44.2	373
30-34	57.9	31.8	428
35-39	62.1	32.4	380
40-44	63.1	31.3	409
45-49	59.6	22.6	416
50-54	53.3	17.2	319
55-64	55.9	12.9	426
Socio-economic cluster			
Lower	70.8	37.7	730
Medium	61	30.4	863
Higher	50.5	23.4	1441



Table 4.10. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women, Fiji 2011

	Among ever-partnered women (N=3035)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Insulted you or made you feel bad	50.9	23.9	11.3	51.9	36.8
Belittled or humiliated	35.0	16.8	10.0	52.9	37.1
Scared or intimidated you	38.4	18.9	9.8	53.1	37.1
Threatened to hurt you or someone you care about	20.5	9.7	9.5	48.6	41.8



Table 4.11. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women, Fiji 2011

	Percentage of women reporting that her partner:							At least one type of controlling behaviour (%)	Percentage of women who have experienced none, one, or more acts of controlling behaviour:				Number of ever partnered women (N)
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats her indifferently (%)	Gets angry if she speaks with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)		none (%)	1 (%)	2 or 3 (%)	4 or more (%)	
Total	31.3	16.9	56.6	22.3	33.3	25.9	39.0	69.3	30.7	16.8	25.0	27.5	3035
Urban-Rural													
Urban	25.6	14.1	50.6	19.0	33.0	24.3	36.8	66.2	33.8	17.0	25.8	23.3	1393
Rural	36.0	19.3	61.6	25.0	33.6	27.2	40.9	72.0	28.0	16.6	24.4	31.0	1642
Division													
Central	29.7	16.4	52.1	20.1	33.4	24.5	38.7	67.0	33.0	15.8	26.1	25.1	1237
Eastern	46.6	18.2	70.7	36.8	40.4	35.8	45.3	80.8	19.2	12.1	30.9	37.8	307
Northern	33.0	20.3	59.9	22.4	34.5	29.0	42.5	70.6	29.4	16.8	23.0	30.8	548
Western	27.3	15.2	55.9	20.2	30.2	22.6	35.3	67.9	32.1	19.7	22.9	25.2	943
Religion													
Methodist	40.1	19.3	63.6	27.1	37.4	31.9	41.0	74.5	25.5	15.0	25.9	33.6	1104
Catholic	35.6	20.9	61.7	25.4	34.5	29.5	39.0	71.6	28.4	13.3	25.4	33.0	264
SDA	46.0	26.3	69.4	32.2	46.7	38.7	36.6	81.0	19.0	13.9	27.0	40.2	137
AOG	35.1	20.4	65.0	23.0	35.6	31.9	39.3	70.7	29.3	12.6	25.7	32.5	191
Hindu	14.3	10.8	42.6	13.8	23.1	12.5	38.0	60.6	39.4	22.5	24.0	14.1	814
Muslim	16.1	8.8	40.3	12.2	27.1	12.7	36.5	56.4	43.6	18.2	21.6	16.6	181
Other+No religion	39.8	19.2	61.6	25.3	40.1	33.7	37.5	73.0	27.0	14.5	25.3	33.1	344
Education of respondent													
Primary	24.7	14.6	52.6	22.8	28.0	17.5	36.6	60.1	39.9	12.7	24.6	22.8	268
Secondary	32.4	18.2	58.3	22.9	34.4	27.1	41.4	71.4	28.6	16.8	25.5	29.0	2287
Tertiary	29.6	12.3	50.4	19.0	31.0	24.6	29.2	64.6	35.4	19.0	22.9	22.7	480
Ethnic group													
Fijian (T'rau'kei)	40.0	20.3	64.2	26.5	38.1	32.4	39.6	74.3	25.7	14.2	26.2	33.9	1865
Indo-Fijian	14.9	11.0	43.2	13.7	24.3	12.9	38.7	61.0	39.0	21.8	24.3	14.9	1015
Other	32.9	14.8	52.3	27.7	34.8	32.3	34.2	64.5	35.5	16.1	16.1	32.3	155
Age group of respondent													

Table 4.11. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women, Fiji 2011

	Percentage of women reporting that her partner:								Percentage of women who have experienced none, one, or more acts of controlling behaviour:				Number of ever-partnered women (N)
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats her indifferently (%)	Gets angry if she speaks with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	At least one type of controlling behaviour (%)	none (%)	1 (%)	2 or 3 (%)	4 or more (%)	
18-24	38.4	14.2	55.7	20.6	38.7	34.4	40.8	71.3	28.7	16.0	24.1	31.2	282
25-29	41.8	20.9	64.9	29.5	42.1	31.9	43.2	76.1	23.9	13.7	26.3	36.2	373
30-34	27.8	15.7	54.5	21.0	33.6	25.9	35.8	66.8	33.2	15.2	25.7	25.9	428
35-39	35.0	21.1	60.0	23.7	35.0	30.5	42.1	75.5	24.5	18.2	27.4	30.0	380
40-44	29.3	15.7	56.0	20.8	31.8	22.2	37.0	68.9	31.1	22.5	20.3	26.2	409
45-49	28.8	16.1	56.0	22.6	32.9	24.8	34.6	68.3	31.7	16.8	26.7	24.8	416
50-54	24.2	15.7	52.4	19.1	25.1	17.2	41.4	65.2	34.8	19.4	22.9	22.9	319
55-64	26.8	15.5	52.8	20.2	27.9	21.4	39.0	63.4	36.6	13.2	26.5	23.7	426
Socio-economic cluster													
Lower	42.4	23.3	66.7	30.2	38.5	31.9	42.9	75.3	24.7	13.7	25.1	36.6	730
Medium	35.0	17.4	60.7	23.9	35.1	28.0	41.6	72.4	27.6	16.3	25.6	30.5	863
Higher	23.4	13.4	48.9	17.3	29.6	21.4	35.5	64.4	35.6	18.7	24.6	21.1	1441
By experience of partner violence*													
no violence	8.7	3.7	33.6	5.3	11.7	6.6	26.0	46.4	53.6	20.0	20.1	6.3	1090
sexual and/ or physical	43.9	24.3	69.4	31.8	45.4	36.7	46.3	82.2	17.8	15.0	27.8	39.3	1945
P-value	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001					
By type of violence*													
sexual only	34.9	18.5	67.4	28.3	35.9	35.9	44.6	80.4	19.6	14.1	35.9	30.4	92
physical only	29.7	14.6	60.6	19.6	33.1	22.1	36.2	74.8	25.2	21.8	29.7	23.3	915
both sexual and physical	58.6	34.3	78.3	44.0	58.4	51.0	56.4	89.6	10.4	8.5	25.2	55.9	938

* Note that questions on controlling behaviours have been asked for current and most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between controlling behaviours and physical or sexual violence).





Table 4.12. Women who said that during or after an incident of violence she was forced to have sex, according to women who ever experienced physical partner violence, Fiji 2011

	By urban/rural area		By division				Total (N=1855) (%)
	Urban (N=767) (%)	Rural (N=1088) (%)	Central (N=710) (%)	Eastern (N=242) (%)	Northern (N=362) (%)	Western (N=541) (%)	
Never	69.2	63.1	67.3	50.8	68.0	68.6	65.7
Once or twice	14.2	18.3	14.9	26.5	14.4	15.9	16.6
Several times	11.3	13.2	10.9	19.0	11.6	12.2	12.5
Many times	5.0	5.1	6.5	3.7	5.5	3.3	5.0
Don't know, refused to answer	0.3	0.3	0.4	0.0	0.6	0.0	0.3



Table 5.1.1 Prevalence and frequency of physical violence since the age of 15 years by non-partners, among all interviewed women, Fiji 2011

	Physical violence by non-partner since age 15				Number of women interviewed (N)
	Ever happened at least once since age 15 (%)	Frequency			
		By any person once or twice*	By any person few times*	By any person many times*	
Total	26.9	8.4	11.5	7.0	3193
Urban- Rural					
Urban	23.3	6.6	10.5	6.1	1496
Rural	30.2	9.9	12.4	7.7	1697
Division					
Central	27.3	8.0	11.2	7.9	1321
Eastern	37.9	14.7	12.7	10.5	314
Northern	27.4	8.3	13.6	5.5	566
Western	22.8	7.0	10.4	5.4	992
Religion					
Methodist	31.5	10.6	11.7	9.3	1167
Catholic	35.6	9.3	17.8	7.8	281
SDA	37.5	13.9	11.8	11.8	144
AOG	29.6	8.2	14.8	6.1	196
Hindu	14.0	3.4	7.9	2.7	850
Muslim	19.3	4.7	10.4	4.2	192
Other+No religion	34.2	11.9	13.5	8.8	363
Education of respondent					
Primary	23.8	5.9	9.2	8.8	273
Secondary	26.8	8.6	11.5	6.6	2355
Tertiary	29.0	8.7	12.9	7.4	565
Ethnic group					
Fijian (iTaukei)	32.9	11.0	12.9	8.8	2001
Indo-Fijian	15.7	3.4	8.7	3.7	1015
Other	24.3	6.8	11.9	5.1	177
Age group of respondent					
18-24	38.4	15.0	15.5	8.0	401
25-29	32.6	8.6	13.3	10.7	384
30-34	30.0	10.0	12.1	8.0	440
35-39	27.1	7.9	13.2	6.1	380
40-44	25.3	6.5	12.1	6.5	415
45-49	22.3	7.9	8.9	5.5	417
50-54	18.0	4.6	7.4	5.9	323
55-64	20.7	5.8	9.3	5.1	431
Socio-economic cluster					
Lower	35.6	13.2	12.9	9.4	745
Medium	25.3	7.5	11.2	6.4	902
Higher	23.8	6.5	11.1	6.1	1545

* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.



Table 5.1.2. Prevalence and frequency of forced sexual intercourse since age 15 years, among all interviewed women, Fiji 2011

	Forced sexual intercourse by non-partner since age 15				Number of women interviewed (N)
	Ever happened at least once since age 15 (%)	Frequency			
		By any person once or twice*	By any person few times*	By any person many times*	
Total	3.4	2.4	0.8	0.3	3193
Urban- Rural					
Urban	2.7	1.7	0.7	0.3	1496
Rural	4.0	3.0	0.8	0.2	1697
Division					
Central	3.4	2.2	0.7	0.5	1321
Eastern	5.7	5.1	0.6	0.0	314
Northern	4.2	3.0	0.9	0.4	566
Western	2.2	1.4	0.8	0.0	992
Religion					
Methodist	3.9	3.1	0.7	0.2	1167
Catholic	5.3	5.0	0.4	0.0	281
SDA	6.3	2.8	2.8	0.7	144
AOG	7.7	4.6	1.5	1.5	196
Hindu	0.5	0.2	0.2	0.0	850
Muslim	0.5	0.0	0.0	0.5	192
Other+No religion	5.2	3.0	1.7	0.6	363
Education of respondent					
Primary	2.9	1.8	0.7	0.4	273
Secondary	3.7	2.6	0.9	0.3	2355
Tertiary	2.5	1.8	0.4	0.4	56
Ethnic group					
Fijian (iTaukei)	4.8	3.6	1.0	0.3	2001
Indo-Fijian	0.7	0.2	0.3	0.2	1015
Other	3.4	1.7	1.1	0.6	177
Age group of respondent					
18-24	5.0	3.2	1.0	0.8	401
25-29	4.4	3.1	1.3	0.0	384
30-34	2.5	1.6	0.7	0.2	440
35-39	5.3	3.2	1.3	0.8	380
40-44	2.4	1.7	0.5	0.2	415
45-49	2.2	1.7	0.2	0.2	417
50-54	3.4	3.1	0.3	0.0	323
55-64	2.6	1.9	0.7	0.0	431
Socio-economic cluster					
Lower	4.7	4.0	0.4	0.3	745
Medium	4.1	2.4	1.6	0.1	902
Higher	2.4	1.6	0.5	0.4	1545

* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted



Table 5.1.3. Prevalence and frequency of attempted rape and other sexual abuse since age 15 years, among all interviewed women, Fiji 2011

	Attempted rape and other sexual abuse by non-partner since age 15				Number of women interviewed (N)
	Ever happened at least once since age 15 (%)	Frequency			
		By any person once or twice*	By any person few times*	By any person many times*	
Total	6.8	4.3	1.6	0.8	3193
Urban- Rural					
Urban	6.0	3.5	1.5	0.9	1496
Rural	7.5	5.1	1.7	0.7	1697
Division					
Central	6.5	3.7	1.6	1.2	1321
Eastern	15.6	10.5	3.8	1.3	314
Northern	6.2	3.9	1.6	0.7	566
Western	4.6	3.4	1.0	0.2	992
Religion					
Methodist	7.5	4.9	1.8	0.9	1167
Catholic	11.0	8.2	1.8	1.1	281
SDA	14.6	8.3	4.2	2.1	144
AOG	10.7	6.1	3.1	1.5	196
Hindu	0.9	0.6	0.4	0.0	850
Muslim	2.1	1.6	0.5	0.0	192
Other+No religion	11.9	7.2	2.8	1.9	363
Education of respondent					
Primary	6.2	3.7	1.8	0.7	273
Secondary	6.7	4.3	1.7	0.8	2355
Tertiary	7.3	5.0	1.4	0.9	565
Ethnic group					
Fijian (iTaukei)	9.3	6.2	2.1	1.0	2001
Indo-Fijian	1.4	0.7	0.5	0.2	1015
Other	9.6	4.5	2.8	2.3	177
Age group of respondent					
18-24	11.0	6.2	2.7	2.0	401
25-29	8.6	5.2	2.1	1.3	384
30-34	5.7	4.1	1.1	0.5	440
35-39	7.1	4.5	2.1	0.5	380
40-44	4.8	2.4	1.2	1.2	415
45-49	6.5	3.8	1.9	0.7	417
50-54	5.0	4.3	0.6	0.0	323
55-64	5.6	4.2	1.2	0.2	431
Socio-economic cluster					
Lower	10.7	8.1	2.2	0.5	745
Medium	6.1	3.1	1.6	1.4	902
Higher	5.2	3.2	1.4	0.6	1545

* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.



Table 5.1.4. Prevalence and frequency of sexual abuse before age 15 years as reported in face to face interview, among all interviewed women, Fiji 2011

	Sexual abuse before age 15				Number of women interviewed (N)
	Ever happened at least once since age 15 (%)	Frequency			
		By any person once or twice* (%)	By any person few times* (%)	By any person many times* (%)	
Total	4.2	2.4	1.0	0.7	3177
Urban- Rural					
Urban	4.5	2.3	1.3	0.9	1493
Rural	3.9	2.4	0.7	0.5	1684
Division					
Central	4.7	2.4	1.4	0.7	1317
Eastern	6.8	5.2	0.3	1.0	308
Northern	3.9	2.1	0.9	0.5	563
Western	2.8	1.5	0.7	0.6	989
Religion					
Methodist	4.7	2.9	1.0	0.6	1158
Catholic	6.5	4.7	1.1	0.4	278
SDA	8.3	3.5	2.8	2.1	144
AOG	8.2	4.6	1.0	2.1	195
Hindu	1.3	0.6	0.4	0.2	849
Muslim	1.6	1.0	0.5	0.0	192
Other+No religion	5.0	1.9	1.9	1.1	361
Education of respondent					
Primary	3.3	1.8	0.7	0.7	273
Secondary	4.4	2.5	1.1	0.6	2343
Tertiary	3.7	2.1	0.7	0.7	561
Ethnic group					
Fijian (iTaukei)	5.2	3.2	1.2	0.6	1988
Indo-Fijian	1.5	0.6	0.5	0.3	1013
Other	8.5	2.8	1.7	3.4	176
Age group of respondent					
18-24	5.3	3.3	1.5	0.3	397
25-29	7.3	4.5	1.1	1.6	382
30-34	3.2	1.4	1.1	0.7	440
35-39	4.2	1.8	1.6	0.8	380
40-44	3.1	1.5	0.7	0.7	413
45-49	5.1	2.9	1.2	0.7	413
50-54	2.2	1.9	0.3	0.0	322
55-64	3.0	1.9	0.5	0.5	428
Socio-economic cluster					
Lower	4.1	2.7	0.8	0.1	737
Medium	5.2	3.3	0.7	1.1	898
Higher	3.6	1.6	1.3	0.7	1541

* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.

Note: Five women who reported child sexual assault missed answering the frequency questions thus percentages do not add up.



Table 5.2. Overview of prevalence of sexual abuse by non-partners, since the age of 15 years and before the age of 15 years, as reported by all interviewed women, Fiji 2011

	Sexual violence since age 15				Sexual abuse before age 15					
	Forced intercourse (rape) %	Other sexual abuse %	All sexual violence combined %	Total women responded	Face to face interview		Card		Interview and/or card	
					%	Total	%	Total	%	Total
Total	3.4	6.8	8.5	3193	4.2	3182	14.0	3153	15.6	3150
Urban- Rural										
Urban	2.7	5.9	7.4	1496	4.5	1493	12.6	1465	14.2	1463
Rural	4.0	7.5	9.5	1697	3.9	1689	15.2	1688	16.7	1687
Division										
Central	3.4	6.5	8.1	1321	4.7	1319	13.8	1289	15.6	1290
Eastern	5.7	15.6	17.8	314	6.8	309	19.7	314	22.2	311
Northern	4.2	6.2	9.2	566	3.9	565	14.8	561	15.8	562
Western	2.2	4.6	5.6	992	2.8	989	11.9	989	13.3	987
Religion										
Methodist	3.9	7.5	9.8	1167	4.7	1160	16.1	1154	17.9	1152
Catholic	5.3	11.0	13.9	281	6.5	279	20.1	279	21.9	279
SDA	6.3	14.6	16.7	144	8.3	144	21.7	143	25.2	143
AOG	7.7	10.7	14.3	196	8.2	196	21.9	192	24.9	193
Hindu	0.5	0.9	1.2	850	1.3	850	6.3	836	6.9	836
Muslim	0.5	2.1	2.6	192	1.6	192	6.3	189	7.4	189
Other+No religion	5.2	11.8	14.0	363	5.0	361	16.9	360	18.7	358
Education of respondent										
Primary	2.9	6.2	7.3	273	3.3	273	15.2	269	15.2	269
Secondary	3.7	6.7	8.6	2355	4.4	2347	14.6	2325	16.4	2324
Tertiary	2.5	7.3	8.7	565	3.7	562	10.7	559	12.0	557
Ethnic group										
Fijian (iTaukei)	4.8	9.2	11.7	2001	5.2	1991	17.2	1978	19.1	1975
Indo-Fijian	0.7	1.4	1.6	1015	1.5	1014	6.8	998	7.5	998
Other	3.4	9.6	11.9	177	8.5	177	18.6	177	20.9	177
Age group of respondent										
18-24	5.0	11.0	13.5	401	5.3	398	13.9	396	16.5	395
25-29	4.4	8.6	10.9	384	7.3	383	18.6	381	21.5	381
30-34	2.5	5.7	6.6	440	3.2	440	10.8	437	12.3	438
35-39	5.3	7.1	10.3	380	4.2	380	16.5	376	17.0	376
40-44	2.4	4.8	5.8	415	3.1	414	11.9	411	13.1	411
45-49	2.2	6.5	7.4	417	5.1	414	15.4	409	17.4	407
50-54	3.4	5.0	6.8	323	2.2	322	12.2	320	12.5	320
55-64	2.6	5.6	7.0	431	3.0	429	12.8	421	14.0	420
Socio-economic cluster										
Lower	4.7	10.7	13.0	745	4.1	740	19.4	743	20.6	741
Medium	4.1	6.1	8.3	902	5.2	899	15.0	894	17.0	894
Higher	2.4	5.2	6.4	1545	3.6	1542	10.8	1515	12.2	1514

Note: Other sexual abuse refers to attempted rape and other attempted sexual violence.



Table 5.3. Percentage of all interviewed women who reported physical or sexual violence by non-partners, broken down by number and type of perpetrator (N=3193), Fiji 2011

	Physical violence since age 15 years old		Sexual violence since age 15 years old		Fiji questions on attempting on sexual violence since age 15 years old		Sexual abuse before age 15 years old	
	Number	%	Number	%	Number	%	Number	%
Number of perpetrators								
No violence	2333	73.1	3084	96.6	2977	93.2	3049	95.8
One perpetrator	567	17.8	74	2.3	132	4.1	126	4.0
More than one perpetrator	293	9.2	35	1.1	84	2.6	7	0.2
Type of perpetrator (grouped)*								
Male family member(s)	557	64.8	32	29.4	68	31.5	70	52.6
Female family member(s)	238	27.7	6	5.5	6	2.8	5	3.8
Other(s)	369	42.9	74	67.9	151	69.9	61	45.9
Type of perpetrator (detail)								
Father	437		3		1		1	
Stepfather	12		6		6		9	
Other male family member	151		23		61		60	
Female family member	238		6		6		5	
Teacher	261		1		2		1	
Police/ soldier	2		0		2		0	
Male friend of family	14		16		33		17	
Female friend of family	17		1		4		1	
Boyfriend	12		24		28		6	
Stranger	6		9		32		20	
Someone at work	1		2		3		2	
Priest/ religious leader	0		0		1		0	
Female partner	1		0		0		0	
Other	74		23		53		18	
Age of sexual abuse before age 15								
0-4							0	
5-9							2	
10-14							131	

*A victim can have multiple perpetrators in the same category. The numbers reflect the victims and not the perpetrators.

** In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.

Table 5.4. Overlap of non-partner and partner violence among all women (N=3193), Fiji 2011

	Non-partner violence (%)	Partner violence* (%)	Partner or non-partner violence (%)
Physical violence	26.9	58.0	68.5
Sexual violence	8.5	32.3	35.6
Physical and/or sexual violence	30.9	60.9	71.0

* The prevalence rates for partner violence are slightly lower here compared to the tables in chapter 4 because all women and not all ever-partnered women are taken as denominator.

Note: This table does not include child sexual assault; sexual violence covers women over 15 years only.



