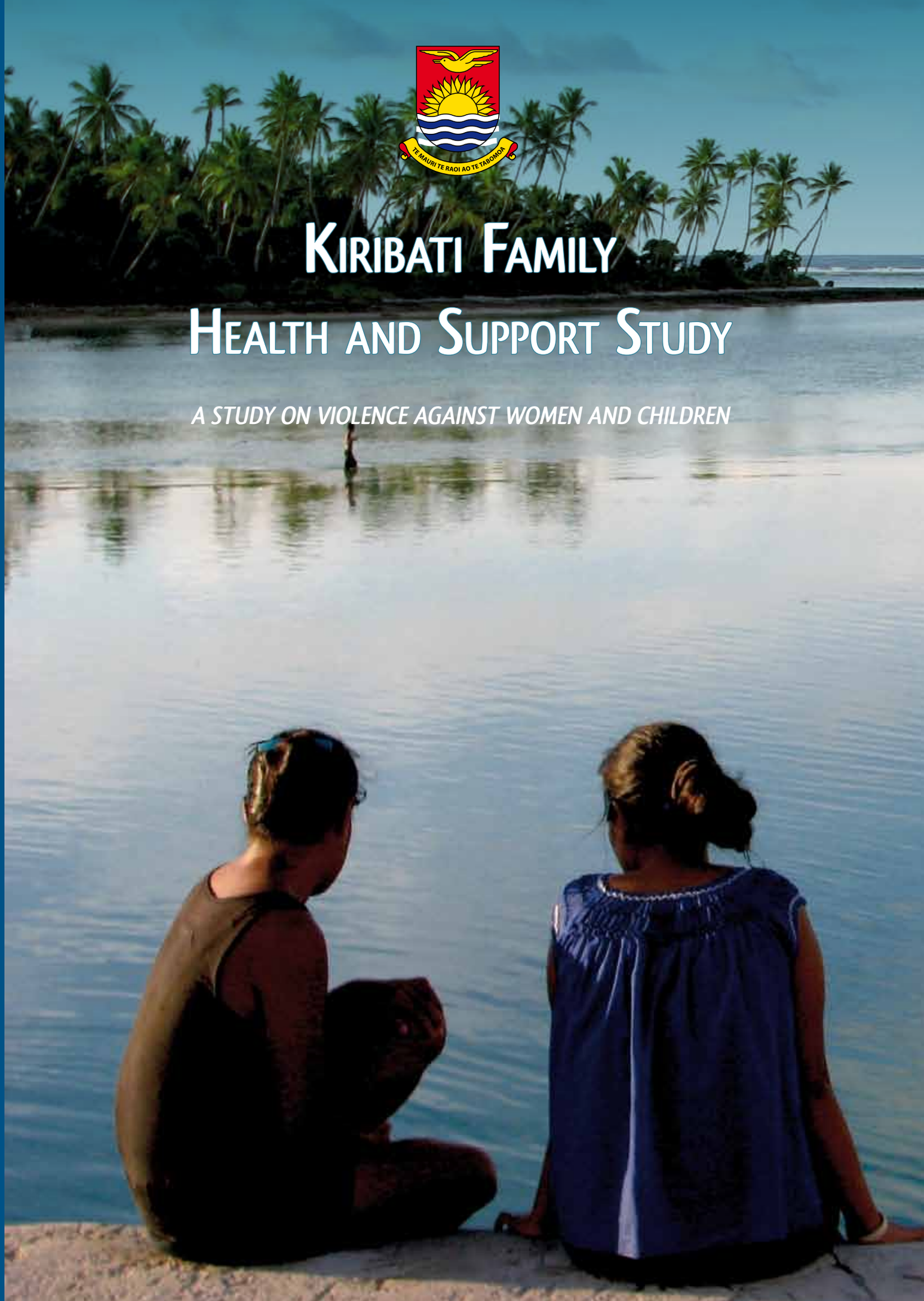

Kiribati Family Health and Support Study

A study on violence against women and children

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Kiribati Family Health and Support Study:

A study on violence against women and children

Report prepared by the Secretariat of the Pacific Community for

Ministry of Internal and Social Affairs
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Statistics Division
Ministry of Finance and Economic Development
Bairiki, Tarawa

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Ministerial preface

Honorable Minister
Kouraiti Beniato

'The Government of Kiribati, through my ministry, is committed to a policy of zero tolerance of violence against women and children.'

I am pleased to present the findings of the study on violence against women done in Kiribati that was completed in July 2008. My foremost acknowledgement goes to our donor partners, the Australian Agency for International Development (AusAID) and the United Nations Population Fund (UNFPA), and to the Secretariat of the Pacific Community (SPC) as the implementing agency.

The high rate of violence experienced by women between 15 and 49 who were surveyed, 68%, is of great concern to government; however, it has been both challenged and accepted by some of our people. The alarming results of the survey challenge our way of thinking about the issue, and the fact that domestic violence has always been regarded in Kiribati as a private matter. The Government of Kiribati, through my ministry, is committed to a policy of zero tolerance of violence against women and children. Violence in our homes violates our commitment to uphold human rights for all citizens of Kiribati. The issue of gender inequality and violence has become a major impediment to social and economic development.

To put it simply, if our women experience violence in their lives, their productivity will be affected in the home, the workplace, school and wherever women may be in their lifetimes. If we want to realise full advancement for Kiribati, gender inequality should be addressed through various means within families, communities, churches, schools, councils and at all levels of government. Gender inequality, if not addressed, will continue to have an adverse impact on our already poor social and economic indicators. Since ratification of the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 2004, I have happily witnessed several key milestones in addressing the issue of violence against women, an issue that this government no longer regards as private, but as a crime.

I encourage a multi-sectoral approach as we prepare to actively protect our women and children through interventions that are sustainable and cost-effective. I understand that this is a long-term undertaking but I have confidence that this first baseline study on violence against women in Kiribati is an eye-opener to all of us at decision-making level and to our NGO (non-governmental organisation) partners and all government offices that have a part to play

to eliminate violence against women and children in our beloved country.

I commend the willingness of the women around the country who made it possible to collect the information in this report, documenting the severity and causes of violence in our society. I commend the men involved in the focus group discussions and one-to-one interviews whose information also contributed greatly to the report. I extend my gratitude to the Kiribati Family Health and Support Study Committee comprised of key stakeholders in the country, who from the beginning of the study to the end have been part of the consultations and served as resources and advisors during the course of the study.

Last, but not least, I wish to thank our donors and regional partners: SPC, AusAID, the UNFPA Pacific Sub-Regional office, the Regional Rights Resource Team, the Fiji Women's Crisis Centre and the United Nations Development Fund for Women (UNIFEM) Pacific, the United Nations Children's Fund (UNICEF) and the SPC regional office in Honiara for their continued support to our national team in Kiribati.

Remarks from Dr Jimmie Rodgers,

Director-General, Secretariat of the Pacific Community

Photo: Éric Aubry

SPC
Secretariat of the Pacific Community

'In many cases of violence against women, 'culture' has been used by perpetrators as the main reason for beating or punishing women.'

Gender-based violence, more commonly known as violence against women and sometimes used synonymously with the term domestic violence, is the most pervasive and least recognised abuse of human rights in the world today. The degree to which gender-based violence occurs or is allowed to occur reflects the magnitude of the challenge facing each country to eliminate it. It is a common trend that where violence against women is prevalent, violence against children is also a huge problem.

In many cases of violence against women, 'culture' has been used by perpetrators as the main reason for beating or punishing women. To a large extent, cultures from time immemorial have been protective in nature, and it is important that this is understood, and that culture is not used as a convenient excuse to perpetuate violence against women and children.

The Kiribati Family Health and Support Study, funded jointly by the Government of Australia and the United Nations Population Fund and implemented jointly by the Secretariat of the Pacific Community and the Government of Kiribati, is part of the global World Health Organization multi-country study on violence against women. It is only the third such comprehensive study conducted in the Pacific region and the only one in Micronesia, the other two having been conducted in Polynesia (Samoa – 2000/2001) and Melanesia (Solomon Islands – 2008/2009). The study sought to quantify the prevalence of violence against women and children and identify the most common causes of violence. This information is intended to form the basis for interventions that would in the long term minimise and, it is hoped, ultimately eliminate the drivers of violence against women and children. Prior to conducting the study it had been an accepted fact that violence against women and children occurs in Kiribati, just as it does in many other countries of the region. What was difficult to know was the magnitude of the problem. The Kiribati Family Health and Support Study has for the first time in the history of the country provided a picture of just how prevalent and serious this problem is. The finding in the study that 68% of women (2 in 3) between the ages of 15 and 49 years who have ever entered into relationships have reported experiencing physical or sexual violence, or both, by an intimate partner, is a very serious cause for concern. This level of prevalence is among the highest in the world. The study has been able to document the causes of violence in many instances.

These will provide the platform for developing appropriate intervention strategies to address the underlying causes for violence.

The impetus for positive action is already in place in Kiribati. To take it forward will require genuine political will and the belief that Kiribati is a country that values all its people equally and will protect them equally.

At the national level, the Constitution of Kiribati, the supreme law of the land, in Chapter 2, Section 3 guarantees the protection of fundamental rights and freedoms of the individual:
Whereas every person in Kiribati is entitled to the fundamental rights and freedoms of the individual, that is to say, the right, whatever his race, place of origin, political opinions, colour, creed or sex, but subject to respect for the rights and freedoms of others and for the public interest, to each and all of the following, namely- (a) life, liberty, security of the person and the protection of the law.

Section 7 protects individuals from inhumane treatment:
(1) No person shall be subjected to torture or to inhuman or degrading punishment or other treatment.

In the current Kiribati Development Plan, the government clearly outlines a strong commitment to addressing gender inequality as follows:

Improve and expand attention to the problems and/or concerns of women

1. *Increase and promote the importance of the contribution of women to socio-economic development*
2. *Increase public awareness on gender-related issues*
3. *Increase support to services addressing gender-related issues*

(Governance Section: 3)

At the regional level, Forum leaders in their vision for the Pacific Islands region as stipulated in the Pacific Plan, to which Kiribati is a party, stated… 'Leaders believe the Pacific region can, should and will be a region of peace, harmony, security and economic prosperity, **so that all of its people can lead free and worthwhile lives**...'. This vision can only be achieved if challenges such as violence against women and children are eliminated and gender equity and equality are achieved.

At the international level, Kiribati is party to the Convention on the Elimination of all forms of

Photo: Henriette Jansen

Discrimination Against Women (CEDAW), and the Convention on the Rights of the Child (CRC). These two instruments provide international points of reference that countries like Kiribati will benefit from by putting in place in-country mechanisms to help address the challenges posed by gender-based violence.

Thus, already enshrined in the Constitution of Kiribati is the basis from which positive action can emanate to ensure that every person in Kiribati, and especially its women and children, can enjoy the safety, liberty and basic rights they are entitled to.

The study has provided the evidence. It has quantified the magnitude of the problem and the areas that need to be addressed. The challenge now is how to turn the tide, through innovative, effective strategies that build human confidence and pull people together whilst at the same time reducing and ultimately eliminating gender-based violence in the country. By properly addressing this issue, the government would help unlock a new dimension of security and confidence that will also assist in driving the economic development engine of the country.

I am confident that address this challenge is not beyond the country's ability. Equipped with the knowledge of the extent of the problem, acknowledging the enormity of what needs to be done and driven by genuine political will to make a positive difference in the lives of all people in Kiribati, the Government of Kiribati and its development partners now have a 'tool kit' that represents a small first step in the longer-term effort to 'turn the scars into stars,' with the ultimate goal being to uphold the rights of women, children and men in Kiribati equally and work towards eliminating violence against women and children in the country in the longer term so that all people in Kiribati can have an equal opportunity to lead free and worthwhile lives.

The Secretariat of the Pacific Community is committed to supporting the efforts of the Government of Kiribati to effectively address violence against women and children in Kiribati.

Remarks from Najib Assifi,

Director Pacific Sub-Regional Office and UNFPA Representative

Today, it is known that around the world that as many as one in every three women has been beaten, coerced into sex, or abused in some other way – most often by someone she knows, including by her husband or another male family member, and that one woman in four has been abused during pregnancy. This means that the family home can no longer be considered a safe place for women and girls.

According to the Beijing Declaration and Platform for Action (paragraph 112):

> ***Violence against women both violates and impairs or nullifies the enjoyment by women of their human rights and fundamental freedoms... In all societies, to a greater or lesser degree, women and girls are subjected to physical, sexual and psychological abuse that cuts across lines of income, class and culture.***

Gender-based violence (commonly referred to as violence against women) both reflects and reinforces inequality between men and women and compromises the health, dignity, security and autonomy of its victims, of which 95% are women and girls. It encompasses a wide range of human rights violations, including sexual abuse of children, rape, domestic violence, sexual assault and harassment, trafficking of women and girls and several harmful traditional practices. Any one of these abuses can leave deep psychological scars, damage the health of women and girls in general, including their reproductive and sexual health, and in some instances, result in death.

'Violence against women has been called "the most pervasive yet least recognised human rights abuse in the world".'

Violence against women has been called 'the most pervasive yet least recognised human rights abuse in the world.' Accordingly, the Vienna Human Rights Conference and the Fourth World Conference on Women gave priority to this issue, which jeopardises women's lives, bodies, psychological integrity and freedom. Violence may have profound effects – direct and indirect – on a woman's reproductive health, including: unwanted pregnancies and restricted access to family planning information and contraceptives; unsafe abortion or injuries sustained during a legal abortion after an unwanted pregnancy; complications from frequent, high-risk pregnancies and lack of follow-up care; sexually transmitted infections, including HIV; persistent gynecological problems; and psychological problems.
Gender-based violence also serves – by intention or

effect – to perpetuate male power and control. It is sustained by a culture of silence and denial of the seriousness of the health and many other negative, long-term consequences of abuse.

UNFPA recognises that violence against women and girls is inextricably linked to gender-based inequalities. UNFPA puts every effort into breaking the silence and ensuring that the voices of women and girls are heard.

As very limited knowledge exists in the Pacific on the prevalence, causes and consequences of domestic violence – the most common form of violence experienced by women worldwide – UNFPA in the Pacific initiated the first ever nationally representative study on domestic violence in Samoa in 2000.

The Samoa Family Health and Safety Study, funded by UNFPA and implemented by SPC with technical support of the World Health Organization (WHO), is to date the only comprehensive study of domestic violence in the region that allows for international comparisons. It used an adapted version of the WHO multi-country study on Women's Health and Domestic Violence against Women methodology and protocols.

The Samoa study forms part of a UNFPA-supported multi-country study on violence against women in the Pacific and represents Polynesia, one of the three sub-regions of the Pacific. This was followed in 2008 by similar studies in Kiribati and Solomon Islands, representing Micronesia and Melanesia. Again, SPC acted as the implementing agency, with AusAID generously providing funds to these two studies in addition to the support provided by UNFPA. UNFPA is very proud to have initiated and supported these three, first ever, nationally representative studies on domestic violence in the region. We are, however, very concerned and saddened by the findings of the studies, which clearly show the severe pain and persistent suffering of women at the hands of their intimate partners in both Kiribati and Solomon Islands. The very high prevalence rates of domestic violence found in both countries, and the many long-term, negative consequences for women are simply unacceptable and urgently need to be addressed by the national governments, local partners, international donors and development partners. These actors must develop and implement comprehensive multi-sectoral responses to effectively work towards the elimination of all forms of violence against women and girls in society.

The studies have provided the evidence: now action needs to be taken to effectively address violence against women!

Action is required in the form of establishing national plans of action to eliminate violence against women; legislative reform and enforcement of laws for the promotion and the protection of women's rights; preventive programmes, including public awareness raising campaigns on violence against women; and comprehensive multi-sectoral services to deal with the immediate, intermediate and long-term needs of the victims of violence, and ensure coordination and collaboration between these services. Capacity building will be provided for a wide range of professionals and service providers at national and local levels in order for them to effectively integrate violence against women into their work and support the victims.

As is obvious, this is a major task that requires long-term commitment, coordination, vision and passion to improve the life and future of Kiribati women and girls. Together, this can be done and we, UNFPA Pacific, commit ourselves to this task to work towards a life free of violence for women and girls.

Remarks from Judith Robinson,

Minister Counselor, Pacific Development Cooperation, AusAID

Australian Government
AusAID

Violence against women and children and the broader problem of gender inequality is a significant constraint on development. It negates every area of development activity and is an abuse of human rights. Ending violence against women and children is crucial, therefore, to achieving gender equality and delivering positive development outcomes.

The Kiribati Family Health and Support Study clearly shows the pernicious nature of the problem of violence against women and children in Kiribati and outlines recommendations to address this problem.