Table 5.5a. Age of first sexual intercourse, among all interviewed women, Fiji 2011 (percentage in each category)

	Not had sex	<15	15-17	18-21	22+	Refused/ no answer	Number of women interviewed
Total	5.4	1.4	19.2	53.0	20.1	0.9	3192
Urban- Rural							
Urban	7.6	1.3	14.5	52.8	22.3	1.5	1495
Rural	3.4	1.5	23.3	53.3	18.1	0.4	1697
Division							
Central	6.5	1.5	14.5	53.7	22.4	1.4	1320
Eastern	2.2	1.6	25.8	55.4	14.7	0.3	314
Northern	4.1	1.4	29.9	47.9	16.1	0.7	566
Western	5.5	1.3	17.3	54.3	20.9	0.6	992
Religion							
Methodist	5.5	1.5	19.9	53.4	18.9	0.9	1167
Catholic	6.8	1.4	18.5	51.3	21.0	1.1	281
SDA	6.3	4.9	16.7	52.8	18.8	0.7	144
AOG	4.1	3.1	20.4	55.6	16.8	0.0	196
Hindu	4.9	0.5	16.7	54.0	23.1	0.8	850
Muslim	5.8	1.1	27.8	49.2	15.7	0.5	191
Other+No religion	5.0	1.7	19.3	51.8	20.7	1.7	363
Education of respondent							
Primary	1.8	3.3	28.9	49.1	15.8	1.1	273
Secondary	2.8	1.4	21.3	55.6	17.9	1.0	2354
Tertiary	17.7	0.7	5.8	44.4	31.0	0.4	565
Ethnic group							
Fijian (iTaukei)	7.4	2.0	19.6	51.6	18.6	1.0	2000
Indo-Fijian	0.2	0.3	19.2	56.7	23.1	0.6	1015
Other	11.9	2.3	15.3	49.2	19.8	1.7	177
Age group of respondent							
18-24	33.0	0.8	15.5	44.0	6.5	0.3	400
25-29	3.4	2.1	16.4	56.8	21.1	0.3	384
30-34	2.3	1.1	19.1	53.0	24.1	0.5	440
35-39	0.0	2.6	21.6	54.7	20.8	0.3	380
40-44	1.5	0.7	20.7	55.7	20.0	1.5	415
45-49	0.2	2.2	22.3	51.3	22.3	1.7	417
50-54	1.2	1.6	17.3	57.3	20.7	1.9	323
55-64	1.2	0.7	20.2	52.4	24.4	1.2	431
Socio-economic cluster							
Lower	2.6	1.7	28.5	50.3	16.4	0.5	745
Medium	4.4	2.6	19.3	55.7	16.9	1.1	901
Higher	7.3	0.7	14.7	52.8	23.6	1.0	1545



Table 5.5b. Age of first sexual intercourse, among interviewed women who said they ever had sex, Fiji 2011 (%)

	<15	15-17	18-21	22+	Number of interviewed women who ever had sex
Total	1.5	20.5	56.6	21.4	2992
Urban- Rural					
Urban	1.5	16.0	58.1	24.5	1359
Rural	1.6	24.3	55.4	18.8	1633
Division					
Central	1.6	15.7	58.3	24.3	1216
Eastern	1.6	26.5	56.9	15.0	306
Northern	1.5	31.4	50.3	16.9	539
Western	1.4	18.5	57.9	22.2	931
Religion					
Methodist	1.6	21.3	57.1	20.2	1092
Catholic	1.5	20.1	55.6	22.8	259
SDA	5.2	17.9	56.7	20.2	134
AOG	3.2	21.3	58.0	17.6	188
Hindu	0.5	17.7	57.3	24.5	801
Muslim	1.1	29.6	52.5	16.8	179
Other+No religion	1.8	20.7	55.5	22.1	339
Education of respondent					
Primary	3.4	29.8	50.6	16.2	265
Secondary	1.5	22.1	57.8	18.6	2264
Tertiary	0.9	7.1	54.2	37.8	463
Ethnic group					
Fijian (iTaukei)	2.1	21.3	56.3	20.3	1832
Indo-Fijian	0.3	19.4	57.1	23.2	1007
Other	2.6	17.7	56.9	22.9	153
Age group of respondent					
18-24	1.1	23.2	65.9	9.7	267
25-29	2.2	17.0	58.9	21.9	370
30-34	1.2	19.6	54.4	24.8	428
35-39	2.6	21.6	54.9	20.8	379
40-44	0.7	21.3	57.3	20.6	403
45-49	2.2	22.7	52.3	22.7	409
50-54	1.6	17.9	59.1	21.4	313
55-64	0.7	20.7	53.7	24.9	421
Socio-economic cluster					
Lower	1.8	29.4	51.9	16.9	722
Medium	2.7	20.5	59.0	17.9	851
Higher	0.7	16.0	57.6	25.7	1418



Table 5.6a. Nature of first sexual experience, among women who ever had sex, Fiji 2011 (% in each category)

	Wanted to have sex	Did not want but had sex	Forced to have sex	Number of interviewed women who ever had sex
Total	70.9	24.3	4.8	2961
Urban- Rural				
Urban	70.7	25.1	4.2	1340
Rural	70.9	23.8	5.3	1621
Division				
Central	71.1	24.4	4.5	1199
Eastern	71.5	19.3	9.2	305
Northern	70.7	23.4	6.0	535
Western	70.4	26.6	3.0	922
Religion				
Methodist	75.5	18.7	5.8	1081
Catholic	72.2	23.5	4.3	255
SDA	75.2	19.5	5.3	133
AOG	72.6	21.5	5.9	186
Hindu	64.9	32.4	2.7	792
Muslim	62.6	34.6	2.8	179
Other+No religion	70.7	22.1	7.2	335
Education of respondent				
Primary	63.6	29.9	6.4	264
Secondary	71	23.9	5.0	2238
Tertiary	74.1	23.3	2.6	459
Ethnic group				
Fijian (iTaukei)	74.3	19.6	6.1	1816
Indo-Fijian	64.1	33.2	2.7	996
Other	73.8	22.8	3.4	149
Age group of respondent				
18-24	67.5	23	9.4	265
25-29	64.3	29.4	6.3	367
30-34	74.4	21.4	4.2	425
35-39	70.7	25.8	3.5	376
40-44	74	23.3	2.8	400
45-49	67.1	26.5	6.4	404
50-54	69.2	25.6	5.2	308
55-64	77.1	20.5	2.4	414
Socio-economic cluster				
Lower	72.4	21.1	6.5	721
Medium	71.6	23.2	5.2	842
Higher	69.6	26.8	3.7	1397

Table 5.6b. Nature of first sexual experience by age of first sexual intercourse, among women who ever had sex, Fiji 2011

Age of first sexual intercourse	Wanted to have sex	Did not want but had sex	Forced to have sex	Number of women interviewed
Total	70.9	24.4	4.8	2961
<15	34.8	19.6	45.7	46
15-17	61.5	29.8	8.4	609
18-21	71.4	24.1	3.4	1672
22+	78.1	19.1	1.9	634



Table 6.1. Attitudes to gender power relations. Proportion of interviewed women who said they agree with the following statements (N=3186*), Fiji 2011

	<i>Percentage of women who agreed with the following:</i>				
	<i>"A good wife obeys her husband even if she disagrees" (%)</i>	<i>"A man should show he is the boss" (%)</i>	<i>"A woman should be able to choose her own friends even if her husband disapproves" (%)</i>	<i>"Wife is obliged to have sex with husband" (%)</i>	<i>"If a man mistreats his wife, others outside of the family should intervene" (%)</i>
Total	59.8	55.0	47.1	33.1	41.6
Urban- Rural					
Urban	60.3	48.4	50.2	30.1	41.2
Rural	59.4	60.9	44.4	35.7	42.0
Division					
Central	58.7	50.5	50.9	30.5	39.9
Eastern	57.5	62.0	45.0	37.4	47.0
Northern	53.8	54.7	47.3	28.3	38.8
Western	65.5	59.0	42.6	37.8	43.8
Religion					
Methodist	58.2	62.6	49.1	32.1	44.6
Catholic	57.5	56.1	49.3	27.9	39.3
SDA	46.5	51.4	56.3	16.7	45.5
AOG	57.0	57.5	54.2	32.1	42.0
Hindu	65.3	46.8	40.8	39.7	37.5
Muslim	64.6	42.2	42.2	45.3	41.1
Other+No religio	57.6	55.6	49.3	25.3	41.7
Education of respondent					
Primary	69.5	68.4	42.3	52.6	45.6
Secondary	61.1	59.0	45.6	34.2	41.9
Tertiary	49.8	31.9	55.8	18.8	38.5
Ethnic group					
Fijian (iTaukei)	56.8	60.8	48.6	28.9	43.5
Indo-Fijian	66.8	46.4	40.4	41.8	38.2
Other	52.8	38.1	69.3	30.1	39.8
Age group of respondent					
18-24	60.4	43.9	49.5	22.4	40.6
25-29	58.0	50.9	52.0	28.2	42.6
30-34	54.8	48.9	48.5	30.8	39.6
35-39	61.3	52.6	47.1	32.1	40.8
40-44	58.1	54.7	47.5	35.4	43.2
45-49	59.5	57.8	47.2	33.5	38.5
50-54	63.9	63.9	45.7	38.6	42.9
55-64	63.5	68.4	40.0	43.7	44.7
According to experience of violence (N=3028**)					
All ever-partnered women					
No partner violence	60.1	56.1	46.6	34.0	41.4
Physical or sexual partner violence	59.4	50.8	42.9	32.2	37.5
P-value	0.56	<0.001	0.002	0.12	0.001

* 7 women did not reply to the attitude questions and have been omitted from the analysis.

** The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.



Table 6.2. Attitudes to physical partner violence. Proportion of interviewed women who said they agree that a man has "good reason" to hit his wife for the following reasons (N=3186*), Fiji 2011

	Percentage of women who agree that a man has a "good reason" to hit his wife if:							Percentage of women who agree with:	
	"Reason to hit: not complete household"	"Reason to hit: wife disobeys him"	"Reason to hit: wife refuses sex"	"Reason to hit: wife asks about girl friends"	"Reason to hit: husband suspects wife unfaithful"	"Reason to hit: husband finds out wife unfaithful"	"Reason to hit: wife disrespect his family"	One or more of the reasons mentioned	None of the reasons mentioned
Total	13.1	25.0	8.5	6.8	14.3	33.8	22.6	42.6	57.4
Urban- Rural									
Urban	8.9	19.9	5.8	5.8	12.1	28.5	17.4	37.4	62.6
Rural	16.9	29.5	10.8	7.6	16.2	38.5	27.2	47.2	52.8
Division									
Central	11.2	22.0	7.1	5.8	13.0	31.8	20.2	40.1	59.9
Eastern	18.2	35.5	11.2	5.4	21.1	54.0	28.8	59.7	40.3
Northern	17.5	27.1	12.6	9.4	16.5	35.2	27.3	42.5	57.5
Western	11.6	24.4	7.2	7.0	12.5	29.3	21.1	40.5	59.5
Religion									
Methodist	17.2	31.4	9.6	7.9	18.4	40.3	26.9	50.1	49.9
Catholic	13.2	28.2	9.6	7.5	16.4	37.5	25.0	46.8	53.2
SDA	11.8	26.4	6.9	11.1	16.7	38.2	26.4	44.4	55.6
AOG	13.0	26.4	8.3	7.3	15.5	33.7	26.4	43.5	56.5
Hindu	7.7	16.2	7.7	5.4	9.0	24.2	15.2	31.7	68.3
Muslim	12.0	21.4	9.4	5.7	10.4	28.1	19.8	39.6	60.4
Other+No religion	14.0	23.1	6.1	4.1	11.8	33.6	21.8	41.0	59.0
Education of respondent									
Primary	19.1	32.4	14.0	8.5	15.4	36.4	23.9	43.8	56.3
Secondary	14.6	26.8	9.1	7.4	15.4	35.8	24.5	45.0	55.0
Tertiary	4.1	14.0	3.2	3.2	8.9	24.3	13.8	31.9	68.1
Ethnic Group									
Fijian (iTaukei)	16.0	29.8	8.7	7.4	16.8	38.8	26.6	48.3	51.7
Indo-Fijian	8.2	17.3	8.1	5.3	9.8	26.0	16.3	34.0	66.0



Table 6.2. Attitudes to physical partner violence. Proportion of interviewed women who said they agree that a man has "good reason" to hit his wife for the following reasons (N=3186*), Fiji 2011

Age group of respondent	Percentage of women who agree that a man has a "good reason" to hit his wife if:								Percentage of women who agree with:	
	"Reason to hit: not complete household" (%)	"Reason to hit: wife disobeys him" (%)	"Reason to hit: wife refuses sex" (%)	"Reason to hit: wife asks about girl friends" (%)	"Reason to hit: husband suspects wife unfaithful" (%)	"Reason to hit: husband finds out wife unfaithful" (%)	"Reason to hit: wife disrespect his family" (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)	
Other	9.1	15.3	8.5	7.4	10.8	21.6	13.6	27.3	72.7	
18-24	14.2	26.9	4.7	6.2	14.5	36.9	26.2	49.4	50.6	
25-29	12.5	25.1	6.8	7.0	15.1	32.4	23.8	40.5	59.5	
30-34	9.6	21.0	5.3	4.6	11.4	30.6	18.3	37.6	62.4	
35-39	10.8	21.6	6.3	6.6	12.9	30.8	19.2	38.9	61.1	
40-44	12.8	23.6	8.7	7.5	11.3	35.7	21.0	43.1	56.9	
45-49	13.0	26.0	11.8	8.9	15.9	35.4	24.1	45.3	54.7	
50-54	12.1	24.0	7.8	4.0	12.8	31.8	21.5	39.4	60.6	
55-64	19.5	31.2	15.8	8.6	19.8	36.0	26.3	45.6	54.4	
According to experience of violence (N=3028**)										
No partner violence	9.6	18.7	5.9	5.3	9.6	26.1	17.8	34.5	65.5	
Physical or sexual partner violence	15.3	28.7	10.4	7.5	17.0	38.6	25.1	47.8	52.2	
P-value	<0.001	<0.001	<0.001	0.021	<0.001	<0.001	<0.001	<0.001	<0.001	

* 7 women did not reply to the attitude questions and have been omitted from the analysis.

** The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.



Table 6.3. Attitudes to sexual partner violence. Proportion of interviewed women who said they agree that a married woman can refuse to have sex with her husband for the following reasons (N=3186), Fiji 2011

	Percentage of women who agreed with the following:							Percentage of women who agree with:	
	"A married woman can refuse sex if she doesn't want to"	"A married woman can refuse sex if her husband is drunk"	"A married woman can refuse sex if she is sick"	"A married woman can refuse sex if her husband mistreats her"	"A married woman can refuse sex if he has a mistress or girlfriend"	"A married woman can refuse sex if she is pregnant"	"A married woman can refuse sex if she has her period"	One or more of the reasons mentioned	None of the reasons mentioned
Total	76.5	83.1	91.8	87.1	87.9	91.9	93.0	97.4	2.6
Urban-Rural									
urban	78.3	82.1	91.2	85.6	87.1	90.3	91.2	97.2	2.8
rural	74.9	84.0	92.4	88.4	88.6	93.3	94.7	97.6	2.4
Division									
Central	77.6	82.6	92.0	87.3	88.4	91.4	92.8	98	2
Eastern	71.3	86.9	95.2	88.8	85.9	95.2	97.8	98.4	1.6
Northern	77.0	84.4	90.6	85.8	89.0	91.5	91.9	96.5	3.5
Western	76.4	81.8	91.1	87.0	87.2	91.7	92.5	96.9	3.1
Religion									
Methodist	75.3	85.2	92.2	87.5	87.2	92.0	94.2	97.7	2.3
Catholic	77.2	85.7	93.6	88.9	91.1	92.1	95.4	98.6	1.4
SDA	79.2	88.9	91.7	90.3	87.5	93.1	94.4	97.9	2.1
AOG	77.0	84.5	94.3	90.2	90.2	93.8	93.3	97.4	2.6
Hindu	76.2	77.7	91.0	85.0	86.7	91.5	90.7	97.1	2.9
Muslim	74.5	79.7	90.6	83.3	85.9	88.5	90.1	94.8	5.2
Other+No religion	80.2	85.7	90.4	88.4	90.4	92.3	93.9	97.8	2.2
Education of respondent									
Primary	68.1	77.6	90.4	82.4	86.4	90.4	91.9	97.8	2.2
Secondary	74.6	81.7	91.1	86.3	86.7	91.2	92.3	97.1	2.9
Tertiary	88.5	91.5	95.6	92.7	93.4	95.4	96.8	98.4	1.6
Ethnic group									
Fijian (Taukei)	76.1	85.4	91.9	88.2	88.1	92.2	93.9	97.5	2.5



Table 6.3. Attitudes to sexual partner violence: Proportion of interviewed women who said they agree that a married woman can refuse to have sex with her husband for the following reasons (N=3186), Fiji 2011

	<i>Percentage of women who agreed with the following:</i>							<i>Percentage of women who agree with:</i>	
	"A married woman can refuse sex if she doesn't want to"	"A married woman can refuse sex if her husband is drunk"	"A married woman can refuse sex if she is sick"	"A married woman can refuse sex if her husband mistreats her"	"A married woman can refuse sex if he has a mistress or girlfriend"	"A married woman can refuse sex if she is pregnant"	"A married woman can refuse sex if she has her period"	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)
Indo-Fijian	76.1	78.1	91.1	84.4	87.2	91.1	90.9	97.1	2.9
Other	83.6	85.8	94.3	90.3	89.2	92.6	94.9	97.7	2.3
Age group of respondent									
18-24	79.3	84.5	90.8	88.3	86.0	90.5	93.0	97.8	2.2
25-29	79.4	82.2	90.9	87.5	88.3	91.9	92.2	96.9	3.1
30-34	80.5	87.9	94.3	91.1	90.0	93.6	94.8	98.6	1.4
35-39	76.6	84.2	93.2	87.1	89.7	92.6	92.4	97.6	2.4
40-44	77.8	83.1	92.3	87.5	88.4	92.5	93.0	97.1	2.9
45-49	73.6	78.8	89.4	85.1	85.5	89.2	90.6	96.9	3.1
50-54	77.1	83.9	91.9	86.6	87.6	92.9	94.4	97.8	2.2
55-64	68.4	80.2	91.6	83.5	87.4	91.9	94.0	96.7	3.3
According to experience of violence (N=3035**)									
No partner or sexual partner violence	78.0	84.0	91.9	88.0	88.3	91.9	93.1	97.2	2.8
Physical or sexual partner violence	75.3	82.4	91.7	86.6	87.7	92.0	92.9	97.6	2.4
P-value	0.099	0.24	0.83	0.30	0.59	0.97	0.85	0.52	0.52

* 7 women did not reply to the attitude questions and have been omitted from the analysis.

** The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.



Table 6.4. Situations associated with violence as reported by women who ever experienced physical partner violence (N=1853), Fiji 2011

	No particular reason (%)	Partner drunk (%)	Money problem (%)	Difficulties with his work (%)	He is unemployed (%)	No food at home (%)	Family problem (%)	She is pregnant (%)	He is jealous of her (%)	She refuses sex (%)	She is disobedient (%)	Shows he is boss (%)	Other reasons (%)
Total	8.3	28.9	11.7	6.6	3.1	6.6	21.1	1.7	29.6	10.1	29.0	9.7	25.5
Urban- Rural													
Urban	13.6	36.3	14.3	9.7	3.4	6.0	19.1	2.2	26.2	9.0	20.4	7.1	26.0
Rural	4.6	23.8	9.8	4.5	2.9	7.1	22.5	1.4	32.0	10.8	35.0	11.6	25.1
Division													
Central	10.5	31.0	13.6	9.6	3.2	8.1	19.2	2.1	25.4	9.8	24.2	9.1	24.9
Eastern	3.3	20.7	8.3	2.5	1.2	7.0	18.2	0.4	43.0	12.4	40.1	16.5	25.6
Northern	6.1	22.9	11.1	7.2	2.5	6.6	27.1	1.7	29.4	9.4	32.7	11.4	25.2
Western	9.2	33.8	11.0	4.2	4.2	4.6	20.8	1.8	29.3	9.9	27.8	6.4	26.3
Religion													
Methodist	7.3	28.0	9.1	5.7	2.8	7.5	20.7	1.5	34.0	9.0	31.9	12.9	22.3
Catholic	7.1	33.0	7.6	5.4	2.7	8.2	17.9	1.6	33.9	9.2	32.1	12.0	21.2
SDA	6.3	28.4	17.9	6.3	0.0	7.4	15.8	2.1	40.0	12.6	22.1	10.5	30.5
AOG	6.7	32.6	11.1	4.4	3.7	5.9	14.8	0.7	27.4	10.4	34.1	5.9	29.6
Hindu	10.8	26.6	18.0	7.7	5.0	4.5	29.6	2.6	13.0	10.8	23.0	5.3	25.9
Muslim	15.3	20.0	7.1	3.5	1.2	2.4	29.4	2.4	14.1	10.6	30.6	4.7	37.6
Other+No religion	7.8	33.9	12.4	11.9	3.2	7.8	13.3	1.4	42.2	11.9	25.7	8.3	29.8
Education of respondent													
Primary	8.0	29.4	17.2	6.1	4.3	10.4	27.6	2.5	21.5	12.3	24.5	10.4	26.4
Secondary	8.6	28.6	11.6	6.2	3.3	6.8	20.6	1.7	30.5	10.1	30.3	10.3	24.9
Tertiary	6.8	30.6	8.4	9.6	1.2	3.2	20.0	1.2	29.5	8.8	23.9	5.6	28.4
Ethnic group													
Fijian (Taukei)	7.4	29.5	10.2	6	2.7	7.6	18.1	1.4	34.5	9.5	30.7	10.6	24.4
Indo-Fijian	11.3	23.7	15.2	8.3	4.2	3.8	29.2	2.3	13.5	9.8	24.8	4.8	27.9
Other	5.3	47.9	13.8	6.4	4.3	8.5	21.3	3.2	44.7	20.2	26.6	22.3	27.7
Age group of respondent													
18-24	7.2	33.8	9.4	5	2.2	3.6	20.1	3.6	36.7	10.8	29.5	5.8	22.3
25-29	10.3	26.4	13.7	6	5.2	7.7	20.2	2.6	36.3	13.3	32.5	11.6	26.2
30-34	5.6	25.2	9.8	7.1	3.7	6.4	21.4	2.3	27.8	11.3	28.9	7.5	27.4
35-39	11.2	26.4	10.3	9.5	4.5	6.6	20.2	1.2	32.6	8.3	24.8	10.3	26.9
40-44	8.6	25.7	12.5	6.1	1.8	7.2	19.7	2.2	24	10.8	32.6	10.8	30.8
45-49	8.3	29.7	14.3	6.8	3.4	5.6	22.9	0.8	31.6	6.8	31.2	8.3	24.1
50-54	5.9	32.6	12.3	7	1.6	4.8	25.1	1.1	21.9	10.7	25.7	12.8	20.9
55-64	8.8	35.4	10	5	2.1	9.6	19.7	0.8	28.3	9.6	25.1	10.0	22.2



Table 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence, Fiji 2011

	Ever injured (%)	Number of women reporting partner violence (N)
Total	46.7	1945
Urban- Rural		
Urban	46.3	805
Rural	47.0	1140
Division		
Central	47.7	741
Eastern	53.6	250
Northern	44.6	379
Western	43.9	575
Religion		
Methodist	49.4	797
Catholic	42.4	191
SDA	57.0	100
AOG	54.4	138
Hindu	33.6	399
Muslim	44.8	87
Other+No religion	55.4	233
Education of respondent		
Primary	46.1	167
Secondary	47.6	1513
Tertiary	42.3	265
Ethnic group		
Fijian (iTaukei)	50.6	1343
Indo-Fijian	34.7	507
Other	56.8	95
Age group of respondent		
18-24	38.4	159
25-29	47.8	249
30-34	46.7	277
35-39	52.0	254
40-44	45.4	284
45-49	49.3	277
50-54	46.4	192
55-64	44.6	251
Socio-economic status		
Lower	47.9	562
Medium	50.7	584
Higher	43.1	799
By type of partner violence		
Sexual only	2.2	92
Physical only	36.6	915
Physical and sexual	61.0	938
Physical or sexual	46.7	1945



Table 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence, Fiji 2011

a. Prevalence, frequency, use of services	n	%
Injuries among women reporting partner violence (N=1945)		
Ever injured due to partner violence	909	46.7
Injured in the past 12 months	252	13.0
Ever lost consciousness	259	13.3
Lost consciousness in past 12 months	59	3.0
Ever hurt enough to need health care	450	23.2
Frequency injured among ever injured (N=909)		
Once time	360	39.6
2 - 5 times	348	38.3
More than 5 times	201	22.1
Among women hurt enough to need health care (N=450)		
Proportion needed health care in the past 12m	91	20.2
Proportion ever received health care for injuries	293	64.9
Among women who received health care for injuries (N=293)		
Proportion who spent at least 1 night in hospital due to injury	91	31.1
Proportion who told health worker about real cause of injury	193	65.9

b. Type of injury	During lifetime		During past 12 months	
	n	%	n	%
Type of injury among ever injured (N=909)				
Cuts, puncture, bites	365	40.2	113	12.4
Scratch, abrasion and bruises	646	71.1	237	26.1
Sprains, dislocations	87	9.6	26	2.9
Burns	33	3.6	7	0.8
Penetrating injuries, deep cuts	183	20.1	49	5.4
Broken ear drum, eye injuries	495	54.5	172	18.9
Fractures, broken bones	97	10.7	30	3.3
Broken teeth	70	7.7	15	1.7
Internal injuries	124	13.6	30	3.3
Permanent Disability	16	1.8	5	0.6
Other	49	5.4	17	1.9



Table 7.3. Self-reported impact of violence on women's physical and mental health, among women who reported physical or sexual partner violence, Fiji 2011

Self reported impact on health (N=1941)	No effect (%)	A little (%)	A lot (%)
Total	57.7	25.6	16.6
Urban- Rural			
Urban	54.8	24.4	20.7
Rural	59.7	26.4	13.8
Division			
Central	62.1	20.5	17.3
Eastern	55.8	30.1	14.1
Northern	58.9	27.4	13.7
Western	52.0	29.1	18.9
Religion			
Methodist	59.7	26.8	13.4
Catholic	62.0	27.1	10.9
SDA	54.0	25.0	21.0
AOG	54.0	26.3	19.7
Hindu	56.3	22.6	21.1
Muslim	57.5	19.5	23.0
Other+No religion	53.7	27.7	18.6
Education of respondent			
Primary	47.9	27.5	24.6
Secondary	58.7	25.7	15.6
Tertiary	58.3	24.1	17.7
Ethnic group			
Fijian (iTaukei)	59.0	26.4	14.6
Indo-Fijian	55.2	23.8	21.0
Other	53.2	24.5	22.3
Age group of respondent			
18-24	61.4	26.6	12.0
25-29	51.8	26.5	21.7
30-34	60.1	24.3	15.6
35-39	57.9	26.4	15.7
40-44	59.0	22.3	18.7
45-49	57.8	24.0	18.2
50-54	57.8	24.0	18.2
55-64	57.1	31.0	11.5
Socio-economic cluster			
Lower	60.3	26.0	13.7
Medium	57.1	26.1	16.8
Higher	56.3	25.0	18.6

Table 7.4.a. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence, Fiji 2011

	By urban/rural area				Total Fiji				
	Urban (N=1393)		Rural (N=1642)		No Violence (N=1090)		All partnered women (N=3035)		
General health status	No Violence (N=588) %	Physical/sexual Violence (N=805) %	All partnered women (N=1393) %	No Violence (N=502) %	Physical/sexual Violence (N=1140) %	All partnered women (N=1642) %	No Violence (N=1090) %	Physical/sexual Violence (N=1945) %	All partnered women (N=3035) %
Fair, poor and very poor of health	19.7	28.8	25.0	22.3	23.1	22.8	20.9	25.5	23.8
Some/many problems walking	12.6	15.9	14.5	10.8	11.7	11.4	11.7	13.4	12.8
Some, many problems with performing usual activities	10.0	15.7	13.3	10.0	13.0	12.1	10.0	14.1	12.6
Some/ many problem of pain	9.5	14.0	12.1	10.6	14.0	13.0	10.0	14.0	12.6
Some/many problems with memory or concentration	5.1	9.9	7.9	7.4	9.5	8.8	6.2	9.7	8.4
Emotional distress in past 4 weeks as measured by SRQ*									
0-5	76.9	47.6	59.9	71.3	47.9	55.1	74.3	47.8	57.3
6-10	17.7	29.6	24.6	18.5	26.5	24.1	18.1	27.8	24.3
11-15	4.1	16.4	11.2	8.0	19.1	15.7	5.9	18.0	13.6
16-20	1.4	6.5	4.3	2.2	6.5	5.2	1.7	6.5	4.8
<i>Mean SRQ score**</i>	3.5	6.6	5.3	4.2	6.8	6.0	3.8	6.7	5.7
<i>Median SRQ score**</i>	3.0	6.0	4.0	3.0	6.0	5.0	3.0	6.0	5.0
Ever thought about suicide	9.4	28.4	20.4	10.0	27.9	22.4	9.6	28.1	21.5
Chronic conditions	3.1	8.7	6.3	1.8	6.3	4.9	2.5	7.3	5.6
Diabetes	7.8	8.5	8.2	7.6	6.6	6.9	7.7	7.4	7.5
Asthma	4.3	6.8	5.7	4.2	6.2	5.6	4.2	6.5	5.7
High blood pressure	15.2	19.8	17.8	18.7	18.0	18.2	16.8	18.7	18.0
Physical disabilities	2.0	3.6	3.0	1.2	2.0	1.8	1.7	2.7	2.3

* SRQ-20 is a set of 20 questions that make up a WHO screening tool for emotional distress, more points indicating more probability for depression (WHO 1994).

** Note that this is not a percentage but an average score for each of the subgroups.





Table 7.4.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence, Fiji 2011

	Women who did <u>not</u> report physical or sexual partner violence				Women who reported physical or sexual partner violence				Total ever-partnered women (N= 3035) %
	No Violence* (N=856) %	Emotional violence alone (N=234) %	P-value	Ever-partnered women without phys/sex violence (N= 1090) %	Physical or sexual violence without emotional abuse (N= 467) %	Physical or sexual violence with emotional abuse (N=1478) %	P-value	Ever-partnered women with phys/sex violence (N= 1945) %	
Emotional distress in past 4 weeks as measured by SRQ**									
0-5	76.5	66.2		74.3	63.1	43.7		47.8	57.3
6-10	16.5	23.9		18.1	23.5	28.9		27.8	24.3
11-15	5.5	7.3		5.9	10.3	20.1		18.0	13.6
16-20	1.5	2.6	0.013	1.7	3.2	7.4	<0.001	6.5	4.8
<i>Mean SRQ score***</i>	3.6	4.6		3.8	5.1	7.2		6.7	5.7
<i>Median SRQ score***</i>	3.0	3.0		3.0	4.0	6.0		6.0	5.0
Ever thought about suicide	8.2	15.0	0.004	9.6	13.5	32.0	<0.001	28.1	21.5
Ever attempted suicide	2.2	3.4	0.482	2.5	2.4	8.6	<0.001	7.3	5.6

* For the purpose of this table the women with 'no violence' did not experience any physical, sexual or psychological violence; hence the N is different compared to table 7.5.a.

** SRQ-20 is a set of 20 questions that make up a WHO screening tool for emotional distress, more points indicating more probability for depression (WHO 1994).

*** Note that this is not a percentage but an average score for each of the subgroups.



Table 7.5. Use of health services and medication among ever-partnered women, according to their experience of physical and/or sexual partner violence, Fiji 2011

	No Violence (%)	Physical/sexual violence (%)	P-value	All respondents (%)
Use of services and medicines in the past 4 weeks (N=3035)				
Consulted a doctor or health worker	25.4	33.3	<0.001	30.5
Took medicine to sleep	5.5	6.0	0.63	5.8
Took medicine for pain	43.8	49.9	0.001	47.7
Took medicine for sadness/depression	2.0	3.0	0.101	2.7
Use of services in the past 12 months (N=3035)				
Had an operation (other than caesarean section)	3.5	3.6	1.0	3.5
Spent at least one night in a hospital	5.2	8.9	<0.001	7.6

Table 7.6. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence, Fiji 2011

a. According to experience of partner violence	No violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
Pregnancy rate among ever-partnered women (N=3034)				
Ever pregnant	89.8	94.2	<0.001	92.7
Circumstances of most recent pregnancy for women who delivered in last 5 yrs (N=940)				
Pregnancy unwanted or wanted later	33.8	49.9	<0.001	45.2
Reproductive health among those ever pregnant (N=2814)				
Ever had miscarriage	17.0	18.9	0.22	18.2
Ever had stillbirth	3.6	4.2	0.48	4.0
Ever had abortion	2.2	3.5	0.05	3.0

b. According to experience of violence in pregnancy	No violence in pregnancy (%)	Violence in pregnancy (%)	P-value*	All respondents (%)
Reproductive health among those ever pregnant (N=2814)				
Ever had miscarriage	17.5	22.4	0.017	18.2
Ever had stillbirth	3.7	5.4	0.14	4.0
Ever had abortion	3.0	3.3	0.76	3.0

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



Table 7.7. Factors related to last pregnancy, among women with live birth in the past 5 years, according to the women's experience of physical and/or sexual partner violence, Fiji 2011

	No Violence (N= 275) (%)	With physical or sexual partner violence (N=665) (%)	P-value*	All women (N= 940) (%)
Respondent did not want this pregnancy then (unwanted or mistimed pregnancy)	33.8	49.9	<0.001	45.2
Partner did not wanted this pregnancy then	18.6	26.5	0.009	24.2
Partner wanted a son	36.4	54.7	<0.001	49.4
Respondent used alcohol during pregnancy	3.6	8.3	0.011	6.9
Respondent smoked during this pregnancy	7.3	13.2	0.009	11.5
Postnatal check-up not done	13.4	19.4	0.031	17.7

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

Table 7.8. Use of contraception reported by women, according to their experience of physical and/or sexual partner violence, Fiji 2011

	No Violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
Among all ever-partnered women who ever had sex (N=3024)				
Ever using a method to prevent/delay pregnancy	44.3	56.0	<0.001	51.9
Currently using a method to prevent/delay pregnancy	18.8	21.2	0.12	20.4
Partner has ever refused/stopped contraception	3.2	10.2	<0.001	7.7
Ever used a condom with current or most recent partner	28.6	28.4	0.90	28.5
Ever asked current or most recent partner to use condom	21.7	24.8	0.055	23.7
Current or most recent partner ever refused to use condom	5.5	13.6	<0.001	10.7
Among women currently using contraception (N=606)				
Current partner knows she is using contraception	95.5	90.7	0.037	92.2
Among women who ever used a condom with current/most recent partner (N=876)				
Used a condom during last time they had sex	29.1	22.2	0.027	24.7

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



Table 7.9. How husbands/partners showed disapproval of contraceptive or condom among women who mentioned partner ever refused use of method, Fiji 2011

Way of showing disapproval	Any contraception (N=240)		Condoms (N=324)	
	Number	(%)	Number	(%)
Told he did not approve	206	85.8	265	81.8
Shouted/got angry	36	15.0	41	12.7
Threatened to beat her	6	2.5	5	1.5
Threatened to leave/throw her out of home	3	1.3	0	0.0
Beat her/physically assaulted her	5	2.1	9	2.8
Took or destroyed method	7	2.9	8	2.5
Accused her of being unfaithful/not good woman	n.a.		17	5.3
Laughed at her/not take her serious	n.a.		13	4.0
Said it is not necessary	n.a.		55	17.0
Other	17	7.1	18	5.6

Numbers add up to more than N and percentages to more than 100% because respondents could give multiple response.

Table 7.10. Estimates of the number of women injured per year, per week and per day (% of ever-partnered women)

Types of injury in the previous 12 months before the survey (Table 7.2a and 7.2b of Annex 1)	Number from survey injured in the previous 12 months before the survey (Table 7.2b)	% of ever-partnered women affected from the survey (n=3035) in the 12 months before the survey	Estimate of number of women affected per year using 2007 Census total of ever-partnered women aged 18-64 (n=189,385)*#	Estimate of number of women affected per week (annual estimate / 52 weeks)#	Estimate of number of women affected per day (annual estimate / 365 days)#
Injured	252	8.303	15,725	302	43
Permanently disabled	5	0.165	312	6	1
Lost consciousness	59	1.944	3,682	71	10
Needed health care	91	2.998	5,678	109	16
Eye and ear injuries	172	5.667	10,733	206	29
Broken or fractured bones	30	0.988	1,872	36	5
Internal injuries	30	0.988	1,872	36	5
Sprains and dislocations	26	0.857	1,622	31	4
Burns	7	0.231	437	8	1
Broken teeth	15	0.494	936	18	3
Cuts, punctures, bites	113	3.723	7,051	136	19
Scratches, abrasions, bruises	237	7.809	14,789	284	41
Penetrating injuries, deep cuts	49	1.614	3,058	59	8
Other	17	0.560	1,061	20	3

*The Fiji Census 2007 total of ever-partnered women aged 18-64 is 189,385. See Table 3.3 of Annex 1 (167,235 currently married + 2,340 living with a man + 4,784 divorced + 15,026 widowed).

Note that these figures are under-estimates of the number of injuries annually, weekly and daily because:

- (i) the survey counted the number of women with injuries in the previous 12 months, and not the number of injuries (some injuries may have happened multiple times) - the calculations above assume that each injury happened once only; and
- (ii) 2007 Census data is used.



Table 8.1. Children's well-being as reported by women with children 6-14 years old, according to the women's experience of physical and/or sexual partner violence, Fiji 2011

<i>Proportion of women reporting that at least one of her children (aged 6-14 years) had the following:</i>	No Violence (N=354) (%)	With physical or sexual partner violence (N=818) (%)	P-value*	All women (N=1172) (%)
Nightmares	17.2	28.8	<0.001	25.3
Bedwetting	10.7	18.7	0.001	16.3
Child quiet / withdrawn	17.3	27.1	0.001	24.2
Child aggressive	23.2	35.6	0.001	31.9
Two or more of above problems	17.8	34.0	<0.001	29.1
Child has failed / had to repeat a year at school	4.3	9.7	0.001	8.0
Child has stopped school / dropped out of school	3.4	4.7	0.43	4.3

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

Table 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence, Fiji 2011

	By urban/rural area		By division				Total (N=1692) (%)
	Urban (N=686) (%)	Rural (N=1006) (%)	Central (N=644) (%)	Eastern (N=215) (%)	Northern (N=334) (%)	Western (N=499) (%)	
Never	43.7	46.2	45.5	42.3	45.5	45.9	45.2
Once or twice	28.4	30.9	28.1	27.9	30.8	32.5	29.9
Several times	16.5	17.6	16.6	24.2	16.8	15.0	17.1
Many times	10.9	5.1	9.5	5.1	6.9	6.2	7.5
Don't know, refuse	0.4	0.2	0.3	0.5	0.0	0.4	0.3



Table 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence, Fiji 2011

	Proportion of women who reported that...					
	Her mother was hit by mother's husband (N=2951) (%)	P-value	Partner's mother was hit by mother's husband (N=2955) (%)	P-value	Partner was hit as a child (N=2955) (%)	P-value
According to all ever-partnered women	33.7		14.5		17.4	
According to experience of partner violence						
Not experienced any partner violence	23.1		9.5		9.8	
Ever experienced physical or sexual violence	39.7	<0.001	17.2	<0.001	21.4	<0.001
According to type of partner violence						
No violence	23.1		9.5		9.8	
Sexual only	33.7		20.0		20.0	
Physical only	32.6		14.8		19.4	
Both sexual and physical	47.2		19.3		23.5	
According to severity of physical partner violence						
No physical violence	23.9		10.3		10.6	
Moderate physical violence	33.1		11.3		18.8	
Severe physical violence	42.6		19.3		22.5	



Table 9.1. Prevalence of economic abusive acts by partners, as reported by currently-partnered women, Fiji 2011

	Taken away what she earned or saved (%)	Refused to give money (%)	At least one or both acts (%)	Number of ever partnered women for whom questions were applicable (N)
Total	12.4	20.7	28.3	2073
Urban- Rural				
Urban	11.5	17.2	23.7	1028
Rural	13.3	23.6	32.7	1045
Division				
Central	12.3	19.9	26.4	875
Eastern	17.1	29.6	42.0	199
Northern	11.6	24.8	34.2	361
Western	11.4	16.3	23.2	638
Religion				
Methodist	15.8	26.6	36.6	701
Catholic	12.1	23.0	31.1	174
SDA	14.3	29.8	37.5	98
AOG	12.6	24.5	31.2	119
Hindu	8.8	10.8	17.0	613
Muslim	8.5	9.2	14.8	142
Other+No religion	13.3	26.5	32.9	226
Education of respondent				
Primary	11.4	18.3	25.3	149
Secondary	12.7	22.2	30.4	1555
Tertiary	11.4	14.3	20.5	369
Ethnic group				
Fijian (iTaukei)	15.1	26.4	35.7	1171
Indo-Fijian	8.3	10.4	16.2	787
Other	13.0	28.3	34.2	115
Age group of respondent				
18-24	12.1	21.8	29.9	165
25-29	12.1	23.0	30.1	264
30-34	12.8	21.0	29.8	298
35-39	12.9	19.2	27.1	279
40-44	13.8	18.4	27.4	312
45-49	13.6	22.0	29.3	295
50-54	9.5	20.5	26.0	211
55-64	11.3	20.3	27.1	247
Socio-economic cluster				
Lower	15.2	28.5	40.6	396
Medium	15.3	24.4	33.2	587
Higher	9.8	14.8	20.7	1089



Table 9.2. Financial autonomy among currently married or cohabiting women, according to the women's experience of physical and/or sexual partner violence, Fiji 2011

	No Violence (%)	With physical or sexual partner violence (%)	P-value*	All women (%)
Among all currently married/cohabiting women who earned cash (N= 877)				
Respondent able to decide herself how she spends her money	65.2	57.3	0.031	59.8
Respondent contributing more than husband/partner to the family budget	17.1	23.9	0.027	21.8
Among all currently married/cohabiting women (N=2593)				
Respondent ever gave up or refused a job because husband did not want her to work	7.6	15.8	<0.001	12.9
Respondent's husband took her earnings or savings against her will at least once	3.0	13.6	<0.001	9.9
Respondent's husband refused to give money for household expenses when he had money, at least once	6.97	26.7	<0.001	19.8
Respondent able to raise enough money to feed her family for 4 weeks in case of emergency	78.3	72.0	<0.001	74.2

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



Table 9.3.a. Self-reported impact of violence on women's work, among women who reported physical or sexual partner violence (N=1942), Fiji 2011

Self-reported impact on work (N=1942)	Unable to concentrate (%)	Unable to work/sick leave (%)	Partner interrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)	Not applicable (not working for money) (%)
Total	7.6	4.6	3.2	3.2	0.7	13.2	75.1
Urban-Rural							
Urban	12.7	8.7	5.6	5.6	1.4	18.7	62.6
Rural	4.0	1.8	1.5	1.5	0.3	9.3	83.8
Division							
Central	8.4	6.5	3.6	3.9	0.9	17.0	69.1
Eastern	12.4	5.6	2.4	2.8	1.2	13.7	69.2
Northern	3.2	0.8	1.8	3.2	0.8	7.4	86.1
Western	7.4	4.4	3.9	2.5	0.2	11.9	78.1
Religion							
Methodist	6.5	3.9	2.8	3.5	0.5	13.2	76.5
Catholic	7.3	5.2	2.6	2.1	0.5	10.9	77.6
SDA	5.0	7.0	3.0	1.0	0.0	17.0	69.0
AOG	8.8	8.0	1.5	6.6	1.5	8.8	76.6
Hindu	7.0	2.8	3.0	2.0	0.3	14.8	77.1
Muslim	9.2	1.1	3.4	2.3	3.4	12.6	73.6
Other+No religion	12.1	8.2	6.5	4.3	1.3	13.4	66.7
Education of respondent							
Primary	3.6	3.0	1.2	2.4	1.8	7.8	83.2
Secondary	6.8	3.9	2.9	3.1	0.6	11.9	78.0
Tertiary	14.7	9.8	6.4	4.1	0.8	24.1	53.4
Ethnic group							
Fijian (iTaukei)	6.9	5.1	3.3	3.1	0.5	12.2	76.0
Indo-Fijian	8.7	3.2	3.0	2.4	1.2	15.1	74.8
Other	10.6	5.3	3.2	8.5	1.1	17.0	62.8
Age group of respondent							
18-24	2.5	2.5	1.3	3.2	1.3	13.9	79.7
25-29	7.6	5.6	5.6	2.0	0.0	10.8	77.6
30-34	10.2	6.9	3.3	3.6	1.1	11.6	73.2
35-39	7.1	5.1	3.9	3.9	0.8	9.1	80.3
40-44	5.7	3.5	2.5	4.6	0.4	17.3	71.7
45-49	11.3	4.7	4.0	2.2	1.1	15.3	70.5
50-54	6.3	4.2	3.1	3.6	0.0	12.0	77.6
55-64	7.5	3.6	1.2	2.4	1.2	15.1	73.4
Socio-economic cluster							
Lower	4.4	1.1	0.9	2.1	0.5	7.3	86.3
Medium	7.2	4.5	3.4	3.6	0.5	11.5	76.7
Higher	10.1	7.3	4.6	3.6	1.0	18.6	66.0



Table 9.3.b. Self-reported impact of violence on women's work, among women who did work for money and who reported physical or sexual partner violence (N=484), Fiji 2011

Self-reported impact on work (N=484)	Unable to concentrate (%)	Unable to work/ sick leave (%)	Partner interrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)
Total	28.7	18.4	12.8	10.7	2.7	51.7
Urban- Rural						
Urban	32.3	23.0	15.0	13.0	3.7	48.0
Rural	22.8	10.9	9.2	7.1	1.1	57.6
Division						
Central	25.8	20.5	11.8	10.9	3.1	53.7
Eastern	40.3	18.2	7.8	9.1	3.9	44.2
Northern	22.6	5.7	13.2	22.6	5.7	50.9
Western	29.6	20.0	17.6	6.4	0.0	52.8
Religion						
Methodist	26.7	16.6	11.8	12.8	2.1	55.6
Catholic	27.9	20.9	11.6	7.0	2.3	46.5
SDA	16.1	22.6	9.7	3.2	0.0	54.8
AOG	31.3	34.4	6.3	21.9	3.1	37.5
Hindu	29.7	12.1	13.2	7.7	1.1	61.5
Muslim	34.8	4.3	13.0	8.7	13.0	43.5
Other+No religion	35.1	24.7	19.5	10.4	3.9	40.3
Education of respondent						
Primary	21.4	17.9	7.1	14.3	10.7	46.4
Secondary	28.6	17.5	13.0	11.4	2.4	52.4
Tertiary	30.6	21.0	13.7	8.1	1.6	50.8
Ethnic group						
Fijian (iTaukei)	27.0	21.1	13.7	10.6	1.9	50.6
Indo-Fijian	33.1	12.6	11.8	7.9	4.7	56.7
Other	28.6	14.3	8.6	22.9	2.9	42.9
Age group of respondent						
18-24	12.5	12.5	6.3	9.4	6.3	65.6
25-29	30.4	23.2	25.0	8.9	0.0	46.4
30-34	31.1	25.7	12.2	9.5	4.1	43.2
35-39	34.0	26.0	20.0	14.0	2.0	46.0
40-44	20.0	12.5	8.8	15.0	1.3	60.0
45-49	38.3	16.0	13.6	7.4	3.7	50.6
50-54	27.9	18.6	14.0	14.0	0.0	51.2
55-64	28.4	13.4	4.5	9.0	4.5	55.2
Socio-economic cluster						
Lower	31.2	7.8	6.5	14.3	3.9	53.2
Medium	30.1	19.1	14.7	11.8	2.2	48.5
Higher	27.3	21.0	13.7	9.2	2.6	52.8



Table 9.4.a. Responses on persons who prevented women from attending groups/meetings, Fiji 2011

Persons who prevented women from attending groups/meetings	All women		Ever-partnered women	
	n	%	n	%
Not prevented by anybody	2,912	91.5	2,774	91.7
Partner/husband	164	5.2	163	5.4
Parents	23	0.7	11	0.4
Parents-in-law/parents of partner	14	0.4	14	0.5
Other	80	2.5	73	2.4

Table 9.4.b. Respondents' freedom to attend groups/meetings, according to the women's experience of physical and/or sexual partner violence, Fiji 2011

Participation in groups or meetings	No Violence %	Physical/sexual Violence %	P-value*	All ever-partnered women %
Respondents who regularly attend a group, organization of association (N=3017)	48.6	37.3	<0.001	41.4
Respondents who reported ever having been prevented from attending a meeting or participation in an association (N=3026)	3.8	10.9	<0.001	8.3

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

Note that though the questions was asked for all women, this table (b) is calculated for ever-partnered women only.