The report is not a lone voice in the wilderness in its findings or recommendations. It complements a recent study that was undertaken by AusAID's Office of Development Effectiveness to evaluate the effectiveness of methods currently being used to address violence against women and girls in five Pacific Island countries: Fiji Islands, Papua New Guinea, Solomon Islands, Vanuatu and East Timor. The November 2008 report 'Violence against women in Melanesia and East Timor: Building on global and regional approaches' not only examines the severity and causes of violence against women but also outlines the perspectives and hopes of a broad spectrum of Melanesian and East Timorese society and a framework for action to address the problem.

'Violence against women and children and the broader problem of gender inequality is a significant constraint on development. It negates every area of development activity and is an abuse of human rights.'

The Kiribati Family Health and Support Study report provides evidence for concern and demands urgent responses. The Australian Government remains committed to intensifying support to efforts to address violence against women and children in Kiribati and the Pacific region, including Australia.

Acknowledgements

The Ministry of Internal and Social Affairs (MISA) would like to thank the many people and organisations that have made this study possible.

The Kiribati Family Health and Support Study and this report would not have been possible without the hard work and commitment of many people. First, we would like to thank the thousands of Kiribati women who participated in the survey, giving their time and bravely sharing their intimate and often painful stories with us.

A great deal of credit must go to WHO, which developed the multi-country study that this research replicates. WHO generously shared its methodology, questionnaire and interviewer training materials with us. We would also like to acknowledge that this report is based on the WHO study report template and that in writing up the findings we have drawn extensively from the report of the WHO multi-country study on Women's Health and Domestic Violence against Women (Garcia-Moreno et al., 2005).

The Project Technical Advisory Panel, comprised of worldwide experts on gender-based violence, was established in 2007 to provide technical guidance to the project team under which the study was developed and implemented. We are grateful to Dr Henrica A.F.M. (Henriette) Jansen, Dr Janet Fanslow, Dr Mary Ellsberg, and Dr Claudia Garcia-Moreno for their input in this study and guidance along the way, which ensured that the research was scientifically rigorous and ethically sound. UNFPA also provided substantive technical support to the project through the Gender Adviser, Riet Groenen.

The research was coordinated by the National Project Team for MISA and the Regional Team for SPC. Consultant Emma Fulu provided technical assistance during the interviewer training.

This report, including all data analysis, was prepared by consultant Emma Fulu in conjunction with the National and Regional Research Team: Maere Tekanene, Country Coordinator and Lead Researcher; Eretia Monite, National Researcher; and Lilian Sauni, Regional Researcher; with support from the National Project Team under MISA; Teamita Tabokai, Country Finance and Administration Officer; and SPC's regional team: Mia Rimon, Regional Project Coordinator, Freda Wickham and Rose Isukana, Regional Finance and Administration Managers. The child abuse component and chapter was prepared by UNICEF consultant Sharyn Titchener with assistance from Emma Fulu. *Note: the views of the authors of the child abuse chapter do not necessarily represent the views of UNICEF.*

Secretary Rikiaua Takeke of MISA served as the National Coordinator for the research. His dedication and commitment ensured that the study was carried out effectively and safely. His work was supported by close collaboration with the National Statistics Office.

The MISA team at the Community Development Services Division (CDSD) has worked tirelessly to assure the safe and effective implementation of the study. Former Acting Director Aren Ueara-Teannaki and current Acting Director Teurakai Ukenio have given their time and their expertise throughout the research and project implementation. They have directed their competent staff to assist in all aspects

of the survey fieldwork. MISA CDSD continues to be the spearhead for developing strategies and procedures to effectively serve women and children who are victims of violence in Kiribati. The Assistant Social Welfare Officers (ASWOs) have been an active part of the quantitative and qualitative phases of the research and have been trained in setting up informal shelter networks in the outer islands and South Tarawa to be able to assure that there is help available to women and children from their government in every part of Kiribati.

Data table development was carried out by Tebukabane Toki of the National Statistics Office in Tarawa, assisted with technical support and training by Leilua Taulealo of SPC. We are grateful to Tekena Tiroi, National Statistician, and Chris Ryan of SPC for sample design and strategic planning of the field research.

Data entry was carried out at the National Statistics Office in Bairiki and supervised by the trained NSO supervisor. Four data processors carried out the work in shifts over a period of 6 weeks. The data entry team was given on-the-job training by the National Statistics Office Supervisor with technical assistance provided by SPC's Statistics and Demography Programme.

This study forms part of a UNFPA-initiated and supported multi-country study on violence against women in the Pacific. The first ever nationally representative study on domestic violence in Samoa was undertaken in 2000. The Samoa Family Health and Safety Study represents Polynesia, one of the three sub-regions of the Pacific. This was followed in 2008 by similar studies in Solomon Islands and Kiribati, representing Melanesia and Micronesia. SPC acted as the implementing agency, and AusAID generously provided funds for the studies in Solomon Islands and Kiribati, in addition to the support provided by UNFPA. UNICEF in Suva kindly provided financial and technical support on the child abuse component of the study.

A number of government ministries, non-governmental organisations and individuals also

Photo: Henriette Jansen

contributed to the development of this research and we are grateful to all of them. In particular we would like to thank the stakeholders of the Kiribati Family Health and Support Study Committee for their guidance and support throughout the research period. We would also like to recognise and applaud the involvement and commitment of the following people and organisations:

His Excellency Anote Tong, President of the Republic of Kiribati

Minister Amberoti Nikora, Minister for Internal and Social Affairs
Mrs Makurita Baaro, former Secretary to Cabinet and Launch Coordinator for Study
The Attorney General's Office
The National Statistics Office
The Ministry of Education
The Ministry of Health and Medical Services
The Ministry of Finance and Economic Planning
The Ministry of Foreign Affairs
The Judiciary
Kiribati Police Services
Teinainano Urban Council
Teitoiningaina
Tetokatarawa Unimane Association
Kiribati Protestant Church
Reitan Aine Kamatu (RAK)
Aia Mwaea Ainen Kiribati (AMAK)
Kiribati Counseling Association
Betio Town Council
Kiribati Association of Non-governmental Organisations (KANGO)
Alcohol Awareness and Family Recovery (AAFR)
Crisis Centre
AusAID
UNFPA
UNICEF
UNIFEM
WHO

The high response rates and the robustness of the data are true testaments to the quality of the interviewers, supervisors, editors and data entry people who carried out the work. They were

Photo: Office of Te Beretitenti

Presidential inauguration

Photo: Henriette Jansen

hard working, dedicated, and compassionate individuals who truly touched the women they spoke to and in turn were touched by the stories they heard. They are our unsung heroes whose names do not appear on this report for their safety, but whose work is key for this research and report.

The Government of Kiribati acknowledges the challenges faced by the MISA field researchers, the MISA Gender-based Violence and Child Abuse project team and the National Statistics Office who tirelessly researched the extent of violence against women and child abuse throughout our country. Their dedication and commitment to the women and children of Kiribati has provided the data that will guide our work towards the elimination of violence against women and children in our beloved nation.

List of acronyms

AAFR	Alcohol Awareness and Family Recovery
ADB	Asian Development Bank
AMAK	Aia Mwaea Ainen Kiribati
AOR	Adjusted odds ratio
AusAID	Australian Agency for International Development
CA	Child abuse
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
COR	Crude odds ratio
CI	Confidence interval
CRC	Convention on the Rights of the Child
CSA	Childhood sexual abuse
DEVAW	Declaration on the Elimination of Violence against Women
DV	Domestic violence
EU	European Union
FASO	Family and Sexual Offences Unit
FWCC	Fiji Women's Crisis Centre
GBV	Gender-based violence
GDP	Gross domestic product
ICPD	International Convention on Population and Development
IPV	Intimate partner violence (physical and/or sexual)
IMR	Infant mortality rate
KANGO	Kiribati Association of Non-governmental Organisations
KCA	Kiribati Counselors Association
KPC	Kiribati Protestant Church
MDG	Millennium Development Goals
MISA	Ministry of Internal and Social Affairs
MMR	Maternal mortality rate
NGO	Non-governmental organisation
NZAID	New Zealand Agency for International Development
PACFAW	Pacific Foundation for the Advancement of Women
PPDVP	Pacific Prevention of Domestic Violence Programme
RCC	Roman Catholic Church
RRRT	Regional Rights Resource Team
SHE	Society for Health Education
SPC	Secretariat of the Pacific Community
SPSS	Statistical Package for Social Sciences
SRQ	Self-reported questionnaire
UNFPA	United Nations Population Fund
UNICEF	United Nations Children Fund
UNIFEM	United Nations Development Fund for Women
WHO	World Health Organization

Contents

Executive summary

This report of the Kiribati Family Health and Support Study analyses data from the first ever nationally representative research on violence against women and related child abuse in this country. This study replicates the WHO multi-country study on Women's Health and Domestic Violence against Women. The study was designed to:

- estimate the prevalence of physical, sexual and emotional violence against women, with particular emphasis on violence by intimate partners;
- assess the association of partner violence with a range of health outcomes;
- identify factors that may either protect or put women at risk of partner violence;
- document the strategies and services that women use to cope with violence by an intimate partner; and
- assess the association of partner violence with abuse against children.

Methodology of the study

The study consisted of a qualitative component and a quantitative component. The quantitative component consisted of population-based household survey that was conducted around the country. The sample for the household survey was designed to be nationally representative and aimed to include 1500 women aged 15–49 years. A stratified multi-stage sample design was used, with 20% oversampling to account for non-response. There were five strata: three for the Gilbert Islands, one for the Line and Phoenix Islands, and one for South Tarawa. Within the first four strata islands were randomly selected, and in South Tarawa enumeration areas were systematically selected. Within the islands or enumeration areas, households were systematically selected using probability proportional to size (based on census information). The total sample size was 2000 households to be visited. In each selected household only one woman was randomly selected to be interviewed for the survey among all eligible women 15–49 years of age.

Photo: Chris Palethorpe

Focus group discussion

The survey used female interviewers and supervisors trained using a standardised three-week curriculum. Strict ethical and safety guidelines, as developed by WHO, were adhered to.

Violence against women by intimate partners

Physical and sexual violence against women

The Kiribati study shows that violence against women is prevalent. The data indicates that more than 2 in 3 (68%) ever-partnered women aged 15–49 reported experiencing physical or sexual violence, or both, by an intimate partner (Graph 1). Physical violence was more common than sexual violence, although there was also significant overlap between these two forms of violence (operational definitions of violence used in the study are provided in Box 1). That is, most women who reported sexual violence by an intimate partner were also experiencing physical partner violence.

Box 1. Operational definitions of violence used in the Kiribati Family Health and Support Study (replicating WHO multi-country study)

Definitions:

Physical violence by an intimate partner

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled
- Was hit with fist or something else that could hurt
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a weapon against her

Sexual violence by an intimate partner

- Was 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 partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (e.g. by yelling or smashing things)
- Perpetrator had threatened to hurt her or someone she cared about

Physical violence in pregnancy

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

Physical violence since age 15 years by others (non-partners)

- Since the age 15 someone other than partner slapped, pushed or shoved, hit with fist or with something else that could hurt her

Sexual violence since age 15 years by others (non-partner)

- Since age 15 years someone other than partner tried to force or forced her to have sex or perform a sexual act when she did not want to

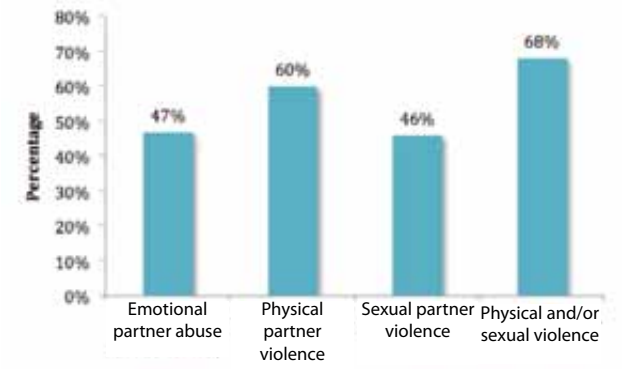
Childhood sexual abuse (before age 15)

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to

Controlling behavior

- 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
- 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

Graph 1. Percentage of women aged 15–49 who have ever been in a relationship reporting emotional, physical and sexual partner violence (N=1527)



Generally, the levels of intimate partner violence were higher in South Tarawa than in the outer islands, which could relate to the greater availability of alcohol and the existence of more social problems such as unemployment, overcrowding and a high cost of living, than in the outer islands. These stresses may make women more vulnerable to abuse in South Tarawa.

Women in Kiribati are more likely to experience severe forms of physical partner violence such as punching, kicking, or having a weapon used against them, rather than moderate violence.

The relatively high prevalence of intimate partner violence in Kiribati likely relates to a multitude of factors at all levels of society. Some significant contributors may include:

- The acceptability of violence against women: the majority of women in Kiribati believe that a man is justified in beating his wife under some circumstances (in particular for infidelity and disobedience);
- The normalisation of controlling behaviours within intimate partner relationships: 90% of women reported that they had experienced at least one act of controlling behaviour by a partner;
- The fact that physical punishment is often used as a form of disciplining women who are seen as transgressing their prescribed gender roles;

Photo: Henriette Jansen

- The practice of physically disciplining children: children may learn from a young age that physical violence is normal (cycle of violence);
- The fact that current law does not define partner violence as a crime; and
- The lack of formal support services available, which also makes it difficult for women to seek help.

Emotional abuse by intimate partners and controlling behaviours

Emotional abuse by intimate partners was also explored and found to be relatively prevalent. At the national level, 47% of women aged 15–49 who had ever been in a relationship reported experiencing emotional abuse by a partner at least once. Almost 1 in 3 women (30%) experienced emotional abuse in the 12 months prior to the interview. Emotional abuse is an important element of partner violence and is often cited by women as the most hurtful, leaving long-term psychological scars. However, it is difficult to accurately measure emotional abuse and as such the focus of this report is on physical and sexual violence.

The research revealed that *almost all* (90%) ever-partnered women aged 15–49 reported experiencing at least one form of controlling behaviour by an intimate partner. This high percentage indicates that controlling behaviours are a normalised part of many intimate relationships in Kiribati. There is a significant association between women's experiences of physical or sexual violence by an intimate partner and all acts of controlling behaviour by a partner ($P<0.001$).

Non-partner violence

In addition to partner violence, the study also collected data on physical and sexual abuse against women by perpetrators, male and female, other than an intimate partner. Among women aged 15–49, 11% reported experiencing physical violence by someone other than an intimate partner, and 10% reported experiencing sexual non-partner violence. The most commonly mentioned perpetrators of physical violence were the respondent's male family members, in particular her father or stepfather. In contrast, the most commonly mentioned perpetrators of sexual violence were male acquaintances (such as family friends, work colleagues) and strangers.

The data shows that women are at greatest risk of violence by intimate partners rather than other men or women. Of women physically or sexually abused by any perpetrator since the age of 15 years, 80% reported abuse by a partner.

Sexual abuse in childhood and forced first sex

Early sexual abuse is a highly sensitive issue that is difficult to explore in a survey. The study therefore used a two-stage process allowing women to report both directly and anonymously (without having to reveal their response to the interviewer) whether anyone had ever touched them sexually or made them do something sexual that they did not want to do before the age of 15. In Kiribati, as in almost all other WHO study sites, anonymous reporting resulted in substantially more reports of sexual abuse.

Childhood sexual abuse (sexual abuse before the age of 15) was found to be relatively common in Kiribati. At the national level, we found that 19% of women aged 15–49 had been sexually abused before the age of 15. The data shows that girls are at greatest risk of sexual abuse by male family members, male acquaintances and strangers.

Approximately 20% of women who reported that they had ever had sexual intercourse reported that their first sexual experience was either coerced

Photo: Chris Palethorpe

or forced and the younger the girl at first sexual encounter, the more likely sex was forced.

Child protection

Co-occurrence of partner violence and child abuse

Women who were victims of intimate partner violence were significantly more likely to report that their current partner or any other partner had abused their children (emotionally, physically and/or sexually) than those who had never experienced partner violence (33% versus 7%, $p<0.001$) (Table 1).

In fact**, women who have experienced intimate partner violence are seven times more likely to have children who are also abused than those who have not experienced partner violence** (AOR[1] = 7).