Table 10.1. Percentage of women who had told others, and persons they told about the violence, among women experiencing physical or sexual partner violence, Fiji 2011

<i>People told*</i>	All women (N=1945)		i-Taukei (N=1344)		Indo-Fijian (N=508)	
	number	%	number	%	number	%
No one	907	46.6	613	45.6	256	50.4
Friends	428	22.0	346	25.7	55	10.9
Parents	478	24.6	306	22.8	147	29.0
Brother or sister	271	13.9	169	12.6	87	17.2
Uncle or aunt	89	4.6	67	5.0	16	3.2
Husband/partner's family	192	9.9	102	7.6	80	15.8
Children	49	2.5	24	1.8	22	4.3
Neighbours	125	6.4	78	5.8	42	8.3
Police	125	6.4	76	5.7	42	8.3
Doctor/health worker	79	4.1	53	4.0	22	4.3
Priest/nun/other religious figure	27	1.4	20	1.5	6	1.2
Counsellor	22	1.1	8	0.6	13	2.6
NGO/women's organisation	20	1.0	10	0.7	10	2.0
Local leader	1	0.1	1	0.1	-	-
Other	50	2.6	33	2.5	14	2.8

* More than one answer could be given, therefore the total percentage is greater than 100%.

Table 10.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence (N=1945), Fiji 2011

<i>Who helped *</i>	number	%
No one	1,055	54.2
Friends	293	15.1
Parents	380	19.5
Brother or sister	213	11.0
Uncle or aunt	77	4.0
Husband/partner's family	129	6.6
Children	24	1.2
Neighbours	83	4.3
Police	112	5.8
Doctor/health worker	61	3.1
Priest nun/other religious figure	32	1.7
Counsellor	20	1.0
NGO/women's organisation	15	0.8
Local leader	0	0.0
Other	43	2.2

* More than one answer could be given, therefore the total percentage is greater than 100%.



Table 10.3. Percentage of women who mentioned they would have liked more help, and from whom, among women experiencing physical or sexual partner violence (N=1945), Fiji 2011

<i>Wanted more help from... *</i>	By urban/rural area		By division				Fiji	
	Urban (N=805) (%)	Rural (N=1140) (%)	Central (N=741) (%)	Eastern (N=250) (%)	Northern (N=379) (%)	Western (N=575) (%)	number	Total (N=1945) (%)
No one	55.2	60.5	53.6	67.2	56.1	61.9	1,133	58.3
Family	23.5	22.8	24.9	16.8	27.4	20.5	448	23.1
Her mother	7.6	5.4	7.2	2.0	7.7	6.3	123	6.3
His mother	2.7	2.2	3.0	1.2	2.6	2.1	47	2.4
Health centre	1.1	0.5	1.5	0.4	0.5	0.2	15	0.8
Police	7.2	3.3	7.4	3.2	2.1	4.4	96	4.9
Priest/religious leader	3.1	1.1	2.8	0.8	2.4	0.9	37	1.9
Fiji Women's Crisis Centre	11.6	11.0	13.9	10.4	9.5	9.2	218	11.2
Other	4.0	1.4	2.6	1.2	2.6	2.8	48	2.5

* More than one answer could be given, therefore the total percentage is greater than 100%.



Table 10.4. Percentage of women who sought help from agencies/persons in authority, and satisfaction with support received, among women who experienced physical or sexual partner violence, Fiji 2011

	All women (N=1945)				i-Taukei (N=1344)				Indo-Fijian (N=508)			
	To whom went for support* number	%	Satisfied with support received number	%	To whom went for support* number	%	Satisfied with support received number	%	To whom went for support* number	%	Satisfied with support received number	%
Not ever gone anywhere for help	1480	76.1			1,029	76.6			378	74.6		
Police	283	14.6	208	73.5	178	13.3	141	78.8	93	18.4	59	63.4
Hospital or health centre	265	13.7	250	95.4	194	14.5	184	95.8	57	11.3	53	93.0
Social services	68	3.5	50	73.5	26	2.0	24	92.3	42	8.3	26	61.9
Legal advice centre	38	2.0	31	81.6	17	1.3	16	94.1	20	4.0	14	70.0
Court	107	5.5	89	84.0	58	4.3	52	89.7	46	9.1	34	75.6
Shelter	21	1.1	18	85.7	11	0.8	8	72.7	10	2.0	10	100.0
Local leader	10	0.5	9	90.0	6	0.5	6	100.0	3	0.6	2	66.7
Fiji Women's Crisis Centre/Branches	53	2.7	40	75.5	24	1.8	21	87.5	28	5.5	18	64.3
Priest/religious leader	70	3.6	62	91.2	54	4.0	48	92.3	12	2.4	10	83.3
Anywhere else	23	1.2	17	73.9	15	1.1	13	86.7	5	1.0	3	60.0



Table 10.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help (N=465), Fiji 2011

<i>Reason for seeking support *</i>	number	%
Encouraged by friends/family	86	18.5
Could not endure more	247	53.1
Badly injured	229	49.3
He threatened or tried to kill her	21	4.5
He threatened or hit children	9	1.9
Saw that children suffering	31	6.7
Thrown out of the home	25	5.4
Afraid she would kill him	7	1.5
Afraid he would kill her	34	7.3
Aware of her rights	30	6.5
Other	67	14.4

* More than one answer could be given, therefore the total percentage is greater than 100%.

Table 10.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help (N=1480), Fiji 2011

<i>Reason for <u>not</u> seeking support *</i>	number	%
Don't know/no answer	94	6.4
Fear of threats/consequences/ more violence	394	26.6
Violence normal/not serious	704	47.6
Embarrassed/ashamed/afraid would not	216	14.6
Believed not help/know other women not helped	23	1.6
Afraid would end relationship	151	10.2
Afraid would lose children	116	7.8
Bring bad name to family	167	11.3
Family (either) stopped her from going	30	2.0
Other	237	16.0

* More than one answer could be given, therefore the total percentage is greater than 100%.

Table 10.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence, Fiji 2011

	By urban/rural area		By division					Fiji	
	Urban (N=767) (%)	Rural (N=1092) (%)	Central (N=712) (%)	Eastern (N=238) (%)	Northern (N=367) (%)	Western (N=542) (%)	number	Total (N=1859) (%)*	
Ever left home because of violence	38.3	40.3	37.9	51.7	37.3	37.6	734	39.5	
Number of times leaving home									
Never	61.7	59.7	62.1	48.3	62.7	62.4	1,125	60.5	
Once	15.5	18.7	15.5	22.3	19.1	16.6	323	17.4	
2 - 5 times	22.8	21.6	22.5	29.4	18.3	21.0	411	22.1	
Mean number of days away last time*	46.1	36.8	43.1	44.5	31.3	39.9	653	40.2	
Where she went last time? (N=732)									
Her relatives	82.9	93.2	84.7	86.2	94.2	93.1	652	89.1	
His relatives	7.9	4.1	6.7	8.9	4.4	2.9	41	5.6	
Other***	9.2	2.7	8.6	4.9	1.5	3.9	39	5.3	

* Note that this is not a percentage but an average number of days for each of the subgroups.

** 87 cases not living together, excluded from the analysis.

*** Other included: friends (22 times mentioned), church (5), hotel (3), children's house (2), street (1) and other (28). Shelter was not mentioned.

Note: 78 women said they had left home permanently.





Table 10.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (temporarily), Fiji 2011

<i>Reasons for leaving home *</i>	number	%
No particular incident	25	3.4
Encouraged by friends/family	59	8.0
Could not endure more	466	63.5
Badly injured	187	25.5
He threatened or tried to kill her	27	3.7
He threatened or hit children	11	1.5
Saw that children suffering	45	6.1
Thrown out of the home	62	8.5
Afraid she would kill him	12	1.6
Encouraged by organization:	1	0.1
Afraid he would kill her	20	2.7
Other	136	18.5

* More than one answer could be given, therefore the total percentage is greater than 100%.

Table 10.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned (N=656), Fiji 2011

<i>Reasons for returning *</i>	number	%
Didn't want to leave children	187	28.5
Sanctity of marriage	129	19.7
For sake of family/children	179	27.3
Couldn't support children	29	4.4
Loved him	121	18.5
He asked her to go back	364	55.5
Family said to return	83	12.7
Forgave him	200	30.5
Thought he would change	72	11.0
Threatened her/children	6	0.9
Could not stay there (where she went)	15	2.3
Violence normal/not serious	19	2.9
Couldn't support herself and children	18	2.7
Traditional reconciliation	120	18.3
Other	42	6.4

* More than one answer could be given, therefore the total percentage is greater than 100%.



Table 10.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home (N=1125), Fiji 2011

<i>Reasons for <u>not</u> leaving home *</i>	number	%
Didn't want to leave children	448	39.8
Sanctity of marriage	354	31.4
Didn't want to bring shame	181	16.1
Couldn't support children	98	8.7
Loved him	314	27.9
Didn't want to be single	25	2.2
Family said to stay	28	2.5
Forgave him	306	27.2
Thought he would change	77	6.8
Threatened her/children	12	1.1
Nowhere to go	99	8.8
Violence normal/not serious	319	28.3
Traditional reconciliation	45	4.0
Religious reasons	109	9.7
Other	83	7.4

* More than one answer could be given, therefore the total percentage is greater than 100%.

Table 10.11. Retaliation/fighting back, among women who experienced physical partner violence (N=1850), Fiji 2011

<i>Whether ever fought back</i>	By urban/rural area		Fiji	
	Urban (N=763) (%)	Rural (N=1087) (%)	number	Total (N=1850) (%)
Never	66.5	78.1	1356	73.3
Once or twice	20.1	13.6	301	16.3
Several times	10.5	5.2	136	7.4
Many times	3.0	3.1	57	3.1

Table 10.12. Effect of fighting back, among women who ever fought back because of physical partner violence (N=500), Fiji 2011

<i>Result of retaliation</i>	By urban/rural area		Fiji	
	Urban (N=258) (%)	Rural (N=242) (%)	number	Total (N=500) (%)
No change	19.4	17.4	92	18.4
Violence became worse	31.4	30.2	154	30.8
Violence became less	20.2	20.7	102	20.4
Violence stopped	28.7	31.4	150	30.0
Don't know/refused	0.4	0.4	2	0.4



Table 10.13. Percentage of women who said they ever initiated violence against their husband/partner, and frequency distribution of number of times it happened, among ever-partnered women, Fiji 2011

	Ever initiated violence against partner (%)	Number of ever-partnered women (N)	Frequency distribution of number of times initiated violence		
			One time (%)	Several times (%)	Many times (%)
Total	13.9	3014	73.7	17.7	8.6
Urban- Rural					
Urban	14.9	1385	74.9	19.8	5.3
Rural	13.0	1629	72.5	15.6	11.9
Division					
Central	16.9	1224	69.6	22.2	8.2
Eastern	14.1	306	65.1	20.9	14.0
Northern	11.3	548	74.2	16.1	9.7
Western	11.3	936	84.9	8.5	6.6
Religion					
Methodist	17.2	1092	68.6	20.2	11.2
Catholic	20.1	264	75.5	11.3	13.2
SDA	24.8	137	73.5	17.7	8.8
AOG	12.3	187	69.6	26.1	4.4
Hindu	6.5	813	79.3	18.9	1.9
Muslim	8.3	181	93.3	0.0	6.7
Other+No religion	15.3	340	80.8	15.4	3.9
Education of respondent					
Primary	7.5	267	65.0	25.0	10.0
Secondary	12.7	2269	70.6	18.3	11.1
Tertiary	22.8	478	83.5	14.7	1.8
Ethnic group					
Fijian (iTaukei)	16.7	1845	74.1	15.5	10.4
Indo-Fijian	6.3	1014	78.1	18.8	3.1
Other	29.0	155	64.4	31.1	4.4
Age group of respondent					
18-24	21.7	277	85.0	10.0	5.0
25-29	16.2	371	80.0	15.0	5.0
30-34	15.3	425	78.5	16.9	4.6
35-39	14.3	377	63.0	31.5	5.6
40-44	14.5	408	72.9	18.6	8.5
45-49	11.8	414	75.5	16.3	8.2
50-54	8.2	316	65.4	19.2	15.4
55-64	10.6	424	60.0	15.6	24.4
SES					
Lower	14.0	720	65.4	18.8	15.8
Medium	12.7	860	78.9	15.6	5.5
Higher	14.5	1433	75.0	18.3	6.7
By experience of physical or sexual partner violence					
No violence	9.6	1070	78.6	10.7	10.7
Physical or sexual violence	16.2	1944	72.1	20.0	7.9
P-value *	< 0.001				

*P-value for association between initiating violence and experience of partner violence.



Table 10.14. Communication between partners and association between communication and partner violence, in ever-partnered women, Fiji 2011

	Partners discussing things that happened to him in the day (%)	Partners discussing things that happened to her in the day (%)	Partners discussing her worries or feelings (%)	Partners discussing his worries or feelings (%)	Partners communicating well (yes to all four questions) (%)	Number of ever partnered women (N)
Total	86.8	87.6	87.0	86.5	80.7	3017
Urban- Rural						
Urban	86.9	85.8	85.6	85.6	78.8	1,385
Rural	86.7	89.0	88.2	87.3	82.4	1,632
Division						
Central	88.2	87.9	86.3	85.9	80.0	1226
Eastern	83.4	88.6	86.6	82.7	80.8	307
Northern	88.9	89.6	87.8	87.8	83.4	548
Western	84.8	85.6	87.7	87.7	80.0	936
Religion						
Methodist	87.0	89.6	88.0	85.6	81.4	1094
Catholic	86.0	87.5	85.2	83.7	80.3	264
SDA	85.4	86.9	86.9	85.4	82.5	137
AOG	88.8	87.7	82.9	84.5	78.6	187
Hindu	85.7	84.2	86.4	88.2	79.2	814
Muslim	86.2	87.3	89.5	88.4	81.2	181
Other+No religion	88.8	89.7	87.9	87.6	82.6	340
Education of respondent						
Primary	81.0	82.5	82.1	84.0	74.3	268
Secondary	87.3	88.0	87.7	86.8	81.4	2271
Tertiary	87.7	88.3	86.8	86.2	81.0	478
Ethnic group						
Fijian (iTaukei)	87.0	89.2	87.3	85.5	81.5	1847
Indo-Fijian	86.7	85.1	88.0	89.5	80.5	1015
Other	85.2	83.9	78.1	78.1	72.9	155
Age group of respondent						
18-24	81.7	81.3	78.8	80.6	75.5	278
25-29	84.9	87.9	86.3	84.4	78.7	371
30-34	90.8	91.5	90.1	89.9	84.5	425
35-39	85.7	88.1	86.5	86.8	79.6	378
40-44	89.2	89.2	89.2	88.5	83.3	408
45-49	86.7	87.2	87.2	86.0	80.4	414
50-54	85.4	86.1	86.7	86.4	80.4	316
55-64	87.5	87.1	88.7	87.3	81.2	425
SES						
Lower	85.0	88.9	87.2	85.3	81.4	721
Medium	86.5	87.8	86.5	85.5	80.3	860
Higher	87.8	86.8	87.2	87.7	80.6	1435
By experience of physical or sexual partner violence						
No violence					85.3	1072
Physical or sexual violence					78.2	1945
P-value *					< 0.001	

*P-value for association between communicating well (responding 'yes' to the four questions) and experience of partner violence. Note that questions on communicating have been asked for current/most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between communication and physical or sexual violence).



Table 10.15. Quarrelling between partners and association between quarrelling and partner violence, in ever-partnered women, Fiji 2011

	Rarely (%)	Sometimes (%)	Often (%)	Don't know/no answer (%)	Number of ever partnered women (N)
Total	32.7	55.1	11.8	0.4	3017
Urban- Rural					
Urban	32.3	54.7	12.6	0.5	1,385
Rural	33.0	55.5	11.2	0.4	1,632
Division					
Central	35.4	51.8	12.3	0.5	1226
Eastern	24.4	63.8	10.8	1.0	307
Northern	28.1	56.8	15.0	0.2	548
Western	34.4	55.7	9.6	0.3	936
Religion					
Methodist	29.6	56.9	12.9	0.6	1094
Catholic	35.2	49.2	14.8	0.8	264
SDA	27.0	60.6	12.4	0.0	137
AOG	29.4	57.8	12.3	0.5	187
Hindu	36.1	54.7	8.9	0.4	814
Muslim	35.9	53.0	11.1	0.0	181
Other+No religion	34.4	52.7	12.9	0.0	340
Education of respondent					
Primary	35.8	51.9	11.9	0.4	268
Secondary	31.8	55.9	12.0	0.4	2271
Tertiary	35.2	53.4	10.7	0.8	478
Ethnic group					
Fijian (iTaukei)	31.3	55.8	12.5	0.4	1847
Indo-Fijian	35.6	55.0	9.2	0.3	1015
Other	29.7	47.7	20.7	1.9	155
Age group of respondent					
18-24	36.3	51.4	10.4	1.8	278
25-29	26.4	56.6	17.0	0.0	371
30-34	28.9	60.0	10.6	0.5	425
35-39	28.8	58.5	12.4	0.3	378
40-44	30.6	57.8	11.5	0.0	408
45-49	34.5	52.2	13.0	0.2	414
50-54	31.7	59.2	8.9	0.3	316
55-64	43.5	45.7	10.1	0.7	425
SES					
Lower	31.1	55.2	13.0	0.7	721
Medium	33.8	53.0	13.1	0.0	860
Higher	32.8	56.3	10.4	0.6	1435
By experience of physical or sexual partner violence					
No violence	48.97	47.11	3.08	0.8	1072
Physical or sexual violence	23.65	59.54	16.61	0.2	1945
P-value *			<0.001		

*P-value for association between quarrelling often and experience of partner violence. Note that questions on quarrelling have been asked for current/most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between quarrelling and physical or sexual violence).



Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Univariable analysis				Multivariable analysis				Multivariable analysis							
			Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value							
Women's characteristics																		
Age group (years)																		
18-24	267	59.2	1			1						1						
25-29	357	67.8	1.45	1.04	2.02	0.027	0.96	0.57	1.62	0.87	0.99	0.62	1.60	0.98				
30-34	406	67.0	1.40	1.02	1.93	0.039	0.77	0.46	1.28	0.32	0.83	0.52	1.31	0.42				
35-39	369	68.0	1.47	1.06	2.04	0.022	0.76	0.45	1.30	0.32	0.82	0.51	1.32	0.41				
40-44	386	71.2	1.71	1.23	2.37	0.001	0.87	0.51	1.50	0.62	0.92	0.57	1.51	0.75				
45-49	386	70.0	1.61	1.16	2.23	0.005	0.78	0.45	1.35	0.38	0.85	0.52	1.40	0.53				
50-54	302	63.3	1.19	0.85	1.66	0.32	0.66	0.37	1.16	0.15	0.68	0.41	1.14	0.15				
55-64	297	61.2	1.09	0.79	1.49	0.60	0.46	0.26	0.81	0.008	0.48	0.29	0.79	0.004				
Education																		
None/Primary education	252	64.3	1				1		1.04E		1							
Secondary education	2,165	68.6	1.21	0.92	1.59	0.17	7.69E-08	5.69E-08	-0.7	<0.001	0.72	0.10	5.08	18.8	0.74			
Higher education	455	56.7	0.73	0.53	1.00	0.05	4.65E-15	.	.	.	0.39	0.01	2	0.63				
Current partnership																		
Currently partnered	2495	66.6	1															
Previously partnered	377	64.2	0.90	0.72	1.13	0.35												
Age of first marriage																		
below 20	665	63.9	1				1											
20 - 29	1534	67.1	1.15	0.95	1.39	0.15	0.97	0.75	1.27	0.84								
30 and older	247	74.5	1.65	1.19	2.29	0.003	1.21	0.77	1.90	0.41								
Earn own income																		
No	1868	63.8	1				1											
Yes	1004	70.9	1.38	1.17	1.63	<0.001	1.12	0.88	1.42	0.35								
Ethnicity																		
Fijian (iTaukei)	1784	73.8	1				1				1							
Indo-Fijian	943	52.6	0.39	0.33	0.46	<0.001	0.65	0.48	0.86	0.003	0.55	0.43	0.71	<0.001				
Other	145	62.8	0.60	0.42	0.85	0.004	0.67	0.40	1.11	0.12	0.61	0.38	0.98	0.040				



Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Full model including all risk factors with P<0.1 identified at univariable level				Final model including all risk factors with P<0.1 identified in the full model***							
						Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value						
Number of children born alive																	
0	278	53.6	1			1					1						
1-2	987	62.2	1.43	1.09	1.86	0.010	1.43	0.92	2.21	0.11	1.42	0.95	2.11	0.088			
3-4	1004	66.8	1.74	1.33	2.28	<0.001	1.61	1.02	2.53	0.039	1.62	1.08	2.44	0.021			
5 or more	603	77.9	3.06	2.26	4.15	<0.001	1.98	1.21	3.26	0.007	1.95	1.24	3.06	0.004			
Women's other experiences with violence																	
Physical violence by others > age 15 years																	
No	2089	64.5	1			1					1						
Yes	783	71.1	1.36	1.14	1.62	0.001	0.88	0.68	1.14	0.34							
Sexual abuse by others > age 15 years																	
No	2772	65.3	1			1					1						
Yes	100	94.0	8.33	3.63	19.08	<0.001	8.89	2.00	39.47	0.004	4.63	1.56	13.7	0.006			
Childhood sexual abuse by others < age 15 years																	
No	2739	65.3	1			1					1						
Yes	124	86.3	3.34	1.99	5.61	<0.001	1.85	0.83	4.13	0.13							
Nature of first sexual intercourse																	
Wanted	1985	64.9	1			1					1						
Coerced	684	69.6	1.24	1.03	1.49	0.025	1.28	0.99	1.64	0.06	1.27	1.00	1.61	0.052			
Forced	131	87.0	3.63	2.16	6.09	<0.001	1.74	0.78	3.88	0.18	1.59	0.80	3.19	0.19			
Women's mother was beaten																	
No	1718	59.5	1			1					1						
Yes	975	77.6	2.36	1.98	2.83	<0.001	1.80	1.41	2.31	<0.001	1.62	1.29	2.04	<0.001			
Variables from women's immediate support network																	
Proximity of women's family																	
Family not near	874	61.0	1			1					1						
Living with family or family near	1998	68.6	1.39	1.19	1.65	<0.001	1.19	0.94	1.50	0.15							
Frequency talking with family members																	
At least once a week	1918	66.4	1			1											



Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Full model including all risk factors with P<=0.1 identified at univariable level				Final model including all risk factors with P<=0.1 identified in the full model***				
						Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value			
Can count on support of family members														
Less than once a week/never	954	66.1	0.99	0.84	1.17	0.90								
Yes	2570	65.9	1											
No/Not sure	302	69.9	1.20	0.93	1.56	0.17								
Living with her family														
No	2273	66.9	1				1							
Yes	465	74.2	1.42	1.13	1.78	0.002	1.01	0.73	1.38	0.97				
Living with his family														
No	1548	66.3	1				1							
Yes	1192	70.5	1.21	1.03	1.43	0.022	1.26	1.01	1.57	0.039	1.26	1.02	1.55	0.030
Partner's characteristics														
Age group (years)														
below 35	671	67.8	1											
35-44	743	71.3	1.18	0.94	1.48	0.15								
45+	1407	64.9	0.88	0.72	1.07	0.19								
Education														
None/Primary education	305	71.8	1				1				1			
Secondary education	1735	68.2	0.84	0.64	1.10	0.21	1.06E+07	5.67E+06	1.98E+07	<0.001	1.29	0.17	9.66	0.80
Higher education	667	60.0	0.59	0.44	0.79	<0.001	1.41E+14	7.18E+13	2.78E+14	<0.001	1.79	0.04	3	0.77
Employment status														
Working	1,990	65.9	1				1							
Not working, studying, retired	842	70.2	1.22	1.02	1.45	0.027	1.13	0.87	1.46	0.36				
Alcohol consumption														
Less than weekly	2,218	64.7	1				1				1			
Weekly or daily	611	76.4	1.77	1.44	2.17	<0.001	1.84	1.37	2.49	<0.001	1.73	1.31	2.28	<0.001
Fighting with other men														
No/Don't know	2,343	63.0	1				1				1			
Yes	486	87.5	4.10	3.10	5.43	<0.001	3.57	2.35	5.43	<0.001	2.91	2.00	4.22	<0.001



Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Crude odds ratio				Full model including all risk factors with P<=0.1 identified at univariable level				Final model including all risk factors with P<=0.1 identified in the full model***			
			Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value			
Having parallel relationships														
No/Don't know	2,103	60.3	1			1			1			1		<0.001
Yes/Maybe	726	87.3	4.55	3.59 - 5.75	<0.001	3.85	2.73 - 5.43	<0.001	3.55	2.60 - 4.85	<0.001			1
Partner's mother was beaten														
No	1,549	60.8	1			1			1			1		
Yes	417	78.9	2.41	1.86 - 3.11	<0.001	1.02	0.72 - 1.45	0.89	1.01	0.73 - 1.41	0.94			0.94
Don't know	750	74.4	1.87	1.54 - 2.27	<0.001	1.30	0.96 - 1.77	0.090	1.25	0.94 - 1.67	0.13			0.13
Partner was beaten as a child														
No	1,407	59.4	1			1			1			1		<0.001
Yes	495	81.4	3.00	2.34 - 3.85	<0.001	2.14	1.50 - 3.04	<0.001	2.21	1.58 - 3.08	<0.001			1
Don't know	893	72.9	1.84	1.54 - 2.21	<0.001	1.66	1.25 - 2.21	<0.001	1.66	1.27 - 2.18	1			1
Household and relationship characteristics														
Socio-economic cluster														
Lower	698	79.5	2.89	2.33 - 3.57	0.000	1.68	1.19 - 2.36	0.003	1.75	1.27 - 2.41	0.001			0.001
Medium	820	69.9	1.72	1.43 - 2.0734	0.000	1.41	1.08 - 1.85	0.012	1.36	1.05 - 1.74	0.018			0.018
Higher	1,353	57.4	1			1			1			1		
Age difference with partner														
Same age (she is 0-2 years younger)	805	66.3	1			1			1			1		
She is older	351	75.5	1.56	1.18 - 2.08	0.002	1.13	0.76 - 1.66	0.55	1.27	0.89 - 1.82	0.18			0.18
She is 3-8 years younger	1,199	66.0	0.98	0.81 - 1.19	0.87	0.97	0.75 - 1.25	0.79	0.98	0.77 - 1.25	0.86			0.86
She is 9+ years younger	462	65.8	0.98	0.77 - 1.24	0.85	0.67	0.48 - 0.95	0.025	0.71	0.52 - 0.98	0.04			0.04
Difference in educational level														
Same educational level	2,117	65.6	1			1			1			1		
She is higher educated	359	66.3	1.03	0.82 - 1.3086	0.79	8.05E-08	5.77E-08	1.12E-07	0.75	0.10 - 5.43	0.78			0.78
She is lower educated	231	76.2	1.68	1.23 - 2.3047	0.001	7	9.24E+06	3.61E+07	2.45	0.32 - 19.0	0.39			0.39
Fixed effects														

Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

Division	Number of women	Experienced violence (%)	Univariable analysis				Multivariable analysis				Multivariable analysis			
			Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value			
Central	1183	61.3	1			1					1			
Eastern	286	85.0	3.57	2.53	5.04	2.09	1.31	3.34	0.002	1.96	1.26	3.06	0.003	
Northern	526	71.7	1.60	1.28	2.00	1.62	1.18	2.23	0.003	1.49	1.10	2.01	0.009	
Western	877	63.7	1.11	0.93	1.33	1.33	1.03	1.71	0.027	1.30	1.03	1.65	0.029	

* 163 ever-partnered women who experienced partner violence and whose violent partner was not the current/more recent partner (but a previous partner) have been excluded from this analysis because no partner characteristics were collected for previous partners.

** The adjusted odds ratios are adjusted for all other variables in the model.

*** The factors that remained significantly associated with lifetime partner violence in the final model are indicated with shaded boxes.





Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Univariable analysis			Multivariable analysis Full model including all risk factors with P<=0.1 identified at univariable level			Multivariable analysis Final model including all risk factors with P<=0.1 identified in the full model***			P-value	
			Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI			
Women's characteristics													
Age group (years)													
18-24	267	49.4	1			1			1				
25-29	357	42.9	0.77	0.56	1.05	0.59	0.38	0.90	0.16	0.65	0.44	0.96	0.032
30-34	406	32.3	0.49	0.35	0.67	0.40	0.26	0.62	<0.001	0.47	0.31	0.71	<0.001
35-39	369	26.6	0.37	0.27	0.52	0.37	0.22	0.63	<0.001	0.44	0.27	0.71	0.001
40-44	386	24.4	0.33	0.24	0.46	0.34	0.20	0.60	<0.001	0.40	0.24	0.67	<0.001
45-49	386	17.4	0.21	0.15	0.31	0.25	0.14	0.47	<0.001	0.32	0.18	0.56	<0.001
50-54	302	7.3	0.08	0.05	0.13	0.13	0.07	0.27	<0.001	0.14	0.07	0.28	<0.001
55-64	297	4.0	0.04	0.02	0.07	0.06	0.03	0.13	<0.001	0.07	0.03	0.14	<0.001
Education													
None/Primary education	252	12.3	1			1							
Secondary education	2,165	25.8	2.48	1.68	3.65	1.24	0.74	2.08	0.41				
Higher education	455	27.7	2.73	1.78	4.19	0.98	0.50	1.92	0.95				
Current partnership													
Currently partnered	2495	27.6	1			1				1			
Previously partnered	377	6.9	0.19	0.13	0.29	0.09	0.05	0.18	<0.001	0.12	0.07	0.20	<0.001
Age of first marriage													
below 20	665	22.7	1										
20 - 29	1534	24.8	1.12	0.91	1.39				0.28				
30 and older	247	23.1	1.02	0.72	1.45				0.91				
Earn own income													
No	1868	24.7	1										
Yes	1004	25.2	1.03	0.86	1.22				0.78				
Ethnicity													
Fijian (Taukei)	1784	29.4	1			1				1			
Indo-Fijian	943	16.0	0.46	0.37	0.56	0.61	0.45	0.81	0.001	0.64	0.49	0.83	0.001
Other	145	26.9	0.88	0.60	1.29	0.95	0.56	1.61	0.84	1.10	0.67	1.81	0.71
Number of children born alive													
0	278	26.3	1										
1-2	987	29.5	1.17	0.87	1.59				0.30				



Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Univariable analysis			Multivariable analysis Full model including all risk factors with P<=0.1 identified at univariable level				Multivariable analysis Final model including all risk factors with P<=0.1 identified in the full model***					
			Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value				
3-4	1004	21.9	0.79	0.58 1.07	0.13										
5 or more	603	21.7	0.78	0.56 1.08	0.14										
Women's other experiences with violence															
Physical violence by others > age 15 years															
No	2089	22.5	1			1									
Yes	783	31.4	1.58	1.32 1.90	<0.001	0.96	0.75 1.23	0.77							
Sexual abuse by others > age 15 years															
No	2772	24.2	1			1									
Yes	100	44.0	2.46	1.64 3.69	<0.001	1.69	0.90 3.17	0.101							
Childhood sexual abuse by others < age 15 years															
No	2739	24.2	1			1									
Yes		40.3	2.12	1.46 3.06	<0.001	0.86	0.50 1.45	0.57							
Nature of first sexual intercourse															
Wanted	1985	22.8	1			1									
Coerced	684	28.7	1.36	1.12 1.66	0.002	1.28	0.98 1.65	0.066	1.31	1.03 1.67	0.029				
Forced	131	43.5	2.61	1.82 3.75	<0.001	1.35	0.77 2.37	0.30	1.76	1.11 2.78	0.016				
Women's mother was beaten															
No	1718	19.6	1			1									
Yes	975	35.0	2.21	1.85 2.64	<0.001	1.58	1.25 1.99	<0.001	1.65	1.34 2.04	<0.001				
Variables from women's immediate support network															
Proximity of women's family															
Family not near	874	23.7	1												
Living with family or family near	1998	25.4	1.10	0.91 1.32	0.32										
Frequency talking with family members															
At least once a week	1918	23.8	1			1									
Less than once a week/never	954	27.0	1.19	0.99 1.41	0.061	1.52	1.20 1.93	0.001	1.32	1.06 1.65	0.014				
Can count on support of family members															
Yes	2570	24.8	1												
No/Not sure	302	26.2	1.08	0.82 1.41	0.59										
Living with her family															
No	2273	24.0	1			1									
Yes	465	30.8	1.40	1.13 1.75	0.002	1.06	0.79 1.42	0.69							



Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value		
						Full model including all risk factors with P<=0.1 identified at univariable level			Final model including all risk factors with P<=0.1 identified in the full model***				
Living with his family													
No	1548	23.8	1			1							
Yes	1192	27.0	1.19	1.00	1.41	1.01	0.80	1.26	0.95				
Partner's characteristics													
Age group (years)													
below 35	671	45.3	1			1			1				
35-44	743	30.3	0.52	0.42	0.65	0.66	0.47	0.93	0.19	0.70	0.51	0.97	0.033
45+	1407	13.2	0.18	0.15	0.23	0.44	0.28	0.69	<0.001	0.46	0.30	0.70	<0.001
Education													
None/Primary education	305	19.7	1			1							
Secondary education	1735	24.9	1.35	1.00	1.83	0.89	0.60	1.32	0.57				
Higher education	667	28.2	1.60	1.15	2.23	0.89	0.53	1.52	0.68				
Employment status													
Working	1,990	26.7	1			1							
Not working, studying, retired	842	21.9	0.77	0.63	0.93	1.03	0.79	1.34	0.84				
Alcohol consumption													
Less than weekly	2,218	22.8	1			1			1				
Weekly or daily	611	34.2	1.76	1.45	2.14	2.03	1.53	2.68	<0.001	2.04	1.57	2.65	<0.001
Fighting with other men													
No/Don't know	2,343	21.5	1			1			1				
Yes	486	43.2	2.78	2.26	3.41	1.84	1.39	2.44	<0.001	1.81	1.39	2.36	<0.001
Having parallel relationships													
No/Don't know	2,103	21.3	1			1			1				
Yes/Maybe	726	36.8	2.15	1.79	2.58	1.90	1.46	2.47	<0.001	1.89	1.48	2.42	<0.001
Partner's mother was beaten													
No	1,549	21.1	1			1			1				
Yes	417	37.4	2.23	1.77	2.82	1.19	0.86	1.64	0.29				
Don't know	750	26.8	1.37	1.12	1.68	1.06	0.79	1.44	0.69				
Partner was beaten as a child													
No	1,407	20.5	1			1			1				
Yes	495	37.6	2.34	1.87	2.92	1.59	1.16	2.18	0.004	1.52	1.15	2.01	0.003
Don't know	893	26.4	1.40	1.15	1.70	1.59	1.19	2.14	0.002	1.47	1.15	1.87	0.002

Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 *

	Number of women	Experienced violence (%)	Univariable analysis			Multivariable analysis			Multivariable analysis			P-value		
			Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI				
Household and relationship characteristics														
Socio-economic status														
Lower	698	31.8	1.89	1.53	2.32	<0.001	1.40	1.00	1.95	0.047	1.65	1.23	2.21	0.001
Medium	820	27.4	1.53	1.25	1.876	<0.001	1.33	1.00	1.76	0.050	1.48	1.14	1.91	0.003
Higher	1,353	19.8	1				1				1			
Age difference with partner														
Same age (she is 0-2 years younger)	805	25.6	1											
She is older	351	23.9	0.91	0.68	1.22	0.55								
She is 3-8 years younger	1,199	25.9	1.01	0.83	1.24	0.89								
She is 9+ years younger	462	24.5	0.94	0.72	1.23	0.66								
Difference in educational level														
Same educational level	2,117	25.5	1											
She is higher educated	359	24.0	0.92	0.71	1.198	0.54								
She is lower educated	231	23.8	0.91	0.67	1.258	0.58								
Fixed effects														
Division														
Central	1183	25.3	1				1				1			
Eastern	286	30.1	1.27	0.96	1.69	0.098	1.14	0.76	1.71	0.52	1.00	0.69	1.46	0.98
Northern	526	28.9	1.20	0.96	1.51	0.12	1.16	0.84	1.60	0.36	1.10	0.82	1.48	0.53
Western	877	20.3	0.75	0.61	0.93	0.008	0.97	0.74	1.28	0.86	0.95	0.73	1.23	0.69

* 163 ever-partnered women who experienced partner violence and whose violent partner was not the current/more recent partner (but a previous partner) have been excluded from this analysis because no partner characteristics were collected for previous partners.

** The adjusted odds ratios are adjusted for all other variables in the model.

*** The factors that remained significantly associated with current partner violence in the final model are indicated with shaded boxes





Table 12.1. Prevalence of different types of partner and non-partner violence, among women 18-49 years old (for comparison with other studies using age group 15-49 or 18-49), Fiji 2011

	Life time prevalence (%)	12 month prevalence (%)	Table with equivalent data for 18-64 years old
Among ever-partnered women 18-49 (N=2288)			
Physical violence by partner	62.3	24.5	4.1
Severe physical violence by partner	44.3		4.3
Sexual violence by partner	35.2	17.6	4.1
Physical or sexual violence by partner	65.6	29.7	4.1
Emotional violence by partner	59.5	33.4	4.9
Physical or sexual or emotional violence by partner	72.8	40.6	Figure 4.14
Among ever-pregnant women 18-49 (N=2107)			
Physical violence in pregnancy	17.0	n.a.	4.5
Among all women 18-49 years old (N=2437)			
Physical violence since age 15 by non-partner	29.2	n.a.	5.1, 5.4
Sexual violence since age 15 by non-partner	9.0	n.a.	5.2 (sex violence combined), 5.4
Physical or sexual violence by non-partner since age 15	32.9	n.a.	5.4 (first column)
Physical violence by partner (among all women)	58.5	n.a.	5.4
Sexual violence by partner (among all women)	33.0	n.a.	5.4
Physical or sexual violence by partner (among all women)	61.6	n.a.	5.4
Physical or sexual violence by partner or non partner since age 15	72.1	n.a.	5.4
Child sexual abuse before age 15	16.2	n.a.	5.2 (interview and card)



Annex 2: Survey Questions

Survey conducted by the Fiji Women's Crisis Centre
in partnership with the Fiji Bureau of Statistics

v 29/10

Survey on women's health and life experiences
in the Republic of the Fiji Islands

“ADMINISTRATION FORM HOUSEHOLD SELECTION FORM HOUSEHOLD QUESTIONNAIRE”

Study conducted by
Fiji Women's Crisis Centre
Fiji Bureau of Statistics



Administration Form

IDENTIFICATION				
PROVINCE				[][]
WARD/TIKINA				[][]
RURAL (0) /URBAN (1)				[]
EA				[][][]
SES				[]
HOUSEHOLD NUMBER				[][][]
NAME OF HOUSEHOLD HEAD : _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
INTERVIEWERS NAME RESULT***	_____	_____	_____	INTERVIEWER [][] RESULT [][]
NEXT VISIT: DATE TIME LOCATION	_____	_____	_____	TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED? [] 1. None completed ⇒	*** RESULT CODES Refused (specify): _____ .. 11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed 13 Dwelling not found, not accessible 14 Entire hh absent for extended period 15 No hh member at home at time of visit 16 Hh respondent postponed interview 17 Entire hh speaking only strange language. 18			CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [][] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ .. 21 No eligible woman in household 22 Selected woman not at home 23 Selected woman postponed interview 24 Selected woman incapacitated 25			⇒ Need to return ⇒ Need to return
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ .. 31 Rest of interview postponed to next visit. 32			⇒ Need to return
[] 4. Woman's questionnaire completed ⇒ 41			
LANGUAGE OF QUESTIONNAIRE (1= English, 2= Fijian, 3= Hindi)				[][]
LANGUAGE INTERVIEW MAINLY CONDUCTED IN (1= English, 2= Fijian, 3= Hindi, 4= Rotuman, 5=Mixed)				[][]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)				[]
FIELD EDITOR		OFFICE EDITOR		ENTERED BY
NAME [][] DAY [][] MONTH [][] YEAR [][][][]		NAME [][]		ENTRY 1: _____ ENTRY 2: _____



IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM						
Hello, my name is _____. I am working in a team on a survey for the Bureau Of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences.						
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as house help , lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL.			TOTAL NUMBER OF PEOPLE IN HOUSEHOLD []		
2	Is the head of the household male or female?			MALE1 FEMALE2 BOTH3		
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE	
3	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO		How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
LINE NUM.						
1				1 2		1 2
2				1 2		1 2
3				1 2		1 2
4				1 2		1 2
5				1 2		1 2
6				1 2		1 2
7				1 2		1 2
8				1 2		1 2
9				1 2		1 2
10		1 2		1 2		
CODES 01 HEAD 06 MOTHER 12 HOUSE HELP 02 WIFE (PARTNER) 07 MOTHER-IN-LAW 13 LODGER 03 DAUGHTER 08 SISTER 14 FRIEND 04 DAUGHTER-IN-LAW 09 SISTER-IN-LAW 15 OTHER NOT RELATIVE: 05 GRANDDAUGHTER 10 OTHER RELATIVE _____ 11 ADOPTED/FOSTER/STEP DAUGHTER						
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD: • <u>HOUSE HELP</u> IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD. • <u>VISITORS</u> IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS. (B) ELIGIBLE: ANY WOMAN BETWEEN 18 AND 64 YEARS LIVING IN HOUSEHOLD.						
MORE THAN ONE ELIGIBLE WOMEN IN HH: • RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED. • PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT. • CONTINUE WITH HOUSEHOLD QUESTIONNAIRE						
NO ELIGIBLE WOMAN IN HH: • SAY "I cannot continue because I can only interview women 18–64 years old. Thank you for your assistance." • FINISH HERE.						

* If both (male and female are the head, refer to the male.

**ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD**

HOUSEHOLD QUESTIONNAIRE					
QUESTIONS & FILTERS		CODING CATEGORIES			
<i>QUESTIONS 1-6: SOCIOECONOMIC INDICATORS</i>					
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP WATER (METERED).....01 FROM A COMMUNAL STANDPIPE02 ROOFTANK03 BOREHOLE.....04 WELL05 RIVER OR CREEK06 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99			
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET01 OWN WATER SEALED TOILET02 SHARED WITH OTHERS03 PIT LATRINE.....04 RIVER/CANAL/SEA/BEACH.....05 NO FACILITY/BUSH/FIELD06 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99			
3	What are the main materials used for the outer walls? RECORD OBSERVATION	WALLS OF CONCRETE, BRICK OR CEMENT .. 1 WOODEN WALLS 2 PERMANENT WALLS OF TIN OR CORRUGATED IRON 3 WALLS OF TRADITIONAL BURE 4 WALLS OF MAKESHIFT OR IMPROVISED MATERIALS 5 OTHER: 6			
4	What does the household mainly use for lighting?	ELECTRICITY 1 KEROSENE LAMP 2 BENZENE LAMP..... 3 SOLAR POWER UNIT 4 OTHER: 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			
5	Does any member of your household own:		YES	NO	DK
	a) A car?	a) A CAR	1	2	8
	b) A carrier/truck?	b) CARRIER/TRUCK	1	2	8
	c) A refrigerator?	c) REFRIGERATOR	1	2	8
	d) A computer?	d) COMPUTER	1	2	8
	e) Internet access	e) INTERNET ACCESS	1	2	8
	f) Video/Tv?	f) VIDEO/TV	1	2	8
	g) Radio?	g) RADIO	1	2	8
	h) Washing machine?	h) WASHING MACHINE	1	2	8
	i) Gas/Kerosene/Electric stove?	i) GAS/ELETRIC STOVE	1	2	8
	j) Telephone/mobile phone?	j) TELEPHONE/MOBILE	1	2	8
	k) Outboard motor?	k) OUTBOARD MOTOR	1	2	8
	l) Water pump?	l) WATER PUMP	1	2	8
	m) Brush cutter?	m) BRUSH CUTTER	1	2	8



6	Do people in your household own any land?	YES	1
		NO	2
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS[] []	
		DON'T KNOW/DON'T REMEMBER	98
		REFUSED/NO ANSWER	99
8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED	1
		A LITTLE CONCERNED	2
		VERY CONCERNED.....	3
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES	1
		NO	2
		DON'T KNOW/DON'T REMEMBER	8
		REFUSED/NO ANSWER	9
10	NOTE SEX OF RESPONDENT	MALE.....	1
		FEMALE	2

Thank you very much for your assistance



Survey on women's health and life experiences
in the Republic of the Fiji Islands

WOMAN'S QUESTIONNAIRE

Study conducted by
Fiji Women's Crisis Centre
Fiji Bureau of Statistics

Confidential upon completion



INDIVIDUAL CONSENT FORM

Hello, my name is *. I work in a team for the Fiji Women's Crisis Centre in partnership with the Bureau of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Fiji.

Do you have any questions?

(The interview takes approximately half an hour to one hour to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

We can conduct this interview in English, Fijian and Hindi; which language would you prefer?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:



DATE OF INTERVIEW: day [][] month [][] year [][][]

100. RECORD THE TIME (AS ON YOUR WATCH)		Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
103	If the community decided to undertake a project (school, church, fund raising) would most people be willing to contribute time, labour or money?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES1 NO2 DON'T KNOW8 REFUSED/NO ANSWER9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY[][] MONTH[][] YEAR[][][] DON'T KNOW YEAR9998 REFUSED/NO ANSWER9999	
107	How old are you (completed years)? (MORE OR LESS)	AGE (YEARS)[][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS[][] LESS THAN 1 YEAR00 LIVED ALL HER LIFE95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	



108 a	Would you mind telling me what is your religion?	METHODIST01 CATHOLIC02 SEVENTH DAY ADVENTIST03 ASSEMBLIES OF GOD04 ANGLICAN05 OTHER CHRISTIAN:06 HINDU07 MUSLIM08 OTHER:10 NO RELIGION77 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
108 b	May I enquire what your Ethnic Group is?	FIJIAN01 INDO-FIJIAN02 CHINESE/PART CHINESE03 ROTUMAN04 EUROPEAN (CAUCASIAN)05 OTHER PACIFIC ISLANDER06 MIXED :07 OTHERS :08 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
109	Are you able to read and write?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
110	Have you ever attended school? (NOT BIBLE / BAL BIKASH ETC SCHOOL, NOT SHORT CLASSES LIKE SEWING) VOCATIONAL/LONG TERM TRAINING IS ACCEPTABLE	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 _____ year1 FORMS 1-7 _____ year2 HIGHER _____ year3 NUMBER OF YEARS SCHOOLING . [] [] DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY/NEIGHBOURHOOD1 ANOTHER RURAL AREA/VILLAGE2 ANOTHER TOWN/CITY3 ANOTHER COUNTRY4 ANOTHER NEIGHBOURHOOD IN SAME TOWN5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES1 NO2 LIVING WITH FAMILY OF BIRTH3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ 115



114	How often do you see or talk to (even on the phone) with a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK1 AT LEAST ONCE A MONTH2 AT LEAST ONCE A YEAR3 NEVER (HARDLY EVER)4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
115	When you need help or have a problem, can you usually count on members of your family of birth for support?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
116 a	Do you regularly attend a group, organization or association? IF YES: What kind of group, organization or association? IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations. MARK ALL MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP	NONE A CIVIC/POLITICAL/ UNION B SOCIAL WORK/CHARITABLE C SPORTS/ARTS/CRAFTS D ECONOMIC/SAVINGS CLUBE WOMEN'S ORGANIZATIONF RELIGIOUS ORGANIZATION G OTHER: X	⇒ IF NONE GO TO 118 116b. How often do you attend? (ASK ONLY FOR EACH MARKED IN 116a) At least once a week At least once a month At least once a year Never (hardly ever) 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK Who prevented you? MARK ALL THAT APPLY	NOT PREVENTED A PARTNER/HUSBAND B PARENTS C PARENTS-IN-LAW/PARENTS OF PARTNER D OTHER: X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK: Do you and your partner live together?	CURRENTLY MARRIED1 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR MALE PARTNER (ENGAGED OR DATING RELATIONSHIP), LIVING APART4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN)5 CURRENTLY HAVING A FEMALE SEXUAL PARTNER6	⇒ 123 ⇒ 123 ⇒ 123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒ 121 ⇒ 121



120 b	Have you ever had a regular male partner (engaged, dating or sexual partner)?	YES1 NO2 REFUSED/NO ANSWER9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED1 SEPARATED/BROKEN UP2 WIDOWED/PARTNER DIED3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT1 HUSBAND/PARTNER2 BOTH (RESPONDENT AND PARTNER)3 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER[][]IF "00" DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
129	Did you have any kind of marriage ceremony to formalize the union? What type of ceremony did you have? MARK ALL THAT APPLY	NONEA CIVIL MARRIAGEB RELIGIOUS MARRIAGEC CUSTOMARY MARRIAGED OTHER:X	⇒S.2
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR[][][][] DON'T KNOW9998 REFUSED/NO ANSWER9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE1 RESPONDENT CHOSE2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE5 OTHER:6 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒133* ⇒133*
132	Before the marriage with your <u>current /most recent</u> husband, were you asked whether you wanted to marry him or not?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
*	ONLY INDO FIJIAN RESPONDENTS [] ↓	NON INDO FIJIAN []⇒	⇒ S.2
133	Did your marriage involve dowry/meher?	YES/DOWRY1 YES/MEHER2 NO3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S.2 ⇒S.2



134	Has all of the dowry/meher been paid for, or does some part still remain to be paid?	ALL PAID 1 PARTIALLY PAID 2 NONE PAID 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
135	Overall, do you think that the amount of dowry/meher has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT 1 NEGATIVE IMPACT 2 NO IMPACT 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**



SECTION 2 GENERAL HEALTH																								
201	I would now like to ask a few questions about your health and use of health services. In general, would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD.....2 FAIR3 POOR4 VERY POOR.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																						
F201 a	Do you have any of the following: a) Diabetes b) Asthma c) High Blood Pressure d) Physical Disabilities	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ASTHMA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHYSICAL DISABILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DIABETES	1	2	8	ASTHMA	1	2	8	HIGH BLOOD PRESSURE	1	2	8	PHYSICAL DISABILITIES	1	2	8		
	YES	NO	DK																					
DIABETES	1	2	8																					
ASTHMA	1	2	8																					
HIGH BLOOD PRESSURE	1	2	8																					
PHYSICAL DISABILITIES	1	2	8																					
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS1 VERY FEW PROBLEMS2 SOME PROBLEMS3 MANY PROBLEMS4 UNABLE TO WALK AT ALL5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																						
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS1 VERY FEW PROBLEMS2 SOME PROBLEMS3 MANY PROBLEMS4 UNABLE TO PERFORM USUAL ACTIVITIES5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																						
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT.....1 SLIGHT PAIN OR DISCOMFORT2 MODERATE PAIN OR DISCOMFORT3 SEVERE PAIN OR DISCOMFORT4 EXTREME PAIN OR DISCOMFORT.....5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																						
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS1 VERY FEW PROBLEMS2 SOME PROBLEMS3 MANY PROBLEMS4 EXTREME MEMORY PROBLEMS5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																						
206																								
207	In the <u>past 4 weeks</u> , have you taken medication: a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="1"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4		
	NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES																				
a) FOR SLEEP	1	2	3	4																				
b) FOR PAIN	1	2	3	4																				
c) FOR SADNESS	1	2	3	4																				



208	In the <u>past 4 weeks</u> , did you consult a doctor or other professional or traditional health worker because you yourself were sick? IF YES: Whom did you consult? PROBE: Did you also see anyone else?	NO ONE CONSULTED A DOCTOR..... B NURSE (AUXILIARY) C MIDWIFE D COUNSELLOR..... E PHARMACIST F TRADITIONAL HEALER G TRADITIONAL BIRTH ATTENDANT H OTHER: X	
209	The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u> . If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.		
			YES NO
	a) Do you often have headaches?	a) HEADACHES	1 2
	b) Is your appetite poor?	b) APPETITE	1 2
	c) Do you sleep badly?	c) SLEEP BADLY	1 2
	d) Are you easily frightened?	d) FRIGHTENED	1 2
	e) Do your hands shake?	e) HANDS SHAKE	1 2
	f) Do you feel nervous, tense or worried?	f) NERVOUS	1 2
	g) Is your digestion poor?	g) DIGESTION	1 2
	h) Do you have trouble thinking clearly?	h) THINKING	1 2
	i) Do you feel unhappy?	i) UNHAPPY	1 2
	j) Do you cry more than usual?	j) CRY MORE	1 2
	k) Do you find it difficult to enjoy your daily activities?	k) NOT ENJOY	1 2
	l) Do you find it difficult to make decisions?	l) DECISIONS	1 2
	m) Is your daily work suffering?	m) WORK SUFFERS	1 2
	n) Are you unable to play a useful part in life?	n) USEFUL PART	1 2
	o) Have you lost interest in things that you used to enjoy?	o) LOST INTEREST	1 2
	p) Do you feel that you are a worthless person?	p) WORTHLESS	1 2
	q) Has the thought of ending your life been on your mind?	q) ENDING LIFE	1 2
	r) Do you feel tired all the time?	r) FEEL TIRED	1 2
	s) Do you have uncomfortable feelings in your stomach?	s) STOMACH	1 2
	t) Are you easily tired?	t) EASILY TIRED	1 2
210	Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒ 212
211	Have you <u>ever</u> tried to take your life?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
212	In the <u>past 12 months</u> , have you had an operation (other than a caesarean section)?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
213	In the <u>past 12 months</u> , did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 month (IF DON'T KNOW GET ESTIMATE)	NIGHTS IN HOSPITAL [] NONE 00 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	



213a	Have you ever heard of HIV or AIDS?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213c	Many people in Fiji are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
214	Do you <u>currently</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 216 ⇒ 216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
216	How <u>often</u> do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month/fortnightly 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 219
217			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking alcohol? a) money problems b) health problems c) conflict with family or friends d) problems with authorities / bar owner/police etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: 1 2	
219	How <u>often</u> do you drink yaqona? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY 1 ONCE OR TWICE A WEEK 2 1 – 3 TIMES IN A MONTH 3 LESS THAN ONCE A MONTH 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ S.3



220	<p>In the <u>past 12 months</u>, have you experienced any of the following problems, related to your drinking yaqona?</p> <p>a) money problems</p> <p>b) health problems</p> <p>c) conflict with family or friends</p> <p>d) problems with authorities</p> <p>x) other, specify</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) AUTHORITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) HEALTH PROBLEMS	1	2	c) CONFLICT WITH FAMILY OR FRIENDS	1	2	d) AUTHORITIES	1	2	x) OTHER: _____	1	2	
	YES	NO																			
a) MONEY PROBLEMS	1	2																			
b) HEALTH PROBLEMS	1	2																			
c) CONFLICT WITH FAMILY OR FRIENDS	1	2																			
d) AUTHORITIES	1	2																			
x) OTHER: _____	1	2																			



SECTION 3 REPRODUCTIVE HEALTH		
Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN[][] IF 1 OR MORE ...⇒ NONE00 ⇒ 303
302	Have you ever been pregnant?	YES1 ⇒ 304 NO2 ⇒ 310 MAYBE/NOT SURE3 ⇒ 310 DON'T KNOW/DON'T REMEMBER8 ⇒ 310 REFUSED/NO ANSWER9 ⇒ 310
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[][] NONE00
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES1 NO2 ⇒ 306
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 ⇒ 308 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE1 SOME2 ALL3 N/A7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES[][] b) PREGNANCIES WITH TWINS[] c) PREGNANCIES WITH TRIPLETS[]
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS[][] IF NONE ENTER '00'
310	Are you pregnant now?	YES1 ⇒ A NO2 ⇒ B MAYBE3 ⇒ B
DO EITHER A OR B: IF PREGNANT NOW ==>		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
IF NOT PREGNANT NOW ==>		B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		



311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES1 NO2 NEVER HAD INTERCOURSE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒315 ⇒S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS01 INJECTABLES02 IMPLANTS (NORPLANT)03 IUD/LOOP04 DIAPHRAGM/FOAM/JELLY05 CALENDAR/MUCUS METHOD06 FEMALE STERILIZATION07 CONDOMS08 MALE STERILIZATION09 WITHDRAWAL10 HERBS11 OTHER:96 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒315 ⇒315 ⇒315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES1 NO2 N/A: NO CURRENT PARTNER7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES1 NO2 N.A. (NEVER HAD A PARTNER).....7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒317 ⇒S.4 ⇒317 ⇒317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVEA SHOUTED/GOT ANGRYB THREATENED TO BEAT ME.....C THREATENED TO LEAVE/THROW ME OUT OF HOME.....D BEAT ME/PHYSICALLY ASSAULTEDE TOOK OR DESTROYED METHODF OTHERX	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES1 NO2 N.A. (NEVER HAD A PARTNER).....7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒318 ⇒S.4
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	



319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ S.4 ⇒ S.4 ⇒ S.4
320	In what ways did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS ..H SAID IT IS NOT NECESSARY I OTHER X	
BEFORE STARTING WITH SECTION 4: REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.			



SECTION 4 CHILDREN			
CHECK: Ref. Sheet, box B, point Q	ANY LIVE BIRTHS [] ↓ (1)	NO LIVE BIRTHS [] ⇒ (2)	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY1 GIRL2	
403	Is your last born child (NAME) still alive?	YES1 NO2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR00	⇒406 ⇒406
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR) [][] DAYS (IF LESS THAN 1 MONTH) [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO1 LESS THAN 5 YEARS AGO2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN1 WAIT UNTIL LATER2 NOT WANT CHILDREN3 NOT MIND EITHER WAY4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN1 WAIT UNTIL LATER2 NOT WANT CHILDREN3 NOT MIND EITHER WAY4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONEA DOCTORB OBSTETRICIAN/GYNAECOLOGISTC NURSE/MIDWIFED AUXILIARY NURSEE TRADITIONAL BIRTH ATTENDANTF OTHER: _____X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP1 ENCOURAGE2 NO INTEREST3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON1 DAUGHTER2 DID NOT MATTER3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	



412	During this pregnancy, did you consume any alcoholic drinks?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES1 NO2 NO, CHILD NOT YET SIX WEEKS OLD3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
415	Was this child (NAME) weighed at birth?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒417 ⇒417																								
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [] []1 KG FROM RECALL [] []2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER [] [] NONE00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS [] b) GIRLS []																									
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5																								
420	Do any of these children (ages 6-14 years): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) SUCK THUMB</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) WET BED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TIMID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NIGHTMARES	1	2	8	b) SUCK THUMB	1	2	8	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
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e) AGGRESSIVE	1	2	8																								
421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY [] b) NUMBER OF GIRLS RUN AWAY [] IF NONE ENTER '0'																									
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS [] b) GIRLS [] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5																								
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9																									



SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A (s5mar)	<u>CURRENTLY MARRIED, OR LIVING WITH A MAN/WITH MALE PARTNER</u> (Options K,L) [] [] ↓ (1)	<u>FORMERLY MARRIED/ LIVING WITH A MAN/ FORMERLY WITH MALE PARTNER</u> (Option M) [] [] ↓ (2)	<u>NEVER MARRIED/ NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER)</u> (Option N) [] [] ⇒ (3)	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner now? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) [] [] []		
502	In what year was he born?	YEAR [] [] [] [] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 _____ year 1 FORMS 1-7 _____ year 2 HIGHER _____ year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING... [] [] [] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED ... 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 CASUAL/LABOURER 6 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒508 ⇒508 ⇒509 ⇒508
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		⇒509
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK	PROFESSIONAL: 01 SEMI-SKILLED: 02 UNSKILLED/MANUAL: 03 MILITARY/POLICE: 04 FARMER/FISHERMAN 05 SEAMAN/SAILOR 06 TRADESMAN 07 SECURITY 08 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		



509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1-3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY ..1 ONCE OR TWICE A WEEK2 1-3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒512												
510	In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk? Would you say most days, weekly, once a month, less than once a month, or never?	MOST DAYS1 WEEKLY2 ONCE A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9													
511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking? a) Money problems b) Family problems x) Any other problems, specify.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) FAMILY PROBLEMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>x) OTHER: _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) FAMILY PROBLEMS	1	2	x) OTHER: _____	1	2	
	YES	NO													
a) MONEY PROBLEMS	1	2													
b) FAMILY PROBLEMS	1	2													
x) OTHER: _____	1	2													
512	Does/did your husband/partner ever use (illicit) drugs (marijuana, etc)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 - 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY ..1 ONCE OR TWICE A WEEK2 1 - 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 IN THE PAST, NOT NOW6 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													
513	Since <u>you have known him</u> , has he ever been involved in a physical fight with another man?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒515 ⇒515												
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?	NEVER1 ONCE OR TWICE2 A FEW (3-5) TIMES3 MANY (MORE THAN 5) TIMES4 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES1 NO2 MAY HAVE3 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒S.6 ⇒S.6												
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES1 NO2 MAY HAVE3 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9													



SECTION 6 ATTITUDES																																			
	In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.																																		
601	A good wife obeys her husband even if she disagrees	AGREE.....1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
602																																			
603	It is important for a man to show his wife/partner who is the boss	AGREE.....1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE.....1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE.....1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
606	If a man mistreats his wife, others outside of the family should intervene	AGREE.....1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
607	In your opinion, does a man have a good reason to hit his wife if: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful g) She is disrespectful to his family	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HOUSEHOLD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DISOBEYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NO SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) GIRLFRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) SUSPECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) UNFAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) DISRESPECT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	g) DISRESPECT	1	2	8	
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f) UNFAITHFUL	1	2	8																																
g) DISRESPECT	1	2	8																																
608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her e) He has a mistress/girlfriend f) She is pregnant g) She has her period	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NOT WANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DRUNK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SICK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) MISTREAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) GIRLFRIEND</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) PREGNANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) PERIOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8	e) GIRLFRIEND	1	2	8	f) PREGNANT	1	2	8	g) PERIOD	1	2	8	
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SECTION 7 RESPONDENT AND HER PARTNER							
CHECK: Ref. sheet, Box A <i>(s7mar)</i>	EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER (Options K, L, M) [] ↓ <i>(1)</i>	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER HAD MALE PARTNER (Option N) [] ⇒ <i>(2)</i>					⇒S.10
When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?							
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings		YES	NO	DK		
		a) HIS DAY	1	2	8		
		b) YOUR DAY	1	2	8		
		c) YOUR WORRIES	1	2	8		
		d) HIS WORRIES	1	2	8		
702	In your relationship with your (current or most recent) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	RARELY	1				
		SOMETIMES	2				
		OFTEN	3				
		DON'T KNOW/DON'T REMEMBER	8				
		REFUSED/NO ANSWER	9				
703	I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak or communicate with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself		YES	NO	DK		
		a) SEEING FRIENDS	1	2	8		
		b) CONTACT FAMILY	1	2	8		
		c) WANTS TO KNOW	1	2	8		
		d) IGNORES YOU	1	2	8		
		e) GETS ANGRY	1	2	8		
		f) SUSPICIOUS	1	2	8		
		g) HEALTH CENTRE	1	2	8		
704	The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you. Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?		
	a) Insulted you or made you feel bad about yourself?	YES NO	YES NO	One Few Many	One Few Many		
	b) Belittled or humiliated you in front of other people?	1 2	1 2	1 2 3	1 2 3		
	c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1 2	1 2	1 2 3	1 2 3		
	d) Threatened to hurt you or someone you care about?	1 2	1 2	1 2 3	1 2 3		



705	Has <u>he or any other partner or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
	f) Threatened to use or actually used a gun, cane knife or other weapon against you?	1 2	1 2	1 2 3	1 2 3
706		A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever force you do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2			MARK IN BOX C
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2			MARK IN BOX C
708b	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			



CHECK : Ref. sheet, Box B	(s7preg) (s7prnum) (s7prcur)	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [] [] ↓ CURRENTLY PREGNANT? (option S) YES...1 NO...2 ↓	NEVER PREGNANT (2) [] ⇒	⇒ s716cur*
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit or beaten by (any of) your partner(s) while you were pregnant?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ s716cur* ⇒ s716cur* ⇒ s716cur*	
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[] []		
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
711	Were you ever punched or kicked in the abdomen while you were pregnant?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
IF VIOLENCE REPORTED IN ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED				
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who has slapped, hit or beaten you the father of the child?	YES1 NO2 DON'T KNOW /DON'T REMEMBER8 REFUSED/NO ANSWER9		
713	Were you living with this person when it happened?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		
714	Had the same person also done this to you before you were pregnant?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒ s716cur* ⇒ s716cur*	
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS1 STAYED ABOUT THE SAME2 GOT WORSE3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9		