1 Odds ratio adjusted for respondent's age, education and marital status as well as partner's age and education.

Table 1. Percentage of women who have ever been in a relationship and had children reporting that their partner had physically or sexually abused their children, by respondent's experience of partner violence

	Total Kiribati		Never experienced partner violence		Experienced partner violence		P value
	number	%	number	%	number	%	
Total	**1289**		**411**		**878**		
Done things to scare child(ren) on purpose	250	19.4	18	4.4	232	26.4	P<0.001
Slapped, pushed or thrown something that could hurt them	166	12.9	12	2.9	154	17.5	P<0.001
Hit with his fist, kicked, beaten them up	146	11.3	12	2.9	134	15.3	P<0.001
Shaken, choked, burnt on purpose	20	1.6	0	0.0	20	2.3	P=0.007
Touched child(ren) sexually	10	0.8	0	0.0	10	1.1	P=0.075
Ever emotionally, physically or sexually abused children	321	24.9	29	7.1	292	33.3	P<0.001

Impact on children who witness violence

There are significant associations between women experiencing intimate partner violence and their children having emotional and behavioural problems. Women who had experienced partner violence were significantly more likely to report that their children had nightmares, wet the bed, were very timid or withdrawn, were aggressive or had run away from home.

Among women who had experienced violence, 19% reported that their children had repeated a year of school compared to 9% of women who had not experienced violence. Eleven per cent of women who had experienced intimate partner violence reported that their child(ren) had dropped out of school, compared to a 6% drop-out rate amongst children who had not been exposed to violence.

Photo: Chris Palethorpe

The cycle of violence: Intergenerational transmission of violence

One of the most worrying findings for children who have been raised in homes where domestic violence exists is the association between this exposure and outcomes experienced in adult life.

We found a highly statistically significant association between all forms of exposure to violence as a child (except having a mother who experienced intimate partner violence) and the respondent's experience of intimate partner violence (Graph 2). Women who reported experiencing partner violence were more likely than non-abused women to report:

- that their mother had been hit by her husband;
- that their partner's mother was subjected to partner violence;
- that their partner had been abused as a child; or
- that they had experienced childhood sexual abuse.

Photo: Chris Palethorpe

Graph 2. Respondent's and partner's exposure to violence during childhood, by respondent's experience of intimate partner violence

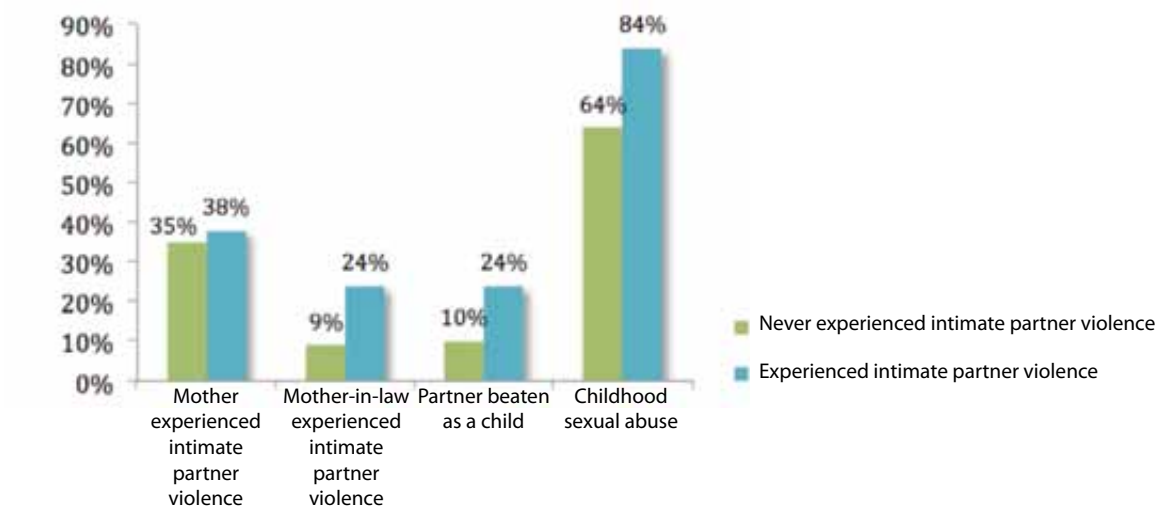


Photo: Chris Palethorpe

Violence by intimate partners and women's health

Although a cross-sectional survey cannot establish whether violence causes particular health problems (with the obvious exception of injuries), **the study results strongly support other research that has found clear associations between partner violence and symptoms of physical and mental ill-health.**

Injury resulting from physical violence

Of women in Kiribati who had ever experienced physical or sexual partner violence, 52% reported being injured at least once. The prevalence of injury among ever-abused women was 51% in South Tarawa and 55% in the outer islands. This is relatively high compared to many of the other countries that undertook the WHO study. Table 2 shows the types of injuries women reported sustaining.

Table 2. Percentage of different types of injuries among women ever injured by an intimate partner, by region[a]

	Kiribati		South Tarawa		Outer islands	
	number	%	number	%	number	%
Total no. of women ever injured by an intimate partner	481	52.0	253	51.0	228	55.0
Cuts, punctures, bites	212	44.1	124	49.0	88	38.6
Abrasion and bruises	258	53.6	160	63.2	98	43.0
Sprains, dislocations	258	53.6	153	60.5	105	46.1
Burns	18	3.7	10	4.0	8	3.5
Deep cuts, gashes	65	13.5	29	11.5	36	15.8
Eardrum or eye injuries	125	26.0	60	23.7	65	28.5
Fractures/broken bones	136	28.3	59	23.3	77	33.8
Broken teeth	49	10.2	31	12.3	18	7.9
Internal injuries	22	4.6	9	3.6	13	5.7

a. This information was collected only from women who reported physical violence by an intimate partner. Women could report more than one type of injury.

Physical health

Women who reported violence by an intimate partner were significantly more likely to report that their general health was fair, poor or very poor than women who had not experienced partner violence. Ever-abused women were also more likely to have had problems walking, recent pain, memory loss, dizziness, and vaginal discharge in the four weeks prior to the interview (Table 3). An association between recent ill-health and lifetime experienced of violence suggests that the physical effects of violence may last long after the actual violence has ended, or that violence over time may have a cumulative effect.

Photo: Henriette Jansen

Table 3. Percentage of women who have ever been in a relationship reporting selected symptoms of ill-health, according to their experience of physical and/or sexual partner violence

	Never experienced partner violence (N=495)		Experienced physical and/or sexual partner violence (N=1032)		P value (Significance levels) Pearson chi-square test[a]
	number	%	number	%	
Poor/very poor general health (three lowest items of five-point scale)	100	20.4	270	26.4	P=0.008
Problems walking	57	11.5	176	17.1	P=0.001
Difficulties with activities	47	9.5	124	12.0	P=0.108
Recent pain	33	6.7	126	12.2	P=0.001
Problems with memory	27	5.5	81	7.8	P=0.644
Recent dizziness	213	43.0	550	53.3	P<0.001
Vaginal discharge	68	13.7	235	22.8	P<0.001

a. Adjusted for age, education and marital status

Mental health and suicide

Women who had experienced physical or sexual violence, or both, by an intimate partner reported significantly higher levels of emotional distress than women who had never experienced partner violence.

Women who have experienced physical and/or sexual violence are significantly ($P<0.001$) more likely to have had suicidal thoughts and attempted suicide than women who have not experienced intimate partner violence. In fact, women who have experienced partner violence are *more than twice* as likely to have had suicidal thoughts and *three times* more likely to have attempted suicide than women who have not experienced partner violence.

Photo: Chris Palethorpe

Violence during pregnancy and reproductive health

Of women who had ever been pregnant, 23% reported being beaten during pregnancy. Among those, 17% had been punched or kicked in the abdomen while they were pregnant. The majority of those beaten during pregnancy had experienced physical violence before, and 76% reported that the violence was less severe during pregnancy, indicating that pregnancy may be a protective time.

Women who had experienced partner violence, particularly during pregnancy, were significantly more likely to report miscarriages and having a child who died. A significant association was also found between intimate partner violence and higher birth rates. Furthermore, abused women were significantly more likely to have a partner who had stopped or tried to stop them from using a form of contraception, and have unplanned or unwanted pregnancies compared with women who had not experienced partner violence.

Women's responses to intimate partner violence

Who women talk to

For many women, the interviewer was the first person they had spoken to about their partner's abuse. Of women who had experienced physical or sexual partner violence, or both, 42% reported that they had not told anyone about the violence. When women did tell someone about their partner's behavior, they most often confided in their family and friends. Relatively few women had told staff of formal services or individuals in positions of authority about the violence.

Which agencies and authorities women turn to

The majority, 78%, of abused women reported that they had never sought help from formal services (health services, legal advice, shelter) or from people in positions of authority (police, NGOs, religious or local leaders). The low use of formal services reflects in part their limited availability; however, the majority of women reported that they did not seek help because they believed that the violence was 'normal' or 'not serious.' On the other hand, the most frequently given reasons for seeking help were related to the severity of the violence: 'could not endure anymore', 'badly injured', and 'encouraged by friends and family'.

Leaving or staying with a violent partner

Women who reported violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. Nearly half (45% reported never leaving home because of the violence, 36% reported leaving 1–3 times, 8% reported leaving 4–6 times and 4% reported leaving 10 or more times. The majority of women who left (87%) sought refuge with their relatives. A number of women also went to stay with their partners' relatives or with friends or neighbours. Figure 1 shows the most common reasons given by women who had experienced violence for leaving, staying in or returning to an abusive relationship.

Figure 1. The most common reasons that abused women gave for leaving, staying in or returning to an abusive relationship

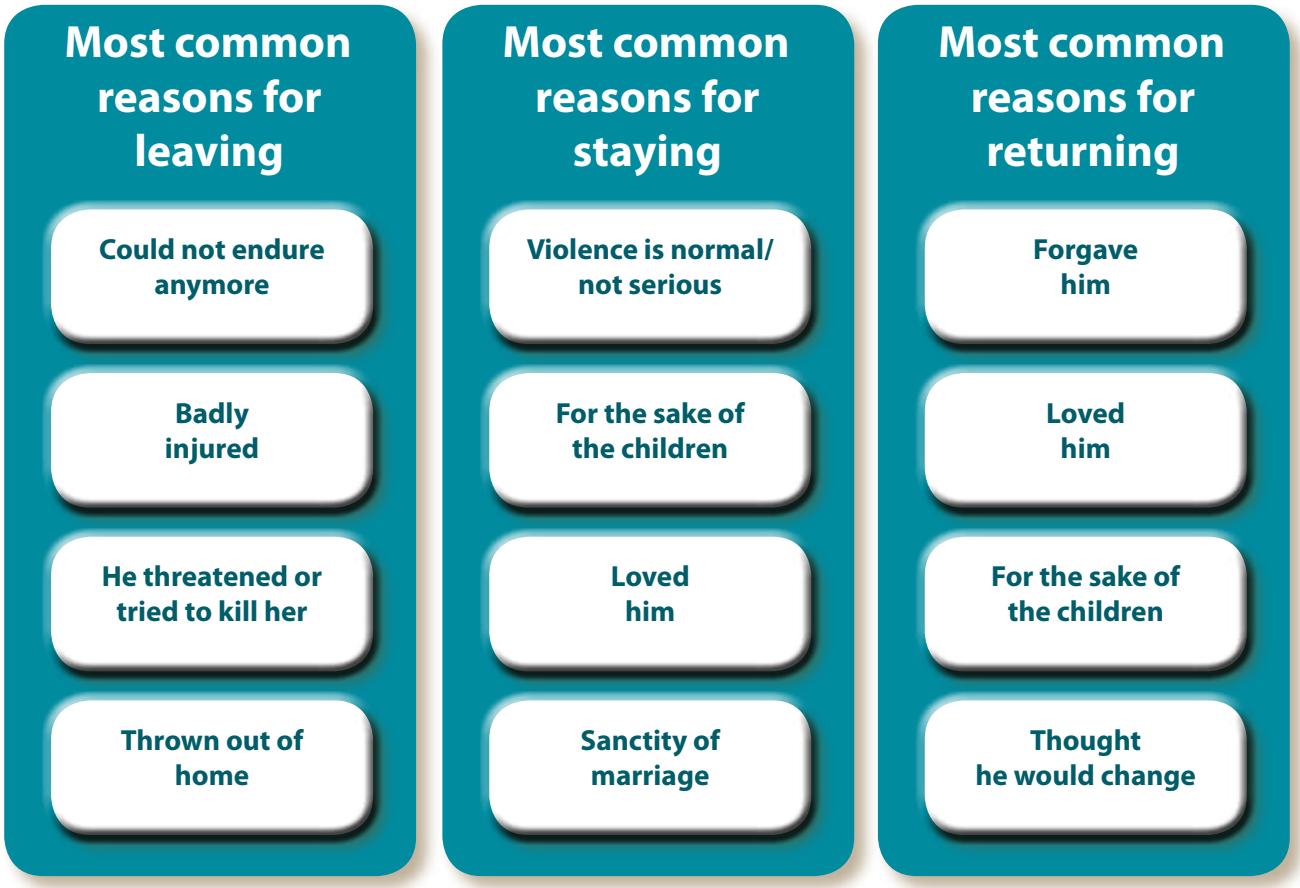


Photo: Office of Te Beretitenti

Risk factors of intimate partner violence

One of the objectives of the Kiribati study was to identify factors associated with the occurrence of intimate partner violence in order to develop effective and appropriate interventions. In order to identify the factors that significantly increase the risk of experiencing partner violence, multivariate logistic regression analyses were performed. The list of risk factors included in the analysis was developed drawing upon existing conceptual models and other published analysis on risk and protective factors. We looked at variables that pertained to both the woman and her partner.

The following variables were found to be risk factors for experiencing physical or sexual violence by a current or most recent partner:

- **attitudes to sex**
- **respondent's alcohol consumption**
- **partner's alcohol consumption**
- **partner exhibits controlling behaviour**
- **partner had affair; partner fights with other men**
- **partner beaten as a child**
- **respondent experienced childhood sexual abuse**
- **partner's father beat mother**

Characteristics of partners more significant than characteristics of respondents

Firstly, we noted that variables relating to the respondent had less significant associations with intimate partner violence than the characteristics of her partner. Intimate partner violence was largely unrelated to most socio-economic and demographic indicators, such as age, education, employment and marital status. Even earning an income was not found to be significantly associated with experiences of partner violence.

Only the respondent's experiences of childhood sexual abuse and her attitudes about a wife refusing

Photo: Henriette Jansen

Kava drinking

sex with her husband were found to be associated with intimate partner violence. On the other hand, the majority of the male characteristics were strongly associated with partner violence.

Alcohol use

Alcohol use of the respondent and her partner were found to be positively associated with intimate partner violence. The association between alcohol use and intimate partner violence is likely to be due to a combination of factors; alcohol may contribute to violence through enhancing the likelihood of conflict, reducing inhibitions, and providing a social space for punishment. It is important to remember that the use of alcohol does not explain the underlying imbalance of power within relationships where one partner exercises coercive control. Therefore, while decreasing the use of alcohol may reduce the risk of intimate partner violence, it will not eliminate it.

Intergenerational transmission of violence

An important theory of domestic violence causation relates to the intergenerational cycle of violence, as discussed in Chapter 7 on child abuse. Some of the most significant associations we found in the data were between intimate partner violence and partners' and respondents' experiences of abuse when they were children: for women specifically experiencing childhood sexual abuse and for men experiencing childhood physical abuse and witnessing domestic violence. The association between physical punishment in childhood and adult domestic violence suggests that beating teaches children the 'normality' of using violence in punishment and conflict situations. **It is likely that children in violent homes learn to use violence rather than other more constructive methods to resolve conflicts (Lee 2007). It may also lead to permissive attitudes towards violence.**

Perpetrator characteristics

We also found a significant association between the respondent's partner being involved in physical fights with other men and partner violence. This indicates that the partner uses violence to resolve conflict in various situations. If a partner sees interpersonal violence as a strategy for resolving disputes, then it is more likely that he will employ violence when conflicts arise in intimate relationships.

We found that having a partner who had an affair was a risk factor for intimate partner violence. Perhaps this is because having affairs highlights a belief in the sexual availability of women and reflects an unequal dynamic within the relationship. Having an affair also puts the respondent at increased risk of HIV/AIDS and other sexually transmitted infections.[2]

We found a strong positive association between women experiencing controlling behaviour and intimate partner violence. Women whose partner exhibits at least one form of controlling behaviour have 3.7 times the odds of experiencing partner violence than women whose partner does not exhibit controlling behaviour.

Attitudes to violence and sexual autonomy

We did not find any significant association between intimate partner violence and women's attitudes towards physical violence. However, we did find that women who believed that they could refuse sex under some circumstances were more likely to experience intimate partner violence than women who believed that a wife could not refuse sex with her husband under any circumstances.

Petrol sniffing in South Tarawa

Photo: Chris Palethorpe

Male perspectives on intimate partner violence

The study did not interview men in the quantitative survey component; however, we did conduct qualitative research with men in focus group discussions and in-depth interviews with known perpetrators of violence.