*CHECK: Ref. sheet Box A (s716cur) (s716num)	Option K: CURRENTLY MARRIED AND/OR LIVING WITH MAN: YES1 NO... 2			
	Option O: NUMBER OF TIMES MARRIED/LIVED TOGETHER WITH A MAN? If 00 ⇒ S 8			
CHECK: Ref. sheet Box C (S7check)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE (“NO” TO BOTH Options U and V) ASK ONLY COLUMNS a AND b [] ↓ (1)		WOMAN EXPERIENCED VIOLENCE (“YES” TO Option U AND/OR Option V) ASK COLUMNS a TO e [] (FOR ALL PARTNERS) ↓ (2)	
716	IF RESPONDENT <i>ONLY MARRIED/LIVED WITH ONE MALE PARTNER</i> , ASK: Could you now please tell me a little about the period that you are with your partner? IF RESPONDENT <i>MARRIED/LIVED WITH MALE PARTNER MORE THAN ONCE</i> , ASK: You told me you have been married or lived with a man TOTAL times. Could you now please tell me a little about your husband/partner(s)? (Starting with your current or most recent partner):			
a) When did you start living together? * IF CURRENTLY MARRIED OR LIVING TOGETHER START WITH 1. IF NOT, START WITH 2.	b) When did the relationship end (when did you stop living together)?	c) Did he do this (MENTION ACTS) to you? ** IF NO, SKIP TO NEXT PARTNER. IF YES CONTINUE	d) When was the first incident?	e) When was the last incident?
1. [] [] MONTH [] [] [] YEAR		YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR
2. [] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR
3. [] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR
4. [] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR	YES1 ⇒ NO2 ↓	[] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR
5. [] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR	YES1 ⇒ NO2	[] [] MONTH [] [] [] YEAR	[] [] MONTH [] [] [] YEAR

CHECK WHETHER ALL PARTNERS INCLUDED

* YEAR UNKNOWN: 9998, REFUSE/NO ANSWER: 9999

** PROBE USING ACTS THAT RESPONDENT MENTIONED IN 705 AND/OR 706



SECTION 8 INJURIES																																																							
CHECK: Ref. sheet Box C (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [] ⇒ (2)	⇒ S.10																																																				
I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																																							
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 804a																																																				
802 a	<u>In your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
802 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
803 a	What <u>type</u> of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened. MARK ALL PROBE: Any other injury?	<table border="1"> <thead> <tr> <th colspan="4">b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>CUTS, PUNCTURES, BITES A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PERMANENT DISABILITY J</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?					YES	NO	DK	CUTS, PUNCTURES, BITES A	1	2	8	SCRATCH, ABRASION, BRUISES B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8	BROKEN EARDRUM, EYE INJURIES F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIES I	1	2	8	PERMANENT DISABILITY J	1	2	8	OTHER (specify): X	1	2	8	
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804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES 1 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒ 805a ⇒ 805a																																																				
804 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE [] [] REFUSED/NO ANSWER 99 NOT NEEDED 00	⇒ S.9																																																				



805 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say , sometimes or always or never?	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	⇒ S.9
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL. [] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
808	Did you tell a health worker the real cause of your injury?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	



SECTION 9 IMPACT AND COPING			
<p>I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).</p> <p>IF REPORTED MORE THAN ONE VIOLENT PARTNER , ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.</p>			
CHECK: Ref. sheet Box C (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] ↓	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) []⇒	⇒906
901	Are there any particular situations that tend to lead to (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON.....A WHEN MAN DRUNKB MONEY PROBLEMSC DIFFICULTIES AT HIS WORKD WHEN HE IS UNEMPLOYEDE NO FOOD AT HOME.....F PROBLEMS WITH HIS OR HER FAMILY.....G SHE IS PREGNANTH HE IS JEALOUS OF HERI SHE REFUSES SEXJ SHE IS DISOBEDIENTK HE SHOWS HE IS BOSSL OTHER (specify):.....X	
CHECK: (Ref. sheet, Box B, option R) (s9child)	CHILDREN LIVING [] ↓	NO CHILDREN ALIVE []⇒	⇒903
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER.....9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	⇒906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT1 VIOLENCE BECAME WORSE2 VIOLENCE BECAME LESS3 VIOLENCE STOPPED4 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
905			



906	<p>Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</p>	<p>NO EFFECT1 A LITTLE2 A LOT3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9</p>	
907	<p>In what way, if any, has your husband/partner's behaviour disrupted your work or other income-generating activities? MARK ALL THAT APPLY</p>	<p>N/A (NO WORK FOR MONEY).....A WORK NOT DISRUPTEDB PARTNER INTERRUPTED WORKC UNABLE TO CONCENTRATE.....D UNABLE TO WORK/SICK LEAVEE LOST CONFIDENCE IN OWN ABILITYF OTHER (specify):X</p>	
908	<p>Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONE.....A FRIENDSB PARENTSC BROTHER OR SISTERD UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF CHILDRENG NEIGHBOURSH POLICE.....I DOCTOR/HEALTH WORKER.....J PRIEST/NUN/OTHER RELIGIOUS FIGUREK COUNSELLORL NGO/WOMEN'S ORGANIZATIONM LOCAL LEADERN OTHER (specify):X</p>	
909	<p>Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?</p>	<p>NO ONEA FRIENDSB PARENTSC BROTHER OR SISTER.....D UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILYF CHILDRENG NEIGHBOURSH POLICEI DOCTOR/HEALTH WORKERJ PRIEST NUN/OTHER RELIGIOUS FIGUREK COUNSELLORL NGO/WOMEN'S ORGANIZATIONM LOCAL LEADERN OTHER (specify):X</p>	



910 a	Did you ever go to any of the following for help? READ EACH ONE		910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?	
			YES	NO
a) Police	a) POLICE		1	2
b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE		1	2
c) Social services	c) SOCIAL SERVICES		1	2
d) Legal advice centre	d) LEGAL AID		1	2
e) Court	e) COURT		1	2
f) Shelter	f) SHELTER		1	2
g) Local leader	g) LOCAL LEADER		1	2
h) Fiji Women's Crisis Centre/Branches	h) FIJI WOMEN'S CENTER BRANCHES:		1	2
j) Priest/Religious leader	j) PRIEST, RELIGIOUS LEADER		1	2
x) Anywhere else? Where?	x) ELSEWHERE (specify) : _____		1	2
			*	**
CHECK: Question 910a * **	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **)	⇒912	
(19check)	[] ↓	[]		
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	ENCOURAGED BY FRIENDS/FAMILY A COULD NOT ENDURE MORE B BADLY INJURED C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING F THROWN OUT OF THE HOME G AFRAID SHE WOULD KILL HIM H AFRAID HE WOULD KILL HER I AWARE OF HER RIGHTS J OTHER (specify): _____ X	FOR ALL OPTIONS GO TO 913	
912	What were the reasons that you did not go to any of these? MARK ALL MENTIONED	DON'T KNOW/NO ANSWER A FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE B VIOLENCE NORMAL/NOT SERIOUS C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED D BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED E AFRAID WOULD END RELATIONSHIP F AFRAID WOULD LOSE CHILDREN G BRING BAD NAME TO FAMILY H FAMILY (EITHER) STOPPED HER FROM GOING I OTHER (specify): _____ X		



913	Is there anyone that you would like (have liked) to receive (more) help from? Who? MARK ALL MENTIONED	NO ONE MENTIONED..... A FAMILYB HER MOTHER.....C HIS MOTHERD HEALTH CENTRE.....E POLICEF PRIEST/RELIGIOUS LEADERG FIJI WOMEN'S CRISIS CENTRE.....H OTHER (specify): X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT.....[] NEVER00 N.A. (NOT LIVING TOGETHER)97 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER99	⇒919 ⇒S.10
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT.....A ENCOURAGED BY FRIENDS/FAMILYB COULD NOT ENDURE MORE.....C BADLY INJUREDD HE THREATENED OR TRIED TO KILL HER.....E HE THREATENED OR HIT CHILDRENF SAW THAT CHILDREN SUFFERINGG THROWN OUT OF THE HOMEH AFRAID SHE WOULD KILL HIMI ENCOURAGED BY ORGANIZATION:J AFRAID HE WOULD KILL HERK OTHER (specify): X	
916	Where did you go the last time? MARK ONE	HER RELATIVES.....01 HIS RELATIVES.....02 HER FRIENDS/NEIGHBOURS03 HOTEL/LODGINGS04 STREET05 CHURCH/TEMPLE06 SHELTER07 (OLDER) CHILDREN'S HOUSE08 OTHER (specify):96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER99	
917	How long did you stay away the last time? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH).....[] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE).....[] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER3	⇒S.10
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR)C COULDN'T SUPPORT CHILDREND LOVED HIME HE ASKED HER TO GO BACK.....F FAMILY SAID TO RETURNG FORGAVE HIM.....H THOUGHT HE WOULD CHANGEI THREATENED HER/CHILDRENJ COULD NOT STAY THERE (WHERE SHE WENT)K VIOLENCE NORMAL/NOT SERIOUSL COULDN'T SUPPORT HERSELF AND CHILDRENM TRADITIONAL RECONCILIATION N OTHER (specify): X	FOR ALL OPTIONS GO TO Section 10



919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGEB DIDN'T WANT TO BRING SHAME ON FAMILYC COULDN'T SUPPORT CHILDREN D LOVED HIME DIDN'T WANT TO BE SINGLEF FAMILY SAID TO STAY G FORGAVE HIM H THOUGHT HE WOULD CHANGEI THREATENED HER/CHILDRENJ NOWHERE TO GO K VIOLENCE NORMAL/NOT SERIOUSL TRADITIONAL RECONCILIATIONM RELIGIOUS REASONS N OTHER (specify): X	
-----	---	---	--



SECTION 10 OTHER EXPERIENCES																																																									
<p>In their lives, many women have unwanted experiences and experience different forms of mistreatment from all kinds of people, men or women. This may be relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private.</p> <p>FOR WOMEN WHO WERE EVER PARTNERED ADD: These questions are about about people other than your husband/partner(s).</p>																																																									
1001 a	<p>Since the age of 15, has anyone ever hit, beaten, kicked or done anything else to hurt you physically?</p> <p>Thrown something at you? Pushed you or pulled your hair? Choked or burnt you on purpose? Threatened with or actually used a gun, knife or other weapon against you?</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	<p>NO ONE A</p> <p>FATHER B</p> <p>STEPFATHER C</p> <p>OTHER MALE FAMILY MEMBER D</p> <p>FEMALE FAMILY MEMBER: E</p> <p>TEACHER F</p> <p>POLICE/ SOLDIER G</p> <p>MALE FRIEND OF FAMILY H</p> <p>FEMALE FRIEND OF FAMILY I</p> <p>BOYFRIEND J</p> <p>STRANGER K</p> <p>SOMEONE AT WORK L</p> <p>PRIEST/RELIGIOUS LEADER M</p> <p>FEMALE PARTNER N</p> <p>OTHER (specify): _____ X</p>	<p>⇒ 1002</p> <p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table border="1"> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband / male partner.</p>																																																									



1003 a	<p>Before the age of 15 years, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE..... A	⇒ 1004				
			ASK ONLY FOR THOSE MARKED IN 1003a				
			b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen?		
					Once/twice	Few times	Many times
		FATHER..... B	[][]	[][]	1	2	3
		STEPFATHER..... C	[][]	[][]	1	2	3
		OTHER MALE FAMILY MEMBER D	[][]	[][]	1	2	3
		FEMALE FAMILY MEMBER:..... E	[][]	[][]	1	2	3
		TEACHER..... F	[][]	[][]	1	2	3
		POLICE/ SOLDIER..... G	[][]	[][]	1	2	3
		MALE FRIEND OF FAMILY H	[][]	[][]	1	2	3
		FEMALE FRIEND OF FAMILY I	[][]	[][]	1	2	3
		BOYFRIEND..... J	[][]	[][]	1	2	3
		STRANGER..... K	[][]	[][]	1	2	3
		SOMEONE AT WORK..... L	[][]	[][]	1	2	3
		PRIEST/RELIGIOUS LEADER M	[][]	[][]	1	2	3
		OTHER (specify): X	[][]	[][]	1	2	3
				DK = 98			
1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) [][]					⇒ 1006
		NOT HAD SEX 95					
		REFUSED/NO ANSWER..... 99					
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1					
		NOT WANT BUT HAD SEX 2					
		FORCED TO HAVE SEX 3					
		DON'T KNOW/DON'T REMEMBER 8					
		REFUSED/NO ANSWER..... 9					
1005a	The number of sexual partners women have had differs a lot from person to person. Some women report having had one sex partner, some 2 or more, and still others report many, even 50 or more. In your life how many different men have you had sex with? IF NEEDED PROBE: More or less; I do not need to know the exact number.	PARTNERS..... [][][]					
		DON'T KNOW/DON'T REMEMBER 998					
		REFUSED/NO ANSWER..... 999					
1005b	IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00"	PARTNERS..... [][]					
	IF MORE THAN ONE PARTNER IN 1005a, ASK With how many of these men did you have sex in the past 12 months?	DON'T KNOW/DON'T REMEMBER 98					
		REFUSED/NO ANSWER..... 99					



1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒s10mar* ⇒s10mar* ⇒s10mar*
1007	As a child, did you see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
* CHECK: Ref. sheet Box A (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/DATING PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N) [] ⇒ (2)	⇒S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒ 1010 ⇒ 1010 ⇒ 1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly (when he was a child) by someone in his family?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	



SECTION 11 FINANCIAL AUTONOMY																																																			
Now I would like to ask you some questions about things that you own and your earnings. We need this information to understand the financial position of women nowadays.																																																			
1101	Please tell me if you own any of the following, either by yourself or with someone else: a) Land b) Your house c) A company or business d) Large animals (cows, horses, etc.) e) Small animals (chickens, pigs, goats, etc.) f) Crops from certain fields or trees g) Large household items (TV, bed, cooker) h) Jewellery, gold or other valuables j) Motor car k) Savings in the bank? x) Other property, specify FOR EACH, PROBE: Do you own this on your own, or do you own it with others?	<table border="1"> <thead> <tr> <th></th> <th>YES Own by self</th> <th>YES Own with others</th> <th>NO Don't own</th> </tr> </thead> <tbody> <tr> <td>a) LAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) HOUSE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) COMPANY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) LARGE ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) SMALL ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) CROPS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) HOUSEHOLD ITEMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) JEWELLERY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j) MOTOR CAR</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>k) SAVINGS IN BANK</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>x) OTHER PROPERTY:</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES Own by self	YES Own with others	NO Don't own	a) LAND	1	2	3	b) HOUSE	1	2	3	c) COMPANY	1	2	3	d) LARGE ANIMALS	1	2	3	e) SMALL ANIMALS	1	2	3	f) CROPS	1	2	3	g) HOUSEHOLD ITEMS	1	2	3	h) JEWELLERY	1	2	3	j) MOTOR CAR	1	2	3	k) SAVINGS IN BANK	1	2	3	x) OTHER PROPERTY:	1	2	3	
	YES Own by self	YES Own with others	NO Don't own																																																
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1102	a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, trading d) Doing seasonal work e) Remittance x) Any other activity, specify	NO A b) JOB: c) SELLING/TRADING: d) SEASONAL WORK: e) REMITTANCE: x) OTHER:	⇒ *s11mar <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>b) JOB</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SELLING/TRADING</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) SEASONAL WORK</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) REMITTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	b) JOB	1	2	c) SELLING/TRADING	1	2	d) SEASONAL WORK	1	2	e) REMITTANCE	1	2	x) OTHER	1	2																														
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x) OTHER	1	2																																																	
* CHECK: Ref. sheet, Box A (s11mar)	CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN (Option K) [] ↓ (1)	NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER (Options L, M, N) [] ⇒ (2)	⇒S.12																																																
CHECK 1102	1. OPTIONS b)c)d)e) or x) MARKED [] ↓	2. OPTION a) MARKED [] ⇒	⇒1105																																																
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	SELF/OWN CHOICE 1 GIVE PART TO HUSBAND/PARTNER 2 GIVE ALL TO HUSBAND/PARTNER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9																																																	
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	MORE THAN HUSBAND/PARTNER 1 LESS THAN HUSBAND/PARTNER 2 ABOUT THE SAME 3 DO NOT KNOW 8 REFUSED/NO ANSWER 9																																																	
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																	



1106	Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?	NEVER.....1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/ALL OF THE TIME4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
1107	Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?	NEVER.....1 ONCE OR TWICE2 SEVERAL TIMES3 MANY TIMES/ALL OF THE TIME4 N/A (PARTNER DOES NOT EARN MONEY)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9	
1108	In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	



SECTION 12 COMPLETION OF INTERVIEW			
1201	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you. Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION 1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION 2</p>	
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>GOOD/BETTER1</p> <p>BAD/WORSE2</p> <p>SAME/ NO DIFFERENCE..3</p>	
1204	<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p> <p>COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS</p>	<p>YES 1</p> <p>NO 2</p>	



REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark only ONE of the following for marital status:		
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED..... 1 LIVING WITH MAN, NOT MARRIED..... 3 <i>CURRENTLY HAVING A REGULAR PARTNER (DATING RELATIONSHIP/ENGAGEMENT), LIVING APART</i> 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (<i>NOT INVOLVED IN A RELATIONSHIP WITH MAN</i>) 5 CURRENTLY HAVING A FEMALE SEXUAL PARTNER 6
		<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (<i>no current sexual relationship</i>) (M1) <input type="checkbox"/> Previously had <i>sexual relationship</i> (M2) <input type="checkbox"/> Never married /never lived with man (<i>no current or past sexual relationship</i>) (N)
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED 1 LIVED WITH A MAN, NOT MARRIED..... 3 NO 5
120 b	Have you ever had a regular male sexual partner?	YES..... 1 NO..... 2
123. Number of times married/lived together with man:		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (O)

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:		
(P) Respondent has been pregnant at least once (Question 308, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Q) Respondent had at least one child born alive (Question 301, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(R) Respondent has children who are alive (Question 303, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(S) Respondent is currently pregnant (Question 310, option 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(T) Number of pregnancies reported (Question 308):	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Box C. VIOLENCE BY PARTNER

Check and complete ALL that applies for respondent:		
(U) Respondent has been victim of physical violence (Question 707)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(V) Respondent has been victim of sexual violence (Question 708)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Annex 4:
Method For
Developing An Index
Of Socio-Economic
Clusters³⁴



1. INTRODUCTION

The Fiji violence against women (VAW) survey collected information on a number of individual variables reflecting different dimensions of household socioeconomic status (SES). This report describes the method used to develop a single measure or index of SES using this information. A key issue in deriving a single measure index of SES using different indicators is how to assign weights to the individual variables. Principal components analysis (PCA) is a commonly used approach of statistically deriving weights for SES indices. PCA is a multivariate statistical technique that reduces the number of variables in a data set into a smaller number of components. Each component is a weighted combination of the original variables. The higher the degree of correlation among the original variables in the data, the fewer components required to capture the common information. An important property of the components derived is that they are uncorrelated, therefore each component captures a dimension in the data. The next section details the steps taken to derive a PCA-based SES index.

2. METHOD

Guided by Vyas and Kumaranayake (2006) this study undertook three steps to derive a PCA-based SES index: first, a descriptive analysis; second, the construction of the PCA-based SES index; and third, the classification of households into SES groups. The analysis was conducted using STATA version 10.00 statistical software.

2.1 Descriptive analysis

The first step was to conduct descriptive analysis which involved establishing the overall sample size, the frequency of each variable, and patterns of missing data for individual variables. This descriptive analysis was essential exploratory work to ensure data quality, and appropriate data coding and recoding for further analysis.

Overall sample size

From a total of 3538 households visited, a household selection form and questionnaire was administered and completed in 3362 (1581 urban; 1781 rural). The household questionnaire gathered information on different SES indicators, and the household selection form identified whether or not a woman eligible for a subsequent woman's questionnaire was present. A woman's questionnaire was administered and completed in 3193 households (1496 urban; 1697 rural). The SES index was constructed using data from all 3362 households where full SES data were collected.

Frequency analysis

The purpose of the frequency analysis was to establish the extent to which the variables are distributed across the households and to inform subsequent coding of the variables. An issue with PCA is that it works best when asset variables are correlated, but also when the distribution of variables varies across households. It is the assets that are more unequally distributed between households that are given more weight in PCA. For example, an asset which all households own or which no households own would exhibit no variation between households and would carry a weight close to zero from a PCA. A second issue with PCA is that data in categorical form are not suitable for inclusion in the analysis. This is because the categories are converted into a quantitative scale which does not have any meaning. To avoid this, qualitative categorical variables are recoded into binary variables.



The Fiji survey data gathered information on source of drinking water, type of toilet facility, wall material, main source of energy for lighting, ownership of a range of household durable items, land ownership, and the number of rooms in the house for sleeping and the total number of people in the household. A description and frequency distribution of the variables for the total sample (urban and rural combined) and for the urban sample and the rural sample separately is shown in Table 1.

The findings reveal that, across the total sample, for main source of drinking water and for sanitation facility the vast majority of households use one of two options. Drinking water from either a tap (metered) or a communal standpipe accounts for 83.6% of households, and a flush toilet or a sealed water toilet accounts for 92.0% of all households. Three options dominate main material used for walls (concrete/brick/cement; wooden walls; and tin/corrugated iron) accounting for 97.8% of all households, and energy used for lighting (electricity; rudimentary sources – either kerosene or benzene; and ‘other’) accounting for 96.9% of all households. However, while this pattern is mirrored when considering the rural sample, in the urban sample virtually all households obtain their source of water from a tap (98.6%), have a flush toilet (92.9%), and use electricity for their source of lighting (96.6%). In the urban sample, there is variation across the households in the material used for walls with over half of households (55.9%) having walls made of concrete/brick/cement and the remaining split between wooden walls (26.3%) and tin/corrugated iron (17.1%).

For the total sample, ownership of durable assets varied across the households ranging from 2.6% (water pump) to 91.4% (telephone/mobile). While this pattern was generally mirrored in the separated urban and rural samples, in the urban sample slightly fewer households possessed a water pump (1.5%) and virtually all households owned a telephone/mobile (97.3%). Almost 60% of all households owned land and this was split 55.5% urban sample and 63.7% rural sample. The number of rooms for sleeping ranged from 0-8 and the average across all households was 2.55. The number of people in the household ranged from 1-24 (mean=5.17).