The majority of men see that intimate partner violence is a serious issue in their communities but believe that it is not an accepted form of behaviour. Male participants in focus group discussions mentioned four main reasons for the existence of partner violence:

2. We know from global research that violence against women puts women at greater risk of HIV and other sexually transmitted infections (STIs). However, because it was beyond the scope of the study (based on the WHO model) to collect biological data on the prevalence of HIV and other STIs, it is not possible to explore directly the association between women›s experiences of violence and these infections. This was mainly because it was concluded that women's self-reported STI symptoms are not a reliable indicator of prevalence of STIs.

- jealousy
- alcohol
- acceptability of violence as a form of discipline
- gender inequality

Men who participated in the qualitative research acknowledged that violence could have broad ranging and serious effects on women's physical health, mental well-being and ability to work and provide for their family. They also acknowledged that intimate partner violence could have serious effects on children, even if they themselves do not experience violence but witness violence between their parents.

Male perpetrators reported that they most often get angry with their wives when, in their eyes, they do not live up to the gendered roles that society imposes on women. For example, men reported that they get angry for the following reasons: when she does not prepare food on time, when she does not complete the housework, when they feel jealous because she speaks with other men, or when she goes out of the house.

The most common reason that men gave for hitting their wives was that she disobeyed, and almost all said that they hit their wives as a form of discipline. Furthermore, when asked what their wives should do to improve the situation the overwhelming response was that she should learn to obey and do what her husband asks. We see that many perpetrators blame the women's behaviour for the violence rather than accepting responsibility for their actions. All male perpetrators reported that they sometimes felt remorseful after beating their wives. However, despite this remorse they did not seem to change their behaviour.

Kava drinking

Photo: Henriette Jansen

RECOMMENDATIONS

The findings of the Kiribati Family Health and Support Study provide comprehensive information to guide further action and interventions in Kiribati. This chapter provides a number of concrete recommendations to enable Kiribati to take action to eliminate violence against women.

The views and inputs of Kiribati stakeholders are of high importance as the society is unique and has a long cultural history that needs to be taken into account as the government considers various solutions.

Successful practices in combating violence against women from around the globe can serve as models for Kiribati to adapt to its specific context. These practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals (UN General Assembly 2006).

Disseminating study findings and advocating for national action and change

Recommendation 1: Dissemination of key study findings

The study provides evidence that the level of violence against women in Kiribati is one of the highest found in the countries that have completed this research using the WHO methodology. Urgent national and local action is needed to address violence against women, as very few supportive systems and structures, including laws, policies and services, are in place in the country to effectively prevent violence and support the victims.

The main findings must be widely shared to increase national public awareness and understanding of:

- the levels, severity and types of violence evident in Kiribati;
- the causes and consequences of violence against women and children;
- the serious impact of violence on women's physical, mental and reproductive health; and
- the need for multi-sectoral national, regional and local action to address violence against women and children.

Recommendation 2: Focus on the positive aspects of Kiribati culture

Stakeholders and government officials who were part of the research agree that substantial efforts must be made to help people, especially the younger generation, better understand contemporary Kiribati culture and not use culture as a reason or excuse for perpetuating violence against women and children.

Many of the men interviewed, including perpetrators of violence against women and children, used the concept of 'culture' as a convenient excuse for such violence.

The concept of 'culture' has been used extensively, especially by the younger generation, as the basis for condoning violence. If not corrected early, this new interpretation of Kiribati culture and/or tradition can become the norm; it probably already has in some areas. Once this sets in it will have the potential to negate any useful interventions to eliminate violence against women and children. Traditional cultural practices of Kiribati that show the protective nature of Kiribati tradition can be used to combat this wrong use of 'culture' as an excuse to perpetrate violence against women and girls.

Addressing this issue will need a multi-pronged approach, including the following:

- Elders, unamane, chiefs in communities, women and men, should be involved to help document the basic principles of their particular cultures as they applied in the past. The positive principles, practices and behaviour, and their accepted interpretations (those which foster respect for women and girls, condemn violence against women and facilitate equality between women and men) can then form the basis for a common information package on culture and appropriate cultural behaviour and practices for the country.
- In Kiribati, the churches are powerful parts of nearly everyone's life. Churches should be involved in championing positive, empowering cultural practices that are also in keeping with church teachings, and that promote the dignity and rights of women and condemn violence against women.
- The Ministry of Education can play a key role to ensure that positive cultural norms and practices related to women's rights and roles in society become part of the core curriculum in primary and secondary schools and all technical and vocational training institutions.
- Civil society groups and NGOs should be supported to disseminate similar positive messages on culture based on accepted cultural practices and behaviour condemning violence against women.
- All government ministries and departments should be involved in a national approach to put into practice 'positive cultural norms and practices' that empower women and improve women's position.
- All parliamentarians should be champions of positive cultural behaviour and practices related to women's right to a violence-free life.
- The continued support of His Excellency, the President of Kiribati, will be invaluable in terms of having political leadership that directs the agenda at the top political level. He has demonstrated publically his concern for the issue upon the pre-launch of the study findings in December 2008.

Recommendation 3: Strengthen national commitment and action

There is a need for national advocacy targeting key decision-makers, including parliamentarians, high-level government officials, media, and social and religious leaders at national, provincial and local levels to inform them of the main findings of the study and to obtain their support on the issues.

This needs to be done by linking the study's findings to international, regional and national commitments made by the government, and by accepting national responsibility for providing a life free of violence for all citizens and for supporting victims of abuse and discrimination. Kiribati ratified the Convention on the Rights of the Child (CRC) in 1993 and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 2004, which are international treaties obliging governments to take action in these areas.

Currently in the Ministry of Internal and Social Affairs (MISA) there are committed staff in the Community Development Services Division (CDSD) who have gender expertise, like those in Aia Mwaea Ainen Kiribati (AMAK) and in Social Welfare. However, in order for the government to be able to be more effective in protecting women and children, especially in light of the alarming findings of this study, it has been strongly recommended by Kiribati stakeholders that **a new government body be formed, either within existing government structure or as a new entity, to be solely dedicated to gender, children and human rights issues.** This could take the form of a dedicated ministry or a gender unit within an existing ministry.

In line with current global action in the area of violence against women, support should be obtained from key decision-makers for the development of a national action plan to eliminate violence against women to guide the multi-sectoral work to be undertaken in this area over the next decade.

Recommendation 4: Promote gender equality, observance of women's human rights, compliance with international agreements, and greater participation on the part of women in government

Violence against women is an extreme manifestation of gender inequality, discrimination and power differences between men and women. National effort is therefore required to promote equality between women and men and to uphold women's rights, in line with the various international agreements and commitments made by the Government of Kiribati. Kiribati has ratified two significant treaties: CRC and CEDAW. These should be viewed as a fundamental starting point for promoting gender equality and women's and children's rights. Equality between women and men should be promoted in various settings and at various levels, through national laws and policies, media campaigns, the educational system and community programmes.

There needs to be a greater commitment by both government and civil society to ensure compliance with the terms of CRC and CEDAW. For example, laws relating to marriage and divorce that continue to promote inequality must be changed in order for violence against women to be eliminated. Furthermore, stakeholders suggested that an increase in the number of women in politics, to be achieved through positive discrimination (as recommended by CEDAW), would assist in breaking down the strong tradition of men as leaders/power brokers.

Recommendation 5: Develop and implement a national action plan to eliminate violence against women

Intimate partner violence is the most prevalent form of violence against women in Kiribati and it seriously impacts on the physical, mental and reproductive health of a large proportion of the population. National governments are responsible for the safety, well-being and health of their citizens, and it is crucial that governments commit themselves to reducing violence against women.

Kiribati needs to develop and implement a time-bound and fully costed national action plan to eliminate violence against women. It should include clear results to be achieved, indicators, strategies to achieve these results, assigned responsibilities for each of the strategies, as well as a timeframe, a budget, and a monitoring and evaluation mechanism. It should be based on consultation among a wide range of governmental and non-governmental actors, including appropriate stakeholder organisations, such as women's organisations, NGOs, legal experts, experts on violence against women, the donor community and others. This national strategy will guide and coordinate the multi-sectoral activities to address violence against women for the next decade and will be used to identify and coordinate donor support for this area.

The study shows that violence against women and children is a multi-sectoral issue that requires multi-sectoral action. Women and children experiencing violence have multiple needs and no single provider or profession is adequate to address them fully. A collaborative and integrated approach that includes the health sector, social services, religious leaders/organisations, the judiciary, police, and village level community structures, as well as national media, is required. Currently there is little coordination between the institutions with which abuse victims interact, such as those providing health care or

counseling services, child welfare agencies, and law enforcement agencies. Improved working relations and communication between these organisations, including donor organisations supporting activities in this area, is needed in order to achieve better sharing of knowledge, agreement on prevention goals, and coordination of action. It is therefore recommended that a national taskforce or committee be established to coordinate the multi-sectoral effort.

Recommendation 6: Ensure that women play a key role in decision-making related to addressing violence against women

It is essential that women and organisations working with and for women are actively engaged in the planning, development and implementation of programmes and activities aiming to eliminate violence against women. The active involvement of women at this level is not only empowering but also begins the process of challenging traditional views and community attitudes towards them.

Increasing the number of women involved in decision-making through affirmative action and temporary measures can assist in addressing the strong cultural norms that perpetuate violence against women.

Increasing women's knowledge of the rule of law and their human rights will greatly assist them in making informed decisions on how to advocate on behalf of women.

Recommendation 7: Address the relationship between violence against women and violence against children

Two of the most significant findings of the study concerned the co-occurrence of intimate partner violence and child abuse and the intergenerational transmission of violence. This association between violence against women and violence against children has also been noted in other countries. We must take the relationship between violence against women and violence against children into account when creating support services and developing prevention strategies. It is vital that a collaborative and integrated approach is adopted to ensure the future security, safety and well-being of both women and children.

Recommendation 8: Conduct more research on violence against women and enhance capacity for collection and analysis of data to monitor such violence

This study is the first major step in collecting the data necessary to identify the issues, set priorities, guide programme design, and monitor progress. In the future, more research and data collection, analysis and use of data will be needed to review the effectiveness of interventions in order to improve the design and implementation of the various programmes. The health care sector, legal sector and community support services, and all those sectors working with victims of violence, should also keep accurate records and statistics and analyse the resulting data to improve the country's information base on violence against women and children. In addition, there should be clear procedures on data collection and data sharing as data confidentiality is an issue of great concern in this area. Research on perpetrators and violence against men and boys are other areas that need further work.

Recommendation 9: Engage men and boys

Working with men and boys to change their attitudes and behaviour is an important part of any solution to the problem of violence against women. This means encouraging men and boys to examine their assumptions about gender roles and masculinity through sensitisation, training and long-term behavioural change programmes. For example, the Pacific Male Advocacy Network Programme that has been successfully piloted in Vanuatu, Tonga, Cook Islands and Fiji Islands encourages

men to become 'agents for change' and positive, non-violent role models in their communities, by teaching other men about gender roles, gender equality and masculinity and by advocating non-violent behaviour. This Pacific model is relevant to the Kiribati context and has been endorsed by leaders in Kiribati's parliament as a vital solution for eliminating violence against women in Kiribati.

It is also important to support treatment programmes for male perpetrators of violence.

The analysis of risk and protective factors for intimate partner violence found that partners' characteristics are much more significant than women's characteristics in contributing to intimate partner violence. Therefore, we need to target relevant characteristics and ideas of masculinity.

Increasing awareness among men of human rights and the law as they relate to domestic violence would greatly assist in promoting understanding and behaviour change in men across Kiribati.

Promoting primary prevention

Recommendation 10: Develop, implement and evaluate programmes to prevent violence against women

Although very limited activities have been implemented and some structures are in place in Kiribati to address violence against women and child abuse, these have mainly focused on providing support for victims *after* the event. While these activities are important and need to be substantially strengthened, more attention should also be given to *preventing* violence.

Some examples of successful primary prevention activities in other parts of the world include:

- early childhood and family-based approaches
- school-based violence prevention programmes
- integration of gender equality, women's and children's rights and violence prevention into the school curriculum
- interventions to reduce alcohol and substance abuse
- public information and awareness campaigns on violence against women and child abuse for different target groups
- promotion and support for gender equality awareness programmes within various youth and women's organisations, NGOs, men's groups, workplaces, uniformed and public services etc.
- national media/public awareness campaigns promoting women's rights, especially the right to a life free of violence
- community-based prevention and family-based awareness and prevention activities

Stakeholders suggested that issues relating to violence could be integrated into the school curriculum and that school nurses could also incorporate work on violence against women and children into their health promotion programmes. Public health nurses could also include violence in family planning counseling. Furthermore, the issue could be addressed in communities through health/welfare groups. More work is required to identify what other primary prevention strategies would be relevant and effective in the Kiribati context.

There is a need for intervention in early childhood development settings to ensure that parents understand the impact that domestic violence may have on their own parenting methods and their child's safety, development and well-being.

The development of multimedia and public awareness activities is also required to challenge

women's subordination and eliminate barriers that prevent victims from seeking help. A special effort should be made to encourage men to speak out against violence and challenge its acceptability, providing alternative role models of masculine behaviour.

Recommendation 11: Strengthen the prevention of sexual abuse of girls

The high level of sexual abuse of girls reported in Kiribati is of great concern. Given the profound health and other consequences of such abuse, efforts to combat sexual violence should have a much higher priority in public health planning and programming as well as in other sectors such as judiciary, education and social services. The health, education and legal sectors (in schools and in health centres and hospitals) need to develop the capacity to identify and deal with sexual abuse, particularly of children. This requires, for example, training teachers and doctors to recognise behavioural and clinical symptoms, and the development of protocols and legal processes for action if abuse is suspected. Schools should also provide preventative programmes and counseling.

Supporting women living with violence

Recommendation 12: Strengthen and expand formal support systems for women living with violence

According to the study, only a small number of abused women seek help and support from formal services or institutions. This reflects a lack of availability of such services, particularly in outer islands, highlighting the need for more accessible support services where women can safely disclose their experiences of violence. Therefore, formal support services with trained professional staff need to be expanded and strengthened throughout the country, including in the outer islands, to enable women to safely disclose their experiences of violence and receive the support and care they need. NGOs working with women should also play a role in this effort.

The needs of victims are complex. A woman in crisis needs physical safety, emotional support, and assistance in resolving issues such as child support, custody, and employment. If she chooses to press charges against her abuser, she also needs help negotiating police and court procedures. Often, what she needs most is a safe, supportive environment in which to explore her options and decide what to do next.

Recommendation 13: Establish an effective multi-sectoral referral system between medical institutions and other support services such as NGOs, counseling, social and legal services and police assistance

A core staff working in health, social and legal services should receive training on gender sensitisation and violence against women and be encouraged to make appropriate referrals to other relevant services. Some medical staff reported informally referring victims to the Social Welfare Division of MISA or the Crisis Centre. However, there is no formal system with specific procedures and safety and confidentiality guidelines, despite the critical need. In particular, the need for a formal mechanism for referral to the police was noted as extremely urgent. It is of note that MISA has begun the referral network for South Tarawa and the outer islands with initial training for its social workers and some community and church-based workers. However, this needs to be expanded and strengthened to enable a sustainable service. A free hotline for survivors, supported by MISA, will formally link services and be spearheaded by the Social Welfare Division.

Recommendation 14: Strengthen informal support systems for women living with violence.

According to the study, women most often seek support from their friends and family, partly due to the lack of formal support structures. Such networks should be strengthened so that when women do reach out to family and friends, they are better able to respond in a sympathetic, supportive and safe manner. Members of the media should be trained to sensitively and appropriately report on violence against women. Information should be disseminated through the media to highlight the extent of violence against women, explain its various aspects, reduce the social stigma surrounding it and encourage the role of friends, neighbours and relatives in preventing and managing it.

While the provision of shelters is common practice in many countries, in the Kiribati context it may be difficult to keep the location of a women's shelter secret. It is therefore recommended that models that build on existing sources of informal support be explored. This could include sensitising local leaders, including women, religious leaders and other respected local people, and encouraging them to become involved in providing support for the victims of violence and empowering women.

A solution currently being rolled out by MISA is the formation of communal referral networks for survivors of violence on each populated outer island. These are spearheaded by MISA social workers and composed of island/urban councils, local police personnel, local health practitioners, school principals, local civil society members, and church leaders. This model, if supported and well organised, can be a sustainable informal network for survivors in rural areas where few or no formal services exist.

Strengthen the health sector's response

This research clearly shows that violence against women and children is a serious public health issue, impacting significantly on their physical, mental and reproductive health. Recognising violence against women as a public health issue is a vital first step in addressing this problem. The study showed that women who have experienced violence visit health centres more often, are hospitalised more often, and undergo more surgery than women who have not experienced violence. However, the findings also show that women rarely inform health service providers of the violence they have experienced.

A focus group discussion with health care professionals in South Tarawa found that they regularly encountered cases of domestic violence and child abuse in their work. Often the police brought victims to the hospital for examination and sometimes women came in on their own.

There are currently no policies or protocols in place to guide health care workers in dealing with these cases. Medical reports are completed upon request and sometimes used as evidence in court if a case is prosecuted, although this practice needs to be substantially strengthened by ensuring that the forms are used for all cases and used consistently.
Health professionals reported that in their day-to-day work cases of violence against women and children were extremely challenging as they lacked the guidelines and capacity to effectively deal with them. When asked what was needed to best address these issues they responded with the following suggestions:

- Include violence against women and children in the national health policy.
- Develop a more effective system for dealing with cases, including specialised, trained staff whose fundamental role is providing care for abused women and children.

- Establish a formal referral system that health professionals can use to report cases to the police, the Social Welfare Division and counseling services.
- Develop policy and protocols for dealing with cases of violence against women and child abuse.
- Provide training and sensitisation for all medical personnel on how to deal with these cases, including counseling skills.
- Incorporate modules on violence against women and child abuse into curricula for medical and nursing students. This would help to ensure that all medical staff have some basic specialised training on these issues.
- Assist the health department to develop procedures to collect data from clinics and the main hospital on South Tarawa on violence against women and child abuse.

Recommendation 15: Build capacity of health workers in the area of violence against women

Currently in Kiribati, health care providers and health institutions such as hospitals are unprepared and ill-equipped to deal with women experiencing violence. Caring for women suffering violence is not yet part of a health care worker's professional profile and they are thus reluctant to take on this role. They are not yet sensitised to violence-related issues, nor have they been trained to appropriately care for women living with violence, including treatment of injuries and crisis intervention. Furthermore, providers' attitudes toward such violence are shaped by prevailing cultural norms, which do not see violence against women as an important health issue, and often place blame for violence on women rather than their aggressors. For the health sector to play a much needed role in the prevention and treatment of violence against women, health care providers need to be made more aware of relevant issues, including why violence is a public health concern and why it is important for the health sector to respond.

It has become clear that providers must examine their own attitudes and beliefs about gender, power, abuse, and sexuality before they can develop new professional knowledge and skills for dealing with victims. Training should also help reframe the provider's role from 'fixing' the problem and dispensing advice, to providing support.

The incorporation of modules on violence against women into curricula for medical and nursing students would help to ensure that all medical staff have some basic specialised training on violence issues.

Recommendation 16: Develop protocols and guidelines for the health system outlining how staff should deal with cases of violence and ensure that they become expected practice throughout the health care system

Currently there are no official protocols or norms for health professionals dealing with cases of violence, including sexual violence, making it difficult for staff to know what action to take.

Specific protocols for various forms of violence – based on international best practices – should be developed to ensure that the appropriate steps are followed and that the victims receive the best available medical and psycho-social care and referral. The collection, handling and safe keeping of forensic evidence should also be addressed, as well as data collection and sharing. Medical legal forms should be completed for all cases of violence against women and child abuse that present to the hospital, even if the police do not request it.

Recommendation 17: Establish recording systems in the health sector to contribute to the body of data on violence against women and to inform future policies and programmes

Currently, there are no records of how many cases of violence against women pass through the health sector, although such statistics are important for

informing policy and programme development. Medical legal forms could be an extremely useful source of statistical information on violence against women if they were consistently used in all cases. Even if these forms are not used to prosecute cases, the basic information could be entered into a secure computer database if special safety and confidentiality measures are taken, such as excluding names and other identifying factors to protect confidentiality, and following specific guidelines for handling and storing confidential data.

Recommendation 18: Use reproductive health services as entry points for identifying victims of violence and for delivering referral and support services

This research showed that there is widespread availability and use of reproductive health services (including antenatal and postnatal care), which gives these services a potential advantage for identifying women in abusive relationships and other victims of violence and offering them referrals or support services. This is further reinforced by the results that show that severe physical violence during pregnancy is not uncommon, and that there are significant associations between partner violence and miscarriages and other reproductive health problems. Unless providers are able to address violence, they will be unable to promote women's sexual and reproductive health effectively.

The use of screening, either through routine questions or upon suspicion that the woman might be a victim of violence, could be very useful. Making procedural changes such as adding prompts for providers on medical charts (e.g. stickers asking about abuse, or a stamp that prompts providers to screen) or including appropriate questions on intake forms and interview schedules could encourage attention to domestic violence. However, screening should only take place when the health care provider is trained to deal with it and when there are sufficient resources and services available to women who do report violence upon screening.

Recommendation 19: Strengthen the mental health care system

The study shows that violence against women and girls has a severe impact on their overall mental health status and increases the risk of suicidal thoughts and tendencies. Currently in Kiribati there is a lack of trained professionals to deal with mental health issues. The findings show that violence against women must be recognised as a serious part of any mental health policy and programme and greater effort is required to ensure that women have access to mental health services.

Legal response

Recommendation 20: Develop and implement a legal framework for effectively addressing violence against women

There is need for review of laws that are related to violence against women in order to ascertain which areas need improvement.

Many key informants interviewed identified the first step in addressing violence against women as the establishment of a Family Violence Act or other relevant, comprehensive legislation to effectively deal with various forms of such violence. However, a number of stakeholders noted that this might not be a realistic first step and that it may be more practical to work on changes to the existing penal code to address violence against women more effectively.

The Regional Rights Resource Team (RRRT), together with MISA, is currently reviewing legislation that affects the protection and rights of women and children. MISA will prepare a submission for Cabinet on strengthening legislation to help start the process of legislative reform. This

should include a clear and unambiguous definition of domestic violence with a legal definition of rape, including marital rape, and sexual abuse within marriage. As RRRT is planning substantial work towards legal reform and capacity building in the area of violence against women in Kiribati, its expertise and advice will be essential.

In Kiribati the emphasis is still on family reunification rather than holding the perpetrator accountable and preventing further abuse. This places the lives of women and children lives at risk, particularly since domestic violence tends to escalate over time. Relevant legislation therefore needs to redefine and transform the societal concept of violence and human rights. It should send a clear message that domestic abuse and any form of violence against women and children constitutes 'violence', and that the state has a responsibility and interest in preventing it and protecting those affected by it.

Recommendation 21: Sensitise law enforcement and judiciary personnel on issues relating to violence against women and build their capacity to effectively serve victims of violence

As the study findings indicate, very few women suffering violence actually report it to the police. Changing laws will not be enough to prevent violence against women and children and protect victims. Laws are often enforced by male judges, prosecutors, and police officers, many of whom do not understand the causes and consequences of violence against women and share the same victim-blaming attitudes as society at large. Thus, as well as passing relevant laws, it is crucial to sensitise police officers, lawyers, judges and other members of the legal system on the nature, extent, causes and consequences of violence against women and children and build their capacity to implement the new legal provisions.

Work should continue to enhance the capacity of the Family Violence Unit and community policing as well as the Sexual Assault Unit to deal effectively and sensitively with cases of violence against women and children.

Training on violence against women and children has recently been included in the training of police recruits. However, stakeholders suggested that this training module be expanded. Training and sensitisation are also needed for police officers already on the force as well as ongoing refresher training to ensure that all police officers are aware of the police department's domestic violence policy and of the legal framework for laying charges in cases of violence against women and children. Training of police should be accompanied by strategies that increase accessibility and reduce barriers to seeking help from the police by women and communities. One of these strategies could be the involvement of specially trained female police officers.

Training and sensitisation are also needed for those who work with survivors and perpetrators in the courts. From the magistrate down to the court clerk and registrars, sensitive treatment of survivors and a greater understanding of gender-based violence and its causes and effects can assist the judiciary to serve survivors in a more appropriate way.

Photo: Office of Te Beretitenti

CHAPTER 1:
INTRODUCTION

Photo: Henriette Jansen

'Violence against women takes many different forms, manifested in a continuum of multiple, interrelated and sometimes recurring forms. It can include physical, sexual and psychological/emotional violence and economic abuse and exploitation, experienced in a range of settings, from private to public, and in today's globalized world, transcending national boundaries.'

United Nations Secretary General's Special Report on all forms of Violence against Women

In the past few decades, violence against women, or gender-based violence, has been recognised as a worldwide problem that crosses cultural, geographic, religious, social and economic boundaries. In 2006, the United Nations (UN) Secretary-General released an in-depth study on all forms of violence against women, which states that 'Violence against women persists in every country in the world as a pervasive violation of human rights and a major impediment to achieving gender equality.' This pervasiveness of violence against women across boundaries points to its roots in the systematic subordination of women compared to men. However, it is also shaped by the interaction

of a wide range of factors, including histories of colonialism and post-colonial domination, nation-building initiatives, armed conflict, displacement and migration. Furthermore, the specific expressions of violence against women in different contexts are also influenced by economic status, race, ethnicity, class, age, sexual orientation, disability, nationality, religion and culture (UN General Assembly 2006).

'Population-based studies report that between 12% and 25% of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives'

(WHO, 2000)

Therefore, to understand violence against women in a particular setting we must take into account the specific factors that disempower women and contribute to the manifestation of violence. This study examines the prevalence, nature, consequences and risk factors associated with violence against women in the specific cultural context of Kiribati. However, this study also utilises an international methodology in order to produce data that are comparable across countries and to be able to understand women's experiences of violence in a global context.

Violence against women takes many forms: intimate partner violence, including marital rape; sexual violence; dowry-related violence; female infanticide; sexual abuse of female children; female genital mutilation/cutting and other traditional practices harmful to women; early marriage; forced marriage; non-spousal violence; violence perpetrated against domestic workers; and other forms of exploitation and trafficking. The most common form of violence experienced by women globally is intimate partner violence, which is most often perpetrated by a male partner against a female partner. In fact, in over 95% of domestic assaults reported in the Pacific region, the husband was the perpetrator (Jalal 2008:2).

In the World Health Organization (WHO) multi-country study on domestic violence (Garcia-Moreno et al. 2005), implemented in Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, the former Serbia and Montenegro, Thailand and the United Republic of Tanzania, the lifetime prevalence of physical violence by an intimate partner ranged between 13% and 61% . In most of the sites surveyed, the range was between 23% and 49%. The lifetime prevalence of sexual violence by an intimate partner was between 6% and 59% . A previous review of 50 population-based studies in 36 countries showed that the lifetime prevalence of physical violence by intimate partners ranged between 10% and over 50% (Heise et al. 1999). Population-based studies report that between 12% and 25% of women have experienced attempted or completed forced sex by an intimate partner or ex-partner at some time in their lives (WHO 2000). Given this global prevalence of intimate partner violence, the Kiribati study focuses on this form of violence, although many other forms of abuse are also explored.

Violence against women is now widely recognised as a serious human rights abuse with far-reaching consequences for women, their children and their community and society as a whole. On International Women's Day 2009 the UN Secretary-General, Ban Ki-moon, made the following statement:

Violence against women stands in direct contradiction to the promise of the United Nations Charter to 'promote social progress and better standards of life in larger freedom.' The consequences go beyond the visible and immediate. Death, injury, medical costs and lost employment are but the tip of an iceberg. The impact on women and girls, their families, their communities and their societies in terms of shattered lives and livelihoods is beyond calculation. Far too often, crimes go unpunished, and perpetrators walk free. No country, no culture, no woman, young or old, is immune.

Violence against women clearly violates women's rights to be free from violence. Women's human rights advocates also stress that unless women are free from the threat of violence, they are unable to realise their other rights. For example, a woman cannot exercise her rights to livelihood, education, mobility, health or participation in governance, if she is prevented from leaving her home under threat of violence or death. In addition, a woman cannot fulfill her right to choose whether, when or how often she will have children, if she is routinely denied the opportunity to consent to sexual relations or to use birth control, or to choose whether and whom she marries (Burton et al. 2000:9).

Violence against women also severely constrains development, obstructing women's participation in political, social and economic life (Commonwealth of Australia 2008). The impacts include escalating costs in health care, social services and policing, and an increased strain on the justice system. It lowers the overall educational attainment and mobility of victims/survivors, their children and even the perpetrators of such violence (Council of Europe 2006). Violence against women also undermines and constrains the achievement of the Millennium Development Goals (MDGs), including those set in the areas of poverty,

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education, child health, maternal mortality, HIV/AIDS and overall sustainable development (UN General Assembly 2006).

In addition, the public health consequences of violence against women are significant and should be addressed in national and global health policies and programmes (Ellsberg et al. 2008). Violence places women at higher risk for poor physical and reproductive health, mental health and social functioning. Women subjected to violence are more likely to abuse alcohol and drugs and to report sexual dysfunction, suicide attempts, post-traumatic stress and central nervous system disorders (WHO 2002).

On 25 February 2008, the UN Secretary-General, Ban Ki-moon, launched the Campaign UNiTE to End Violence against Women, 2008–2015, with the overall objective of raising public awareness and increasing political will and resources for preventing and responding to all forms of violence against women and girls – in all parts of the world. It emphasised that states have an obligation to protect women from violence, to hold perpetrators accountable and to provide justice and remedies to victims. Eliminating violence against women remains one of the most serious challenges of our time. This requires clear political will; outspoken, visible and unwavering commitment at the highest levels of leadership of the state; and the resolve, advocacy and practical action of individuals and communities. On 28 November 2008, the Secretary-General stated:

> ***All of us – men and women, soldiers and peacekeepers, citizens and leaders – have a responsibility to help end violence against women. States must honour their commitments to prevent violence, bring perpetrators to justice and provide redress to victims. And each of us must speak out in our families, workplaces and communities, so that acts of violence against women cease.***

Definitions

The UN Declaration on the Elimination of Violence against Women (1993) defines the term 'violence against women' 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 threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.***

First and foremost, violence against women stems from gender inequality and discrimination. The preamble to the declaration recognises that violence 'is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women,' and that it is 'one of the crucial social mechanisms by which women are forced into a subordinate position compared with men.'

While the focus of the study is on violence against women, it also explored some elements of child abuse. A child is defined by the UN Convention on the Rights of the Child (CRC) as anyone less than 18 years old. However, in this research childhood sexual abuse was defined as sexual abuse of a person under the age of 15 (for more detail see Chapter 3). The questions relating to behavioural, emotional and schooling issues were asked in relation to children aged 5–12. Any other references to children in the questionnaire were not age specific and were left up to the mother's interpretation.

For the purposes of this research, the WHO definition of child abuse is used:

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> ***Child abuse or maltreatment constitutes all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, or negligent treatment or commercial or other exploitation, resulting in actual or potential harm to the child's health, survival, development or dignity in the context of a relationship of responsibility, trust or power.***
>
> ***(WHO 1999)***

Child protection is defined by the United Nations Children's Fund (UNICEF) as:

> ***Strengthening of country environments, capacities and responses to prevent and protect children from violence, exploitation, abuse, neglect and the effects of conflict.***
>
> ***(UNICEF 2003:7)***

International conventions, agreements and regional support

The issue of violence against women came to prominence because of the grass-roots work of women's organisations and movements around the world (UN General Assembly 2006). However, the recognition of violence against women as a human rights and development issue has been underscored and strengthened by agreements and declarations at key international conferences. The 1979 Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) establishes international standards for guaranteeing equality between women and men within the family and the state. The essence of this convention, as with the Universal Declaration of Human Rights (UDHR), is respect for human dignity and respect for the human capacity to make responsible choices. The 1993 World Conference on Human Rights in Vienna insisted that state and

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local biases in the implementation of CEDAW, due to religious and cultural interpretations or reservations, be eliminated.

The landmark Declaration on the Elimination of Violence against Women, adopted by the UN General Assembly in 1993, and the Beijing Platform for Action of 1995 later helped to further crystallise the doctrine that women's rights are human rights, and provide a framework for analysis and action at the national and international levels (UN General Assembly 2006). In addition, the International Conference on Population and Development (ICPD) Programme of Action 1994 reinforced the CEDAW principles stating that, 'advancing gender equality and equity and the empowerment of women, and the elimination of all kinds of violence against women and ensuring women's ability to control their own fertility are cornerstones of population and development-related programs'. Furthermore, the UN Security Council's resolution 1325 (2000) on women and peace and security was a milestone in addressing violence against women in situations of armed conflict.

In 2003, Aia Mwaea Ainen Kiribati (AMAK) and affiliates of non-governmental organisations (NGOs) working to eliminate violence against women began lobbying for CEDAW ratification with support from the Regional Rights Resource Team (RRRT) and the Pacific Foundation for the Advancement of Women (PACFAW). NGOs presented three priorities to the presidential candidates in mid-2003:

- the need to address domestic violence;
- the need to remove the corroboration requirement for rape in the Evidence Act; and
- the need to ratify CEDAW.