Table 1: Description and frequency of SES variables

Variable long (short) name / Variable type	Variable Label	Total sample %/ Mean (Std. dev.) (N=3362)	Urban sample %/ Mean (Std. dev.) (N=1581)	Rural sample %/ Mean (Std. dev.) (N=1781)
Drinking water (q01) <i>Categorical</i>	Tap (metered)	69.3	98.6	43.6
	Communal standpipe	14.3	0.3	26.8
	Roof tank	3.3	0.4	6.0
	Borehole	6.5	0.1	12.2
	Well	2.3	0.2	4.1
	River/creek	2.6	0.1	4.8
	Other	1.7	0.4	2.9
Toilet facility (q02) <i>Categorical</i>	Own flush toilet	78.5	92.9	65.7
	Own water sealed toilet	13.5	3.9	22.0
	Shared with others	0.8	0.4	1.1
	Pit latrine	7.1	2.7	11.1
	River/canal/sea	0.1	0.0	0.1
	Bush/field	0.1	0.0	0.1
Wall materials (q03) <i>Categorical</i>	Concrete/brick/cement	43.0	55.9	31.6
	Wooden	31.7	26.3	36.6
	Tin/corrugated iron	23.1	17.1	28.5
	Traditional bure	1.6	0.2	2.8
	Makeshift/improvised	0.5	0.5	0.5
	Other	0.1	0.1	0.1
Lighting energy source (q04) <i>Categorical</i>	Electricity	75.5	96.6	56.7
	Kerosene lamp	9.2	2.3	15.3
	Benzene lamp	1.5	0.3	2.5
	Solar power unit	3.2	0.1	6.0
	Other	10.7	0.7	19.5
Household appliances (q05a-m) <i>Categorical</i>	Car	19.7	28.7	11.8
	Carrier/truck	6.4	5.8	7.0
	Refrigerator	62.9	85.1	43.2
	Computer	20.4	33.0	9.2
	Internet access	11.6	20.1	4.1
	Video/TV	77.9	92.2	65.1
	Radio	79.2	88.9	70.6
	Washing machine	52.4	72.2	34.9
	Gas/electric stove	79.3	91.1	68.9
	Telephone/mobile	91.4	97.3	86.2
	Outboard motor	4.3	2.6	5.8
	Water pump	2.6	1.5	3.5
Brush cutter	31.4	28.5	34.1	
Land owner in household (q06) <i>Categorical</i>		59.9	55.5	63.7
Rooms for sleeping (q07) <i>Continuous</i>		2.55 (3.06)	2.82 (4.30)	2.29 (1.08)
Total in household (tothh) <i>Continuous</i>		5.17 (2.43)	5.22 (2.56)	5.12 (2.30)



2.2 Analytical approach

Given the differences in distribution of the SES indicators by urban and rural split three PCA analyses were run: for the total sample, for the urban sample and for the rural sample. The purpose of this was to assess whether an index created using the total sample masked the variation in household SES in the urban and the rural samples.

Coding of variables

Table 2 describes the coding for each SES indicator. Based on the characteristics of each type of drinking water source three separate variables were created: tap (metered)/roof tank; communal standpipe/borehole/well; and river. Respondents who reported 'other' source of water were asked to specify and in most cases specified either a dam, spring or rain water – these were subsequently included in the variable 'river'. Other specified sources of water were bottled water, tank and FSC? that were included as 'tap'; neighbours and other home that were included as 'communal'. Three separate binary variables were created for toilet facility: flush toilet/own water sealed toilet; shared toilet; and pit latrine/no facility that was combined because there were too few counts of no facility to include as a separate variable. Four variables were created for type of wall materials: concrete/brick/cement; wood, tin/corrugated iron; and traditional bure/makeshift materials. There were two cases of 'other' type of wall material – cement board that was coded as concrete/brick/cement, and drum tin that was coded as tin/corrugated iron. Three variables were created for source of energy for lighting: electricity grid (it was assumed that the option 'electricity' meant electricity from the grid); generator that was created from combining solar power with counts of generator from the 'other' option; and rudimentary that combined kerosene and benzene fuel lamp. In addition to generator, the option 'other' included low counts of plant and hydro-power and these were included as 'grid', and candle that was included as 'rudimentary'. All household appliances and land ownership were considered as binary variables. A 'crowding' index was created as the ratio between the number of people in the household and the number of rooms in the house for sleeping.

Inclusion of variables in PCA analyses

Based on the frequency distribution for the total sample (urban and rural combined) and for the rural only sample all variables were considered for inclusion in the PCA analysis. When considering the urban sample, the variables source of drinking water, toilet facility and energy used for lighting were excluded from the urban sample analysis – all three infrastructure variables were dominated by one 'type' and would therefore exhibit virtually zero variation. All the SES indicators were considered for the rural analysis.

Table 2: Description of SES variables used in PCA analysis

Variable description	Type of variable	Value labels
Tap (metered)/Other - tank/bottled	Binary	No=0 Yes=1
Communal standpipe/borehole/well/Other - another home/neighbours	Binary	No=0 Yes=1
River/Creek/Other - spring/rain/dam/reservoir	Binary	No=0 Yes=1
Own flush/water sealed toilet	Binary	No=0 Yes=1



Variable description	Type of variable	Value labels
Shared facility with others	Binary	No=0 Yes=1
Pit latrine/No facility/Bush	Binary	No=0 Yes=1
Concrete/brick/cement	Binary	No=0 Yes=1
Wood	Binary	No=0 Yes=1
Tin/corrugated iron	Binary	No=0 Yes=1
Bure/Makeshift materials	Binary	No=0 Yes=1
Electricity - Grid	Binary	No=0 Yes=1
Generator/Solar power	Binary	No=0 Yes=1
Fuel lamp (kerosene/benzene)/Other - candle/ battery	Binary	No=0 Yes=1
Car	Binary	No=0 Yes=1
Carrier/truck	Binary	No=0 Yes=1
Refrigerator	Binary	No=0 Yes=1
Computer	Binary	No=0 Yes=1
Internet access	Binary	No=0 Yes=1
Video/TV	Binary	No=0 Yes=1
Radio	Binary	No=0 Yes=1
Washing machine	Binary	No=0 Yes=1



Variable description	Type of variable	Value labels
Gas/electric stove	Binary	No=0 Yes=1
Telephone/mobile	Binary	No=0 Yes=1
Outboard motor	Binary	No=0 Yes=1
Water pump	Binary	No=0 Yes=1
Brush cutter	Binary	No=0 Yes=1
Land ownership	Binary	No=0 Yes=1
Crowd (No. people in household/No. of rooms for sleeping)	Continuous	0.02-15.00

Missing values

Another data issue is that of missing values and two options exist to deal with this. The first is to exclude households with at least one missing value from the analysis, and the second is to replace missing values with the mean value for that variable. Exclusion of households based on missing socioeconomic data could significantly lower sample sizes and the statistical power of study results. However, attributing mean scores for missing values reduces variation among households. Though in both situations, the limitation is more pronounced with high numbers of missing values.

In the Fiji survey, five of the household durable assets, land ownership and household crowding have cases of missing data. However, missing values accounted for less than 0.01% of the sample. Therefore, in cases of urban households missing values were recoded to the mean from the urban sample of that variable, and in cases of rural households missing values were recoded to the mean from the rural sample of that variable. It is expected inclusion or exclusion of these households would have little impact on the distribution of SES.



3. PRINCIPAL COMPONENTS ANALYSIS

The first principal component is considered a measure of SES and is therefore retained. The output from a PCA is a table of factor scores or weights for each variable. Generally, a variable with a positive factor score is associated with higher SES, and conversely a variable with a negative factor score is associated with lower SES. PCA was conducted using all the original SES variables described in Table 2.⁹ The results from the final PCA models (total sample; urban and rural) are shown in Table 3.¹⁰

When considering results for the total sample, a household that obtains water from a tap, has a flush/water sealed toilet, has walls made of concrete/brick/cement, and obtains energy from the electricity grid would attain a higher SES score. All other household infrastructure variables were associated with lower SES. Households with more durable assets, except for ownership of an outboard motor, and ownership of land would attain a higher SES score. The variables refrigerator, washing machine, video/TV, grid electricity and tap water source displayed the highest weights. Households that had higher levels crowding was associated with lower SES.

When considering the weights derived from the urban and rural sample separately, for both sets of analyses and with the exception of outboard motor, the sign of the weights were similar to that derived from the total sample analysis. In both the urban and the rural samples the weight associated with ownership of an outboard motor is now marginally positive – reflecting the fact that it is an indicator of SES but that it is more prevalent in rural areas. The magnitude of all the weights is larger in the urban sample when compared with those in the total urban and rural combined sample.

9 In STATA, when specifying PCA, the user is given the choice of deriving eigenvectors (weights) from either the correlation matrix or the co-variance matrix of the data. If the raw data has been standardized, then PCA should use the co-variance matrix. As the data was not standardized, and they are therefore not expressed in the same units, the analysis specified the correlation matrix to ensure that all data have equal weight. For example, crowding is a quantitative variable and has greater variance than the other binary variables, and would therefore dominate the first principal component if the co-variance matrix was used.

10 A PCA model using source of water was included, however, the results for these variables were not easy to interpret. The weights were very low for all three sources of water indicators. In addition, piped water carried a marginally negative weight – a source of water that is assumed to be a characteristic of higher SES households. Therefore, sources of water was excluded from the final PCA model.



Table 3: Results from principal components analysis

SES indicator	Total sample (N=3358)			Urban sample (N=1579)		Rural sample (N=1779)			
	Mean	Std. dev	PC score	Mean	Std. dev	PC score	Mean	Std. dev	PC score
Tap (metered)/Other	0.728	0.445	0.257				0.958	0.500	0.192
Communal standpipe/borehole/well/	0.231	0.422	-0.232						
Other River/Creek/Other	0.040	0.196	-0.083				0.431	0.495	-0.169
Own flush/water sealed toilet	0.920	0.272	0.172				0.073	0.260	-0.048
Shared facility with others	0.008	0.088	-0.063				0.876	0.329	0.157
Pit latrine/No facility/Bush	0.073	0.259	-0.159				0.011	0.103	-0.082
Concrete/brick/cement	0.431	0.495	0.196	0.560	0.497	0.262	0.113	0.317	-0.137
Wood	0.317	0.465	-0.080	0.262	0.440	-0.122	0.316	0.465	0.179
Tin/corrugated iron	0.232	0.422	-0.109	0.171	0.376	-0.185	0.366	0.482	-0.062
Bure/Makeshift materials	0.021	0.142	-0.100	0.007	0.083	-0.079	0.286	0.452	-0.074
Electricity - Grid	0.755	0.430	0.315				0.033	0.178	-0.114
Generator/Solar power	0.137	0.344	-0.184				0.568	0.495	0.309
Rudimentary	0.108	0.310	-0.233				0.252	0.434	-0.140
Car	0.198	0.398	0.199	0.287	0.452	0.271	0.180	0.384	-0.241
Carrier/truck	0.064	0.245	0.068	0.058	0.234	0.091	0.118	0.323	0.234
Refrigerator	0.630	0.483	0.326	0.852	0.355	0.346	0.070	0.255	0.132
Computer	0.204	0.403	0.221	0.330	0.470	0.319	0.433	0.496	0.342
Internet access	0.116	0.321	0.184	0.330	0.470	0.319	0.092	0.289	0.230
Video/TV	0.779	0.415	0.282	0.201	0.401	0.295	0.041	0.198	0.180
Radio	0.793	0.405	0.218	0.923	0.267	0.317	0.652	0.477	0.292
Washing machine	0.525	0.499	0.287	0.890	0.313	0.293	0.707	0.455	0.219
Gas/electric stove	0.794	0.404	0.225	0.722	0.448	0.332	0.349	0.477	0.302
Telephone/mobile	0.915	0.279	0.172	0.920	0.283	0.251	0.690	0.462	0.228
Outboard motor	0.043	0.203	-0.018	0.933	0.161	0.170	0.863	0.344	0.177
Water pump	0.026	0.158	0.037	0.026	0.159	0.036	0.058	0.235	0.008
Brush cutter	0.315	0.464	0.082	0.015	0.120	0.063	0.035	0.185	0.097
Land ownership	0.602	0.488	0.014	0.285	0.451	0.146	0.341	0.474	0.170
Household crowding	2.470	1.577	-0.169	0.560	0.495	0.167	0.640	0.479	0.014
				2.200	1.261	-0.208	2.712	1.779	-0.186

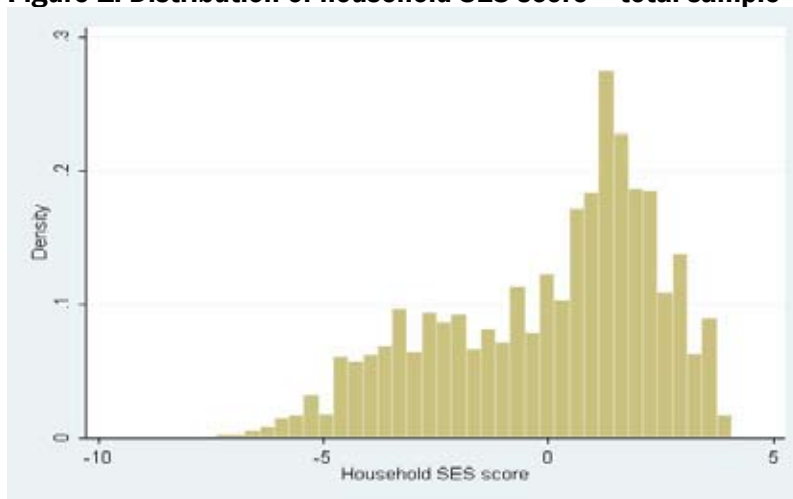


1.2 Classification of households into SES group

Classification of households into SES group – total sample (urban and rural combined)

Using the factor scores from the first principal component as weights, a dependent variable can then be constructed for each household which has a mean equal to zero, and a standard deviation equal to one. This dependent variable can be regarded as the household's SES score, and the higher the household SES score, the higher the implied SES of that household. A histogram of the household SES scores using the total sample data is shown in Figure 1. The figure reveals that the distribution of the household SES score is slightly left skewed towards 'higher' SES.

Figure 1: Distribution of household SES score – total sample



To differentiate households into broad SES categories studies have used cut-off points – most commonly an arbitrarily defined disaggregation e.g. quintiles. Another method is to use a data driven approach – cluster analysis – to derive SES categories. Cluster analysis was used in the WHO multi-country study on domestic violence and women's health to derive 'low', 'medium' and 'high' SES categories.

For this study both methods to classify households into SES groups were explored using the total sample. First households were ranked according to their SES score and were then split into three equal sized groups or terciles. K-means cluster analysis was then used to group households into three clusters. The mean SES score for each SES category, derived using both methods, is shown in Table 4. When considering the SES classification using terciles, the difference in the mean SES score is much higher between the low and medium SES group than for the medium and high SES group (3.514 and 1.820 respectively).

This compares with a difference of 3.158, between the low and medium SES group, and 2.449, between the medium and high SES group. Using the cluster method almost one-half of households (48.5%) is classified in the high SES group, 28.2% is classified as medium SES and slightly under one-quarter (23.3%) is classified as low SES.

**Table 4: Mean socioeconomic scores by SES group (N=3356)**

	Terciles (N=3358)			Cluster analysis (N=3358)		
	Low (N=1120)	Medium (N=1119)	High (N=1118)	Low (N=783)	Medium (N=946)	High (N=1629)
Total sample						
%	33.4	33.3	33.3	23.3	28.2	48.5
Mean SES score	-2.948	0.565	2.385	-3.609	-0.452	1.997
Std. Dev	1.374	0.641	0.652	1.089	0.836	0.794
Min	-7.400	-0.772	1.446	-7.400	-2.030	0.773
Max	-0.773	1.446	4.076	-2.040	0.768	4.076

Internal coherence compares the mean value for each asset variable by SES group to assess whether ownership differs by group. Table 5 show the mean ownership levels of the SES indicator variables by both the tercile and cluster derived SES groups. The findings reveal that for most indicators both methods similarly differentiate household SES, however, for the variables flush/own sealed toilet; pit latrine/no facility; electricity-grid; video/TV; and phone, the cluster method differentiates medium and high SES better than the tercile method. Therefore, the findings from Tables 4 and 5 suggest that the cluster approach is slightly better at differentiating all three SES groups.

**Table 5: Mean ownership of SES variables by SES group (N=3362)**

SES indicator	Tercile			Cluster		
	Low	Medium	High	Low	Medium	High
Tap (metered)/Other (tank/bottled)	36.2	85.1	97.3	28.7	70.0	95.7
Communal standpipe/borehole/well/ Other (another home/neighbours)	54.3	12.7	2.1	60.7	25.6	3.7
River/Creek/Other (spring/rain/dam/reservoir)	9.6	2.2	0.3	10.6	4.4	0.6
Own flush/water sealed toilet	78.6	97.4	99.9	76.4	91.4	99.8
Shared facility with others	2.1	0.3	0.0	2.3	0.7	0.0
Pit latrine/No facility/Bush	19.4	2.3	0.1	21.3	7.8	0.2
Concrete/brick/cement	17.9	34.1	77.2	14.9	28.4	65.0
Wood	41.7	38.3	15.2	41.5	40.1	22.2
Tin/corrugated iron	35.2	26.9	7.5	36.8	29.9	12.8
Bure/Makeshift materials	5.3	0.8	0.0	6.8	1.6	0.0
Electricity – Grid	31.3	95.4	99.8	15.6	83.7	99.7
Generator/Solar power	36.9	4.1	0.2	41.1	14.2	0.3
Fuel lamp (kerosene/benzene)/Other (candle/battery)	31.8	0.5	0.0	43.6	2.1	0.0
Car	1.3	7.9	50.0	0.6	4.5	38.0
Carrier/truck	2.3	5.2	11.8	1.5	4.7	9.8
Refrigerator	11.0	78.8	99.2	2.9	53.7	97.2
Computer	0.7	5.8	54.7	0.4	2.9	40.2
Internet access	0.0	1.3	33.4	0.1	0.4	23.7
Video/TV	41.3	92.9	99.6	30.4	80.3	99.3
Radio	52.2	87.2	98.4	46.6	76.0	96.9
Washing machine	10.5	52.4	94.5	4.0	33.2	87.0
Gas/electric stove	53.9	86.5	98.9	46.7	74.6	98.0
Telephone/mobile	77.7	97.1	99.7	72.7	93.1	99.5
Outboard motor	6.3	3.3	3.3	5.7	4.9	3.3
Water pump	0.9	2.6	4.1	0.6	2.0	3.7
Brush cutter	23.1	30.2	41.0	19.8	27.9	39.1
Land ownership	61.0	53.0	64.6	60.8	57.2	61.7
Household crowding	3.2	2.3	1.8	3.5	2.6	2.0



Classification of households into SES group – urban and rural samples

When assessing the distribution of household SES by urban and rural location, the vast majority of households in the urban sample are classified as high SES (74.8%) and very few are classified as low SES (3.6%) (Table 6). The distribution of household SES in the rural sample is more varied.

Table 6: Distribution of household SES by urban and rural location (total sample analysis; urban sample analysis and rural sample analysis)

	Total sample		Urban sample		Rural sample
	Urban N=(1579)	%	Rural % (N=1779)	% (N=1579)	% (N=1779)
Low	3.6		40.9	13.81	33.05
Medium	21.7		34.0	47.37	35.75
High	74.8		25.2	38.82	31.2

Using cluster analysis on the SES scores derived from the urban and the rural samples the distribution of households SES, shown in Table 6, reveals that greater variation in the distribution of households SES in the rural sample. The distribution of households SES using the results from the rural sample are similar to that derived from the total sample analysis. While the vast majority of rural households (86.2%) were similarly classified (comparing total sample analysis and rural sample analysis), this figure was just over one-half (53.5%) for the urban households.

4. SUMMARY

This report describes how a PCA-based SES index was created using the Fiji VAW survey data. Three PCA-based indices were derived: total sample (urban and rural combined); urban sample; and rural sample. From the PCA analysis using the total sample households were classified into SES groups using terciles and cluster analysis approach. An assessment of the internal coherence concluded that while both methods performed reasonably well in disaggregating SES the cluster approach performed slightly better. However, when considering the distribution of household SES by urban and rural location (from the results using of the total sample analysis), there was little variation in households SES in the urban location. Therefore, separate PCA-based indices were run for the urban and the rural samples separately and it is recommended that this SES indicator is used if separate urban and rural analyses are to be conducted.

REFERENCE

Vyas S. and Kumaranayake L. 2006. "How to do (or not to do) . . . Constructing socio-economic status indices: how to use principal components analysis". *Health Policy and Planning*. 21(6): 459-468.



Annex 5: Research Team



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Annex 6: Glossary of Statistical Terms



Statistical significance

In statistics, a result is statistically significant if it is unlikely to have occurred by chance or coincidence. Statistical significance is a measure of how strong the evidence is that findings from research are not due to chance, or to other unknown factors that might have arisen in the sampling process or in the process of carrying out the research (for example, in the selection of enumeration areas, the selection of households, the selection of respondents interviewed, any error due to the way the questionnaire was constructed, or any bias or errors by the interviewer).

The P value

A P value is a measure statistical significance. For example, it is a measure of how strong the association is between the experience of intimate partner violence and a particular variable. The lower the P value, the stronger the association, and the less possibility of error.

- A P value higher than 0.05 is usually regarded as not significant.
- The standard measure of significance is usually a P value of less than 0.05 (<0.05). This means that there is 5% likelihood (or one possibility in every 20) that the result from the survey is due to chance, or due to error, rather than being due to a real association.
- A P value of less than 0.001 (<0.001) is extremely significant. It means that there is only 0.1% likelihood (or one possibility in every thousand) that the result from the survey is due to chance, or due to error.

Odds ratio and confidence interval

The odds ratio for a variable gives an estimate of the likelihood that any woman who has that particular factor (or characteristic) will experience partner violence in her lifetime, compared to any other woman. Adjusted odds ratio just means that the odds have been adjusted to take into account all the other variables or factors that may be associated with violence – so the adjusted odds ratio gives us a stronger evidence base. A 95% confidence interval (CI) for the odds ratio gives us more evidence of how strong an association is between partner violence and any particular factor, because it gives us a range of error for the odds ratio; and it tells us that there is only once chance in 20 that our odds ratio will be wrong.

Univariable and multivariable analysis

These are methods of statistical analysis commonly used in medical and social science research to test a hypothesis (or assumption) about the association between an outcome and various other variables. In the FWCC survey, the outcome was women's experience of violence by a husband or intimate partner. This type of statistical analysis helps understand how likely it is that a woman will experience intimate partner violence, by considering the various factors in her background, or her husband's/partner's background (see Chapter 11).