Following elections in mid-2003, the government took great steps in responding to the issues that the NGOs had raised. The Government of Kiribati ratified CEDAW on 17 April 2004. In the same year, an amendment to the corroboration requirement for rape in the Evidence Act was passed.

CRC was ratified in 1995 and is an integral part of the international human rights treaty that sets out the basic human rights of every person under the age of 18 years. The four core rights identified under CRC are:

- the right to survival – covering a child's right to life, a good standard of living, a home, good food and access to health care;
- the right to development – covering the right to an education, play leisure, and cultural activities;
- the right to protection – from abuse, neglect and exploitation;
- the right to participation – in family, cultural and social life.

Respective governments are to uphold these rights through the provision of adequate health care, education, and legal and social services for children. UNCRC sets minimum standards for governments to meet in protection of these basic human rights for its citizens.

The Republic of Kiribati

Demographic statistics

Kiribati is composed of 33 low-lying atolls divided into three groups: the Gilbert, Line and Phoenix Islands. The Gilbert group consists of 16 islands that are further divided into three areas, North, Central and South. The Line group has three islands while the Phoenix group has 14 islands. The islands are scattered in the Central Pacific Ocean over a distance of 800 kilometres north to south and more than 3,000 kilometres east to west (Figure 1.1). Kiribati's total land area is 810 square kilometres and its ocean area is estimated to be over 3 million square kilometres.

Figure 1.1. Geographical spread of Kiribati

Source: http://worldatlas.com/webimage/countrys/oceania/lgcolor/kicolor.htm

Kiribati gained independence from the United Kingdom in 1979. The 2005 census reported a total population of 92,533 and a sex ratio of 97 males to 100 females. Kiribati has a relatively young population, with a median age of 20.7 years and 37% of the population under the age of 15. South Tarawa, the capital, has almost half of the country's population (44%) making it the most densely populated island in Kiribati, with a total of 2558 persons per square kilometre.

The people of Kiribati are known as I-Kiribati, and are categorised as Micronesians. There are two languages used in Kiribati: English and I-Kiribati; the former is used for official purposes only. Almost all I-Kiribati people identify themselves as Christians and the predominant churches are the Roman Catholic Church and the Kiribati Protestant Church (KPC). Other minority churches include Seventh Day Adventist, Church of Jesus Christ of Latter Day Saints, Church of God, Assembly of God and Baha'i (see table 1.1). Churches are very influential in the daily lives of many I-Kiribati people. On each island, both the Catholic and KPC are present, and on a daily basis, members of the churches gather in their respective *maneabas* to discuss fundraising and other church-related matters. On some islands, village *maneabas* have been replaced by church *maneabas* and villagers gather more for church matters than village and island matters. Churches play a strong role in community development and operate most of the secondary schools; in addition, the largest and most active women's NGOs in the country are church-based.

Photo: Henriette Jansen

Table 1.1. Population by religion, 2005

Religion	2005
Catholic	51144
Kiribati Protestant Church	33042
Seventh Day Adventist	1756
Bahai	2034
Latter Day Saints	2910
Church of God	364
Others	1238
None	23
Not Stated	22

Source: Census Report 2005

Government and economy

Kiribati has few natural resources and is one of the least developed Pacific Island nations, with per capita gross domestic product (GDP) in 2005 less than $900. The economy of Kiribati has a relatively large subsistence sector and a minimal industrial base. It is vulnerable to external shocks as it depends largely on its revenue equalisation reserve fund (RERF) and fishing license fees. Income is also generated from copra, seafarers' remittances and other marine resources such as seaweed. Tourism provides more than one-fifth of GDP, but is predominantly restricted to income gained in the remote Line Island group from cruise ship day tour port calls and provides little benefit to the main population in South Tarawa. Foreign financial aid from Taiwan, the European Union (EU), the United Kingdom, the United States, Japan, Australia, New Zealand, Canada and UN agencies accounts for 20–25% of GDP.

Since 2002 there has been a downturn in economic growth and an increase in the government budget deficit (UNDP & Republic of Kiribati 2007). External factors that have contributed to the downturn in national output include the decline in value of the US dollar, the dramatic increase in the world price of fuel, high fluctuations in copra prices and volatility in demand for fishing licenses (Republic of Kiribati 2008). Other contributing factors include a rapidly growing population, the impact of rising sea levels, continued infrastructure problems, isolation and the scattered nature of the islands which makes communication difficult.

In the 2005 census it was reported that total employment or cash work (employers, employees, self-employed) was approximately 13,130. This represents about 22% of the adult working population (15–60 years) and is based on a definition of cash work instead of village work (UNDP & Republic of Kiribati 2007). The economy of South Tarawa is more cash-based than those of the other islands, with more salary jobs located there. In the outer islands people depend primarily of semi-subsistence fishing and farming. There is strong urban migration, with many people moving to South

Photo: Chris Palethorpe

Tarawa because of the cash economy and better access to health and education services.

There has been a steady improvement in health indicators over the last decade; however, people in Kiribati still have a shorter life expectancy than those in most other Pacific Island countries and territories. In the previous census life expectancy and infant mortality were better in South Tarawa; however, the indicators from the most recent census show that this pattern is no longer consistent. Life expectancy at birth is 63.1 years for females and 58.9 years for males on South Tarawa, while on outer islands it is 62 years and 60 years respectively. The infant mortality rate (IMR) is higher on South Tarawa than in the outer islands (50 per 1000 compared to 41 per 1000), according to the 2005 census (UNDP & Republic of Kiribati 2007).

The total fertility rate was 3.5 in 2005, representing a decline from the 1990s, when it was reported to be approximately 4.5. According to the United Nations Population Fund (UNFPA), the average maternal mortality rate (MMR) for Kiribati for the years 2003–2005 was 220 per 100,000 births; however MMR is difficult to measure properly in a small population, where a single death has a significant effect on the national rate.

Compulsory and free education was introduced in 1980 and primary and secondary enrolments have increased steadily since. Gross and net primary school enrolment ratios are high, at 96% and 98% respectively, with correspondingly high adult literacy at 92% in 2005. However, few children progress all the way through secondary school. In 2006, the number of males in primary school exceeded the number of females; however, in secondary school

the number of females exceeded the number of males. According to the Kiribati MDG report the ratio of literate females to males in the 15–24 age group has been very promising and implies that female education has been given equal importance to male education in the past 15 years (UNDP & Republic of Kiribati 2007).

Situation of women and children in Kiribati

Patriarchy has had varied historical manifestations, and it functions differently in specific cultural, geographic and political settings. It is shaped by the interaction of a wide range of factors, including histories of colonialism and post-colonial domination, nation-building initiatives, armed conflict, displacement and migration. Furthermore, its expressions are also influenced by economic status, race, ethnicity, class, age, sexual orientation, disability, nationality, religion and culture. Analysis of the gender-based inequalities that give rise to violence must therefore take into account the specific factors that disempower women in a particular setting (UN General Assembly 2006).

Traditionally I-Kiribati society was patrilineal, and while the status of women is changing, women are still often considered subordinate to men. Traditionally communities were government by the *unamane*, male elders who represent the family or clan, and by the *maneaba* or community council. The authority of the community council still remains strong in many parts of Kiribati (Republic of Kiribati and UNICEF 2002). Traditionally, women would sit behind their husbands in the *maneaba* to serve food and drink and clean up after eating. If they had ideas or comments to contribute, they would normally convey these through their spouse or another man sitting in the decision-making circle. On some islands women still have few opportunities to speak up; however, on other islands women can openly voice their opinions (Republic of Kiribati and UNICEF 2002).

Gender roles are still quite strictly defined. Women help with farming and fishing but also have primary responsible for family caretaking, cooking and all household duties. Men tend to jobs outside the home such as fishing, cutting toddy, cleaning the lands and

Photo: Henriette Jansen

participating in the village decision-making. As will be discussed throughout the report (particularly in Chapter 5) the subservient role of women within the marital relationship is generally accepted by both men and women, but continues to make women vulnerable to partner violence. From the qualitative research we observed that women are expected to be obedient and faithful, perform household chores, defer to their husband on decision-making and bear children. **Physical punishment is often used as a form of disciplining women who are seen as stepping outside of their prescribed gender roles**. For example, the most common reason that men gave for hitting their wives was that she disobeyed, and almost all said that they hit their wives as a form of discipline. The majority of women interviewed also believed that a husband is justified in hitting his wife under some circumstances, such as if she disobeys him or is unfaithful. Other studies have suggested that some forms of domestic violence, such as emotional abuse and violent arguments between couples are considered to be acceptable in I-Kiribati society (ADB 1995).

One key informant stated:

> ***Kiribati is a double standard culture. Although sexual promiscuity can carry high prestige for men, the same does not apply to women. In some cultures, while the girls are taught that early sex is something secret and shameful, the boys are taught that sex is something that brings pleasure, a sign of maturity and status. Promiscuous women are generally scorned. Men prefer chaste women in order to ensure their paternity, and the only guarantee of his paternity is that his wife does not have sexual contact with any other man. Virginity is tremendously important in that context.***
>
> Key informant interview, medical doctor, March 2009

In recent years, more women have gained tertiary and professional qualifications and moved into the public sphere. While parliament and island councils used to be composed exclusively of men, in recent elections there has been an increase in the number of female candidates and an increase in the number who won seats. However, according to Goodwillie (2007), 'most women Members of Parliament [MPs] have gained entry into politics on a sympathy vote from their deceased or retired husband politicians but once elected they have a poor record of re-election' (a notable exception is the respected Vice-President, who is unmarried and holds the important ministerial portfolio of commerce and trade). This is partly due to community perceptions and expectations that women should not be outspoken or take on direct leadership roles.

Photo: Chris Palethorpe

This places a strain on female MPs because the traditional Kiribati female role, of being subservient and respectful, is in direct conflict with a politician's role of being highly visible and challenging male leaders and traditional leaders.

In 2008, the Chief Council elected its first ever female member (out of 24 available seats) and between 2003 and 2008 two women held high public office for the first time, as Vice-President and Secretary to Cabinet. Currently the parliament has three female members out of 45 (this is one of the largest proportions of parliamentary seats held by women in the Pacific). The government has six females in a total of 13 Permanent Secretary posts in the civil service. In public enterprises and government statutory bodies there are six women in managerial positions out of a total of 17.

Despite these improvements, women are still underrepresented, compared to men, in public offices and high-level positions as indicated in Table 1.2. They continue to face discrimination in formal and informal sectors of the economy, as well as economic exploitation within the family, which can place them at increased risk of violence. **Women's lack of economic empowerment is also reflected in lack of access to and control over economic resources in the form of land and personal property**, as discussed below in the section on marriage, divorce and inheritance. According to the UN Secretary-General's Special Report on all forms of Violence against Women: 'While economic independence does not shield women from violence, access to economic resources can enhance women's capacity to make meaningful choices, including escaping violent situations and accessing mechanisms for protection and redress' (UN General Assembly 2006:32).

Table 1.2. Decision-making in high profile offices held by men and women, 2008

Decision-making role	Female	Male	Females as a % of total
Parliamentarians	3	42	6.7
Permanent Secretary	7	6	53.8
Manager (public enterprises & statutory bodies)	6	11	35.3
Chief councilor	1	23	4.2

Source: Ministries, companies and statutory bodies' staff records, 2008

A number of key informants interviewed articulated that one of the major barriers to addressing violence against women and child abuse in Kiribati is the widely held belief that it is an accepted cultural practice. A report of the Asia Pacific NGO consultation with the UN Special Rapporteur on Violence Against Women, Yakin Erturk, found that violence against women often avoids national and international scrutiny because it is seen as a cultural practice that deserves tolerance and respect. The report states that 'discriminatory patriarchal values and beliefs are frequently enshrined or purportedly enshrined in the dominant cultural values and practices of a community' (APWLD 2006).

However, it is also important to deconstruct cultures. Culture is a non-homogenous, non-singular entity that is always changing. As the UN Special Rapporteur argues, 'Human rights standards are not in contradiction with culture, they are in contradiction with patriarchal and misogynist interpretations of culture' (quoted in APWLD 2006:16).

Furthermore, we must remember that international law is clear that states cannot 'invoke custom, tradition, or religious considerations to avoid their obligations with respect to the elimination of discrimination against women' (Article 4, Declaration on the Elimination of Violence against

Photo: Chris Palethorpe

Women [DEVAW]), but rather, the state is obliged to change the attitudes and behaviours that perpetuate the violence (CEDAW and the International Covenant on Civil and Political Rights [ICCPR]).

The influence of patriarchal dominance in Kiribati, as discussed earlier in this chapter, not only impacts on women's lives but also largely shapes the position of children (particularly girls) in the family and the community. **Gendered expectations are placed on children from a young age, and they are socialised in a manner that has clear gendered divisions. This socialisation influences all areas of children's lives, from what chores they perform when they are very young, to expectations around relationships and marriage.**

Although children in Kiribati are regarded as the 'pearl in the family', and are generally loved and cared for by not only their biological parents but also their extended families, they can often be subjected to harsh physical punishment (Griffen 2006; UNICEF 2005). The disciplining of children through the use of physical force, humiliation and verbal abuse is viewed as a 'parent's right' and is often justified in a cultural context. This view was endorsed by the Government of Kiribati when it ratified CRC in 1995 with a reservation that stated, 'The Republic of Kiribati considers that a child's rights as defined in the Convention, in particular the rights defined in articles 12–16 shall be exercised with respect for parental authority, in accordance with the Kiribati customs and traditions regarding the place of the child within and outside the family' (Kiribati National Advisory Committee on Children 2002).

Photo: Chris Palethorpe

The protection of children has been on the political agenda in recent years; however, a considerable amount of work is still required to ensure that there are adequate legal and judicial frameworks to aid in this protection. Whilst the penal code lists various offences against children, such as abduction, defilement and infanticide, most crimes against children are never reported to the police (Republic of Kiribati and UNICEF 2002). Young girls who are raped are particularly unlikely to report the crime to the police due to the emphasis on female virginity before marriage. The issue of the commercial sexual exploitation of children and childhood sexual abuse is also an increasing concern in Kiribati.

The issue of child rights in Kiribati is now gaining some of the attention it deserves, and the Government of Kiribati, in partnership with UNICEF (and the UN Joint Country Presence initiative), is ensuring that children are being recognised as an important component of the Kiribati Development Framework.

Marriage, divorce and inheritance

The practice of marriage is changing over time and arranged marriages are becoming less common. Arranged marriage used to be the norm in Kiribati and partner selection was based on the status and size of the family of the groom-to-be and the reputation of the bride-to-be (based on her behaviour in the community). Historically, a high level of importance was placed on virginity before marriage, and daughters discovered to have lost their virginity prior to marriage were personally disgraced and brought great shame upon their family (ADB 1995). Today virginity continues to be expected of young women, although rituals to prove it are no longer commonly practiced.

While virginity sanctions are not strictly observed today amongst urbanised young people, many churches still strongly adhere to the importance of virginity for women.

One key informant stated:

> ***By upholding the standard of virginity and marriage, both the church and the patriarchal culture effectively lower the status of women who cannot remain a virgin, which further foster (sic) the notion that once an unmarried woman is not a virgin she automatically 'drops a few rungs in the societal ladder' and is often called promiscuous which is not often the case. Virginity requirement is a practice that is deeply embedded in some cultures and strongly propagated by the church. The fact that divorce is not allowed in some Christian denominations further reduce a woman's status and power to negotiate, pushing them further into this biased social dilemma.***
>
> Key informant interview, Medical doctor, March 2009

The Marriage Amendment Act 2002 increased the minimum age of marriage to 18, with written consent from parents/guardian required for those wishing to get married between the ages of 18 and 21. However, the minimum age for sexual consent is 13 years for a female child.

Divorce is relatively rare in Kiribati, with less than 2% of the population (aged over 15) recorded as divorced according to the 2005 census (Table 1.3). However, the number of divorce petitions filed in the magistrates' courts is believed to be on the rise (ADB 1995). The most common reasons cited in divorce applications are adultery and desertion. Divorce can be initiated by a woman but only under some 'fault'. Cruelty is one reason that a woman can apply for divorce; however domestic violence does not necessarily fall under this category, according to the Attorney General's Office (key informant interview). Furthermore, women may be hesitant to apply for a divorce due to the social stigma they face.

Table 1.3. Population by gender and marital status (15–75+)

	Never married	Married	De facto marriage	Widowed	Divorced	Separated	NS
Male	10,036	13,122	3773	502	263	371	20
Female	7796	14,533	4166	2511	605	626	16
	17,832	**27,655**	**7,939**	**3,013**	**868**	**997**	**36**
Total – 58,340	**30.6%**	**47.4%**	**13.6%**	**5.2%**	**1.5%**	**1.7%**	**0.06%**

Source: (Republic of Kiribati 2007)

A divorced woman and her children would traditionally be supported by her immediate family, and she would not necessarily seek support from her ex-husband. The provision of maintenance by the husband is therefore often at his own discretion. In the absence of a matrimonial property law women in Kiribati may continue to take care of children after a divorce without in-kind and financial support from the father. The value of their domestic duties during their marital relationship will continue to be undermined.

> ***Many divorced women that I have served would seek ways of resuming their relationship rather than seeking maintenance for the children in their custody.***
>
> Key informant interview (People's Lawyer), 2 January 2009

Although women were traditionally able to inherit/own land within the collective family-based land tenure system, their rights were commonly inferior to those of male family members. The colonial inherited land law involves a codification of custom; though the gender-discriminatory features have arguably been strengthened (ADB, 1995). The eldest son is customarily the principal beneficiary of land passed down through the family; however, he is expected to apportion land allotments to his younger brothers and then sisters. The gender inequalities in land inheritance have a particularly negative impact on women in this time of growing land pressure and scarcity.

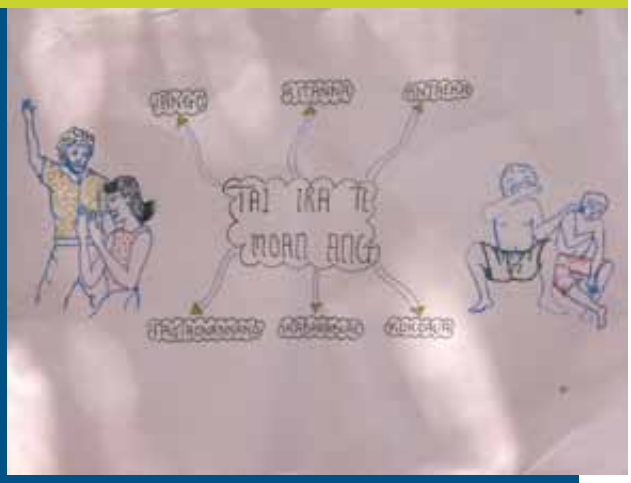
Legislative and judicial framework

Firstly, the definition of discrimination in the constitution does not include sex, which makes addressing discrimination against women problematic. Secondly, no domestic violence law currently exists in Kiribati. With domestic assault not recognised as a specific crime, general assault laws are used. However, such cases are very rarely prosecuted according to the Attorney General's Office (key informant interview, lawyer from Attorney General's Office, 6 September 2008). In a UN paper on good practices in legislation on violence against women, Jalal (2008) explains that despite efforts by women's NGOs there has been minimal legislative change in the area of domestic violence. Some of the main issues she raises are the following:

- Domestic violence is not recognised as a crime and therefore general assault laws are used.
- Police and court officials are often unsympathetic to survivors of partner violence and do not encourage legal solutions.
- The victim is responsible for laying and pursing charges; there is a consistent focus on reconciliation.
- Non-molestation orders and protective injunctions can only be made by married women, not de facto wives or girlfriends. They are made sparingly and inconsistently, and they are difficult to enforce, partially because there is no legislation setting out clear guidelines.
- Courts usually refuse to imprison a 'breadwinner', even when a further crime is committed.

All Pacific Island countries that are parties to CEDAW, including Kiribati, are required by article 2(f) to take all appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against women. However, according to Jalal (2008), most countries in our region are in breach of Article 2(f). As well, states that have signed CRC have an obligation to protect children against all forms of abuse.

Some legal issues related to violence against women remain in Kiribati. While there is no specific language regarding marital rape, non-consensual sexual intercourse is considered rape, regardless of the relationship between the perpetrator and the victim. This has been the case since at least 1965. Section 128 of the penal code reads as follows:



Credit: Office of Te Beretitenti

128. Definition of rape
Any person who has unlawful sexual intercourse with a woman or girl, without her consent, or with her consent if the consent is obtained by force or by means of threats or intimidation of any kind, or by fear of bodily harm, or by means of false representations as to the nature of the act, or in the case of a married woman, by personating her husband, is guilty of the felony termed rape.

However, despite this legislation, which would consider rape within marriage a crime, such prosecutions are rare, and one police officer noted that he was not aware of any such prosecution during his 14 years of service as a police officer in Kiribati. It is apparent from the study that marital rape is common, but rarely would any married woman think of reporting this crime to the police.

The maximum penalty for rape is imprisonment for life (Section 129 of the penal code); however, the standard sentence is between five and eight years' imprisonment (which has improved from the three-year sentences commonly seen in the 1990s). Under the Parole Board Act, prisoners sentenced to more than two years' imprisonment are eligible for release on parole after having served half of their sentence. Rape outside of marriage is also rarely reported because of the shame associated with it. According to the Attorney General's Office, there are approximately 10 reported cases of rape per year. Child abuse cases are also rarely prosecuted (key informant interview, Attorney General's Office, 6 September 2008) (see Table 1.4).

Table 1.4. 2008 records from the Family and Sexual Offences Unit (FASO) for sexual assault

Indecent assault	5
Attempted rape	4
Rape	5
Abduction	1
Incest	1
Total	**16**

Source: FASO, 2009

The Family Assistance and Sexual Offences Unit (FASO) was established in 2004. The unit has five staff, including three female police officers. FASO deals with all sexual offences, repeated cases of physical assault and child abuse cases. According to FASO (key informant interview, 10 September 2008) rape and indecent assault are the most common cases reported to them. Perpetrators are often family members and sometimes strangers. Victims are usually women aged between 18 and 30 years. Wherever possible, sexual offences are attended by a female police officer who follows this process :

a) take statement from victims
b) take victim for medical examination
c) refer to Crime Branch to carry out investigation and prosecution

However, in the outer islands, the Crime Branch detectives, who are all males, fly out to take statements from victims and carry out the whole process as above. It would be optimal if female FASO officers could attend to all victims of sexual assault. At the hospital, only two female doctors currently deal with victims of sexual assault. Often, doctors have an already heavy load with their primary roles and responsibilities and are unable to devote adequate time and effort to these sensitive cases.

The crime branch then carries out the investigation and prosecution. However, according to a

Photo: Henriette Jansen

community policing officer, three quarters of the cases are withdrawn (key informant interview, 10 September 2008). In cases of child abuse, FASO reported that they usually make contact with the family, take them to counseling and explain that their behaviour is against the law. FASO can remove the children from the household; however, this rarely happens.

The majority of domestic violence incidents (excluding sexual assault and repeated physical assault) are handed by general police officers. Between 1999 and 2000, data collected on domestic violence in the three police stations (Betio, Bikenibeu and Bonriki) on South Tarawa showed that the majority of victims reporting to the police were females while all perpetrators were males (PACFAW 2003).

A community policing programme was established in South Tarawa in 2004 and in the outer islands approximately one year ago. There are now community policing officers for each police station in South Tarawa. The community policing programme aims to address three main issues: underage drinking, domestic violence and child abuse.

The community policing programme is composed of committed people who engage in community awareness as well as liaising with different community and church groups, NGOs and government departments.

Record keeping has become a priority of community policing, and Table 1.5 shows the 11-fold increase in reported and recorded cases of domestic violence from 2000 to 2008.

Table 1.5. Reported domestic violence cases, South Tarawa 2000–2008

STATION	2000	2001	2002	2003	2004	2005	2006	2007	2008
Bikenibeu Police								67	79
Bonriki Police	39	48	11	15	35	36	33	26	19
Bairiki Police	46	07	12	15	09		110	87	79
Betio Police				29	28	63	28	160	309
Total for South Tarawa	**85**	**55**	**23**	**59**	**72**	**99**	**171**	**340**	**486**

Source: Domestic Violence & Sexual Offence Unit, Kiribati Police Services 2009

The community policing section has been instrumental in setting up and running the 'Safer Kiribati' strategy as well as many key events such as White Ribbon Day.

Since 2007 it has placed community policing officers in the four South Tarawa stations. They have developed and/or assisted in some key initiatives, including encouraging the establishment of the traditional *maneaba*-based villages in South Tarawa, where the community had fractured with so many people from different islands living in the area. This initiative assisted in setting up a system very similar to the traditional system in order to preserve peace in the community. Women have speaking rights in the newly created *maneabas*. It is hoped that this initiative will grow throughout South Tarawa.
All key informants interviewed felt that introducing a Family Violence Act would go a long way in addressing the legal constraints they face in addressing violence against women and children, as well as the various inconsistencies that exist between domestic and international law. This will be discussed further in the recommendations chapter.

Recent efforts to address violence against women in Kiribati

In recent years, government, non-government and international agencies have taken a number of steps to start addressing violence against women and children in Kiribati (see Table 1.6). The major initiatives are briefly outlined here in order to give an overview of the work done so far and also to inform the recommendations made in the final chapter of this report so that we collaborate with already existing services and address areas that have not yet been targeted.

Community Development Services Division (CDSD) of the Ministry of Internal and Social Affairs (MISA)

CDSD is the division under MISA that hosts the Women's Division (AMAK, see below), the Social Welfare Division and the NGO unit. The Social Welfare Division is responsible for day-to-day service to abused women and children among many other duties. Their main office is located in South Tarawa and this division has Assistant Social Welfare Officers (ASWOs) in all of the populated outer islands. They have trained counselors and handle a variety of cases, including those involving violence against women and children. The officers primarily respond to complaints from community members on failure to support (wives, children and parents of seamen or court ordered alimony), and provide counseling on suicide and substance abuse.

AWSOs from both South Tarawa and the outer islands have been trained by the Fiji Women's Crisis Centre to set up informal shelter networks and robust referral systems in all parts of Kiribati

Photo: Henriette Jansen

councils on all major outer islands. They are also present in the Betio and Teinainano urban councils. AMAK hosts a four-yearly National Conference for Women, during which the constitution and strategic plan are reviewed and revised. As mentioned above, AMAK is the Women's Unit for MISA under its CDSD. AMAK was funded by RRRT to provide advocacy training on human rights on behalf of the government until 2007.

in order to protect women and children who need shelter and legal and other advice. MISA is using this front line staff to assure that the government can respond to needs that are brought to their attention by police, health care workers, and community members in remote areas.

AMAK

Following Kiribati's attendance at the Beijing Conference in 1995, violence against women became part of a national plan of action for women developed by the national umbrella organisation for women's NGOs known as Aia Mwaea Ainen Kiribati (AMAK). This was a significant achievement for AMAK, given the sensitivity of the issue in a male dominated community. Between 1998 and 2002, a total of 11 outreach programmes on domestic violence awareness were undertaken by AMAK in the outer islands, Christmas Island and South Tarawa.

AMAK serves as the National Council of Women, and its membership consists of church and community women's organisations. Their key activities at present are training of Women Interest Workers, who are stationed with island

AMAK also operates the Virtues Project, which is funded by the New Zealand Agency for International Development (NZAID). This project aims to promote positive virtues in men, women and youth and could possibly be used in an expanded way to work with communities on changing attitudes towards violence against women. A number of people have been trained as trainers for this programme on issues such as parenting, human rights, Christian virtues, and domestic violence.

AMAK is a vital part of the Kiribati women's movement and will be active in carrying out the recommendations of this study on behalf of MISA.

CEDAW report preparation

Preparations for the first CEDAW report are underway by a committee drawn from various key ministries and NGOs. The United Nations Development Fund for Women (UNIFEM) has also committed funds to MISA to fund a local legal officer to assist with CEDAW reporting and the write-up of the report. This support extends to the hosting of an Annual General Meeting of women's NGOs in early 2009.

Support to police

The presence and support of the Pacific Prevention of Domestic Violence Programme (PPDVP) since 2006 and the Pacific Regional Police Initiative since 2005 have assisted in incorporating violence against women and domestic violence into the police training curricula while at the same time working on changing the attitude of the police towards domestic violence. At the time this research was being conducted some outer island police were being trained on domestic violence by the PPDVP in-country mentor. Since then they have been working in collaboration with key council workers on their islands to raise awareness on domestic violence. The establishment of FASO and the community policing programme has also been an important step in improving the police response to cases of violence against women and children.

White Ribbon Day and the 16 Days Campaign

The 16 Days of Activism and White Ribbon Day were celebrated in Kiribati for the first time in 2006 with the support of the resident high commissioners and NGOs. These advocacy activities have contributed to increasing public awareness around violence against women as a human rights violation.

Crisis Centre

Women who have experienced abuse can seek shelter at the Kiribati Crisis Centre, which was established in 1993 and is run by sisters from the Catholic Church. Due to the difficulty in maintaining an undisclosed location in an area as populated as South Tarawa, the location of the centre has, in the past, been discovered by perpetrators, who have sometimes come after their wives. While the police and community surrounding the centre are supportive and the sisters have tried to assure the safety of survivors, this is nevertheless an issue that requires attention. Furthermore, the fact remains that the Crisis Centre is highly underutilised by survivors (less than 20 women per year) due to the socio-cultural barriers woman face in leaving their husbands and seeking refuge with outsiders. As will be discussed in the recommendations, we may need to think outside the traditional model of shelters and refuges to provide the most culturally appropriate support for Kiribati women suffering violence.

AAFR

The Alcohol Awareness and Family Recovery (AAFR) programme, established in Kiribati in 1989, offers families of alcoholics a three-week live-in programme to address problem drinking. The results of this study show that while alcohol is not a cause of violence it is a major trigger or risk factor. The director of the programme, Sr. Teretia Kairo, says that the programme's instructors and counselors of see a strong association between alcohol abuse and domestic violence in the course of their work. She reports that the AAFR programme also includes ways to address violence in the home by working to assist couples in communication and conflict resolution skills. However, the fact that these services are run by the Catholic Church was identified as a barrier for non-Catholics according to a UNIFEM consultant conducting a review on women in politics in Kiribati in 2007. Goodwillie (2007) also noted that Catholicism's entrenched patriarchal ideology and conservative views of sexual practices limit the programme's functioning and staff could benefit from improved networking in the region and attendance at the Fiji Women's Crisis Centre (FWCC) training course.

Kiribati Counselors Association

The Kiribati Counselors Association (KCA) has approximately 60 members who have undertaken at least eight months of full-time training in Kiribati. Some have been educated overseas. Currently they work on family counseling and school counseling and have counselors all around the country. They also train teachers, police, nurses and church leaders in counseling skills. They receive referrals from the police, NGOs and Social Welfare. The KCA counselors have received some minimal training on gender-based violence and dealing with cases of child abuse. All KCA members are volunteers.

KANGO

The Kiribati Association of Non-governmental Organisations (KANGO) has been working with women and children since 2005. This umbrella organisation for NGOs around Kiribati is mainly involved in awareness and works in partnership with community policing officers, assisting with training and advocacy at the village level. KANGO works in tandem with NGOs, RRRT, the police and village committees to promote the rights and empowerment of women in Kiribati.

Table 1.6. Milestones in addressing violence against women

2003	Evidence Act amended to exclude the corroboration requirement for rape
2004	Accession to CEDAW Change of name of the Kiribati Police Force to Kiribati Police Services to enable a more proactive role for the police in various social issues
2005	Family and Sexual Offences (FASO) Unit established with assistance of Pacific Regional Police Initiative
2006	First deployment of Pacific Prevention of Domestic Violence Programme (PPDVP) in-country mentor
2006	New recruit training curriculum for Police begins
2006	First public commemoration of White Ribbon Day, Bairiki Square
2007	Three-year gender-based violence and child abuse program starts under MISA/Secretariat of the Pacific Community (SPC) Second public and first national commemoration of White Ribbon Day, Bairiki Square Sixteen islands were involved in 16 Days of Activism campaign through advocacy of Women Interest Workers, distribution of information on White Ribbon Day, distribution of pamphlets on service providers and advocacy activities on the theme of the International Day for the Elimination of Violence Against Women
2008	Training on gender-based violence conducted with MISA social workers from Tarawa and outer islands Thirty-four female interviewers trained over a three-week period in researching gender-based violence and child abuse by MISA/SPC project team Completion of nationwide Kiribati Family Health and Support Study MISA/National Statistics Office Domestic Violence workshops for outer island police officers and NGOs conducted by PPDVP Third public commemoration of White Ribbon Day, Bairiki Square (25 Nov. 2008) Launching of initial findings of the Kiribati Family Health and Support Study to all high-level decision-makers and dignitaries at State House by His Excellency, President Anote Tong Awareness raising and consultation with Members of Parliament (3 Dec. 2008) Month-long pre-launch campaign to engage community involvement on ending violence against women and children conducted with heavy involvement from youth and adults throughout Tarawa through involvement in drama, action songs, poetry, rap dance and karaoke contests and awareness raising activities Outer island police involvement in awareness raising on domestic violence with support from MISA/SPC and PPDVP (Kuria and Abaiang) Safer Kiribati outreach programmes run by both NGOs and government

Source: PPDVP Kiribati Final Report 2006 and Kiribati Family Health and Support Study Initial Findings Report

CHAPTER 2:
METHODOLOGY

Data entry

Photo: Chris Palethorpe

The WHO methodology for the Kiribati Family Health and Support Study includes both quantitative and qualitative research. This combination of methods is useful to document the reality of abuse with different sources and present it in the voices of women who have survived it. Statistics can make the case, while personal perspectives can evoke empathy and understanding.

In the WHO methodology, the qualitative research is considered a formative phase and is carried out before the quantitative research. However, a review of the gender-based violence and child abuse project in Solomon Islands and Kiribati advised that the quantitative component be carried out first. The reasons cited for this recommendation were to fit in with the schedules of the national statistics offices for use of their resources and key personnel.

Questionnaire development and translation

The study questionnaire was based on the WHO multi-country study questionnaire, version 10, which was the outcome of a long process of international discussion and consultation.[3]

The questionnaire was adapted to the Kiribati context through a stakeholder workshop with the regional and national team. However, an attempt was made to keep the changes to a minimum to ensure that international comparability was maintained.

- A new section (KIR10) with six questions was added to explore the possible co-occurrence of partner violence and child abuse in the same home.
- Three questions were added to examine the impact of partner violence on women's parenting and whether or not they took their children with them the last time they left an abusive relationship.
- One question was added to identify if respondents had any form of disability.
- The WHO study questions on HIV/AIDS were not included because there are substantial HIV/AIDS programmes in Kiribati and data collection is in place under the Ministry of Health and Medical Services. As the questionnaire was becoming very long it was decided that it would be better to remove these questions.
- The WHO study questions on arranged marriage were included.
- Various other response options were made country specific.

In total, less than 10% of the questionnaire was revised, with the rest remaining the same as the WHO version.

Once the questionnaire had been finalised in English it was translated into I-Kiribati by a panel led by the National Coordinator, who has had extensive experience in translation. Once the translation was finalised, the questions were again discussed during interviewer training sessions as the basis of a question-by-question description of the questionnaire. During the training itself further revisions were made and a back translation was carried out by the Regional Researcher. Final minor modifications were made after the pilot survey.

See Annex 1 for a copy of the questionnaire.

Adding a component on child abuse to the WHO questionnaire

The WHO multi-country study has already been conducted in a number of countries around the world. Although the study primarily focuses on intimate partner violence, there are some questions related to the association between intimate partner violence and child abuse. For example, questions address whether children are present during incidences of domestic violence and whether there is an association between exposure to domestic violence and children's behaviour and disruption of schooling. However, when links are made between domestic violence and children's well-being, we should consider the possible existence of the confounding variable that many of these children are also subjected to direct abuse.

3. 'Following an extensive review of a range of pre-existing study instruments, and consultation with technical experts… the core research team developed a first draft of the questionnaire. This was then reviewed by the expert steering committee and experts in relevant fields, and suggestions and revisions were incorporated' (Garcia-Moreno et al. 2005). The revised questionnaire was then reviewed by country teams and translated and pre-tested in six countries (Bangladesh, Brazil, Namibia, Samoa, Thailand and Tanzania), after which further revisions were made. The completed version 9.9 was used in these six countries. An updated version of the questionnaire (version 10), which incorporates the experiences of the first eight countries, was the one on which the Kiribati study was based.

Photo: Henriette Jansen

Traditionally, domestic violence and child abuse have been viewed as two distinctly separate issues and research, policy development and service implementation has been informed by this assumption. However, it has now been acknowledged that when researchers and practitioners focus on only one form of abuse within the family, there is a fragmentation in their understanding of family violence. This has meant that approaches to addressing this issue have not necessarily been effective for all those affected by the violence (Fielding and Taylor 2001). There is increasing evidence suggesting that collaboration is required between the two fields (child protection and domestic violence) if the effectiveness of interventions is to be maximised. It is hoped that reducing fragmentation at the research level will encourage a more holistic and collaborative approach in both the development of policy and the implementation of services for both women and children.

The co-occurrence of domestic violence and child abuse in the same families is well documented (Appel and Holden 1998; Edleson 1999; Jaffe et al. 1990). There is a growing body of research that not only provides empirical evidence that different types of violence may co-occur in the same families, but also that the presence of one form of violence in a family may be a strong predictor of the presence of other forms of violence. It has been suggested that studies that have produced such findings need to be viewed with some caution due to the fact that there are inconsistencies between these studies in both the definitions used and the different methodologies employed (Edleson 2001). However despite these recognised differences, it is evident that there are a number of common themes that emerge that cannot, and should not, be ignored by researchers, policy-makers, clinicians and practitioners working in the field of domestic violence and/or child abuse:

- The perpetrators of domestic violence may also be perpetrators of child abuse in the same family (physical and/or sexual).
- Witnessing domestic violence has a detrimental effect (short-term and long-term) on children's well-being.
- Children who are abused may be more likely to become adult perpetrators or victims of violence (intergenerational transmission).

In an attempt to explore the co-occurrence of domestic violence and child abuse in Kiribati and Solomon Islands, the WHO study questionnaire was adapted to include questions that sought to gather data on the association between these two forms of violence. This adaptation was from a gendered approach in that child abuse was being studied in the context of domestic violence and therefore the data gathered are specifically and primarily about violence and abuse against children by a woman's male partner.

Specifically, a new section was added which asked women who had ever been married or lived with a man, and had a child who was alive, if their partner had ever emotionally, physically or sexually abused any of their children. The following specific acts were asked about:

- Doing things to scare the children on purpose.
- Slapping, pushing, shoving or throwing something that could hurt them.
- Hitting them with his fist, kicking them, beating them up, or doing anything else that could hurt them.
- Shaking, choking, burning on purpose or using a gun, knife or other weapon against them.
- Touching them sexually or making them do something sexual that they did not want to.

Women who reported that their partner had committed any of these acts against her child(ren) were asked if the children had ever been injured as a result of these acts. Those who reported injuries were then asked if their children received health care for their injuries. Follow-up questions were asked about why or why not women had sought health care for their children.

Other questions were also added throughout the questionnaire. For example, women who reported violence were asked if their partner's violence had affected the way that they parent their children. In addition, women who reported leaving a violent relationship at least once were asked if, the last time they left, they took their children with them. Follow-up questions were asked about why they did not take their children (if this was the case).

Interviewer selection and training

> ***It was not an easy job not knowing if members of a household would welcome us but we felt very encouraged by the response of members of some selected households…It showed us that our concern about those affected was also shared by many out there.***
>
> Interviewer

> ***For those of us not yet experiencing married life, it is an eye opener. It informs us of the importance of making the right choices.***
>
> Interviewer

International research indicates that women's willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills (Ellsberg 2001; Jansen et al. 2004). Therefore, paramount importance should be given to the selection and training of interviewers. Drawing from

Photo: Henriette Jansen

the guidelines of the WHO study, the Kiribati study used only female interviewers and supervisors.

A large pool of 60 potential interviewers was recruited based on experience and attributes as recommended in the WHO guidelines (Watts et al. 1998). Based on their participation and competence during the training and pilot survey, the pool was narrowed to a final group of 34 field researchers to conduct the survey. The team found that age and previous work experience were not the most important criteria for identifying good interviewers. In fact, we found that many of the older women did not have the literacy skills to be able to follow the relatively complicated questionnaire. The most important qualities for successful interviewers were an ability to listen, ability to instill confidence of confidentiality and empathy to respondents, and higher education levels.

All interviewers were required to sign an oath of confidentiality with a magistrate prior to the start of the fieldwork.

Given the complexity of the questionnaire and the sensitivity of the issues to be covered, extra training in addition to that normally provided to survey research staff was deemed necessary. Based on the WHO study standardised training course for interviewers, a three-week in-depth training session was conducted with regional and national project office staff and interviewers and supervisors recruited by the project office in Kiribati. The training was carried out by an international consultant with experience replicating the WHO multi-country study and a UNICEF consultant (child abuse component). The training included sensitisation on gender, child abuse, gender-based violence, interviewing techniques, ethical and safety considerations and the use and administration of the questionnaire and other relevant survey materials (Box 2.1). WHO course materials, including a training facilitators manual, a question-by-question explanation of the questionnaire, and specific procedural manuals for interviewers, supervisors, field editors and data processers were adapted to the country context and translated where necessary.

Photo: Chris Palethorpe

Two extra days were dedicated to supervisor and field editor training, which was conducted with those selected by the project team (the trainers and the National Statistics Office), to take on these roles. This training included: instructions on household listing, household coding, quality control procedures, fieldwork protocols, responding to cases of child abuse and high-level violence, managing finances, travel and accommodation arrangements, ethical and safety protocols, and procedures for editing questionnaires. At the end of the training all trainees were thoroughly assessed using an oral test and a short role-play covering sections 7 and 10 of the questionnaire.

Box 2.1. Goals of interviewer training

The goals of the training were to enable interviewers to:

- be sensitive to gender issues at a personal and a community level;
- develop a basic understanding of gender-based violence and its characteristics, causes, and impact on the health of women and children;
- understand the goals of the study;
- learn skills for interviewing, taking into account safety and ethical guidelines for research on domestic violence; and
- become familiar with the questionnaire, protocol, and field procedures of the study (Jansen et al. 2004).

Interviewers, supervisors and editors now offer an excellent resource that can be drawn on for future work on violence against women. Many interviewers felt that the training and field experiences opened their eyes to the realities of women's lives and had been a transforming experience

Sample design

The survey sample design was developed by the National Statistics Office with technical assistance from the Secretariat of the Pacific Community (SPC). This design was based on a systematic sample of 1500 interviews, 750 on South Tarawa (urban) and 750 from the outer islands. It was noted that due to the sensitivity of the survey the number of non-response cases may be particularly high. To adjust for a possible reduction of the actual sample size due to non-response, the sample size was inflated by 25%. With this adjustment, the total sample size of households to be visited for this survey was 2000. The sample size represents 15% of all households in the Kiribati and 8% of the female population aged 15–49 in Kiribati. Table 2.1 shows the new sample size after non-response adjustment.

This design strayed from the WHO recommended multi-stage strategy, which consists of 3000 interviews: 1500 from the urban area and 1500 from the rural area. The justification for the reduced sample was that Kiribati had a much lower population than most of the places in the world where the WHO method had been used. Also, because the study used a list-based systematic sample, updated lists of households would have to be produced for each selected island and a systematic skip would be needed to produce the required sample.

Despite it being necessary to only generate estimates at the urban/rural level, the outer islands were further stratified so that they could be better represented. The stratification adopted for the 2006 household income and expenditure survey (HIES) was therefore applied and three strata for the Gilbert Islands (northern, central and southern) and one for the Line and Phoenix Islands were selected. South Tarawa was left as the 5th stratum. Because of cost issues only two islands were selected randomly from each stratum, except the Line and Phoenix Islands where only one was selected.

For sampling in South Tarawa, a two-stage sample design was adopted. For the first stage, systematic sampling was adopted and a predetermined number of 77 enumeration areas were specified to achieve the sample size of 1000 households. The households were then allocated proportionately to each enumeration area based on the overall number of households per area. A systematic skip was then run through the updated list of households for each selected enumeration area to produce the final sample.

The sample for the outer islands (also 1000 households) was proportionally allocated to each stratum based on the number of 15–49-year-old females counted during the 2005 census. Within each stratum, the sample was then proportionally allocated to each island once again based on the number of 15–49-year-old females counted during the 2005 census. On each selected island, an updated household listing exercise was performed for all villages. The sample required from each village was determined based on the proportion of households

Photo: Henriette Jansen

that village contained. A systematic skip was then run through the village to achieve the final sample. In all, 1010 households were finally selected from the outer islands.

The target population was women aged 15–49. In each selected household only one woman was randomly selected among all eligible women to be interviewed. WHO ethical guidelines stipulate that there should be a maximum sampling density of 25% in each cluster (island); that is, no more than one in four households on an island should be sampled. This in order to promote confidentiality and ensure that the nature of the survey (i.e. that it asks about violence against women) does not spread around the island too quickly, as this could put the safety of both the respondent and the interviewer at risk and reduce the likelihood of open and honest reporting by women. This density was maintained in most places except for a couple of enumeration areas in South Tarawa.

Table 2.1. Allocation of sample size

Islands	Female 15-49 yrs	Final sample size	Adjusted for non-response (+25%)
South Tarawa	11,580	**750**	**1000**
Abaiang	1478	**205**	**273**
Marakei	614	**86**	**114**
Kuria	259	**56**	**75**
Aranuka	276	**60**	**80**
Tabiteuea North	917	**155**	**206**
Nikunau	389	**65**	**87**
Christmas Island	2109	**124**	**165**
TOTAL	**17,622**	**1501**	**2000**

Fieldwork procedures

The Kiribati Family Health and Support Study was conducted by MISA and the National Statistics Office with technical support provided by SPC.

During the training, six field teams of different sizes (proportional to the sample size of the area they had to cover) were formed. Each team had one supervisor/counselor, one field editor and one to three interviewers.

One team was assigned to each stratum except South Tarawa, which had two teams, and enumerators conducted interviews under the guidance of a supervisor. Data collection in the islands took between six and ten weeks and when the teams returned they helped the South Tarawa teams. Data collection was conducted from 1 May to 10 July 2008.

Conducting research of this kind always raises challenges. Most challenges in Kiribati were related to the sensitive nature of the research topic, limited time, funds and human resources, and the logistical challenges of conducting research in so many dispersed islands. However, these issues were all overcome, and the high response rate and the high rates of disclosure of violence are a testament to the quality of the research.

Mechanism for quality control

A number of mechanisms were developed by WHO and used in all countries that took part in the WHO study to ensure cross-site comparability. The following mechanisms were used to ensure and monitor the quality of the survey and implementation:

- use of a detailed standardised training package;
- clear explanations of the requirements and conditions of employment to each interviewer and supervisor, outlined in a contract with MISA;
- compilation of details of eligible members of each household during the survey so that possible sampling biases could be explored by comparing the sample interviewed with the distribution of eligible respondents;

- close supervision of each interviewer during fieldwork, including having the supervisor observe the beginning of a proportion of the interviews;
- 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 initial interview;
- continuous monitoring of each interviewer using performance indicators such as response rate, number of completed interviews and rate of identification of physical violence;
- having a questionnaire editor in each team review each completed questionnaire to identify inconsistencies and skipped questions, thus enabling any gaps or errors to be identified and corrected before the team moved on to another cluster;
- a second level of questionnaire editing upon arrival of the questionnaires in the central office; and
- extensive checking of validity, consistency and range, conducted at the time of data entry by a programme incorporated in the data entry system, and double entry of all questionnaires followed by validation and correction of computer-identified errors (Garcia-Moreno et al. 2005:101–104).

Data processing

Data processing activities involved manual and automatic processes with a direct impact on the quality of the data. Listed below are the main procedures involved in the process:

1. reception and verification of questionnaires
2. data entry (double entry and verification)
3. secondary editing
4. recoding new variables
5. tabulation

The data processing system was developed using CSPro 3.3 and was designed to run in a network-based environment. The system included double data entry, data verification, data editing and tabulation. The data processing supervisor was responsible for implementing all procedures listed above.

The following steps were used to complete questionnaires and enter data:

- Interviewer collects data and completes questionnaire.
- Interviewer checks questionnaire, and corrects any errors, returning to respondents if necessary.
- Supervisor/field-editor checks questionnaires and may re-interview a sample of respondents.
- Data entry supervisor checks and sorts questionnaires.
- Data entry clerk enters data into the computer.
- At the time of data entry, data is interactively checked by the data entry system. The checks ensure that data is within allowable ranges (e.g. age must be in the target range). Checks also ensure that data is consistent from one question to another (e.g. if respondent has one child she must have had at least one pregnancy). Any errors found are corrected.
- A different data entry clerk enters the data into the computer a second time (100% of all questionnaires were entered twice).
- The two data files are compared (validated) to find any typing errors and errors are corrected.

Photo: Chris Palethorpe

Questionnaires

Reception and verification of questionnaires

Questionnaires in every batch were counted and checked once the supervisor received them.

Data entry

Every batch was entered twice, allowing 100% verification. The two data files were compared and the supervisors fixed any differences found. The data entered in the first round was used to run the secondary edits while the data entered in the second round was stored as raw data.

Secondary editing

In secondary editing a programme checked the structure of the questionnaire, validating individual data items and checking and testing consistency between items. This programme was run on every batch once secondary entry was completed and no more differences were found between the data sets. When data entry was completed, all batches were combined into a single data file and the programme was re-run on the combined data file to make sure that all errors were fixed and the data were ready to generate the final tabulation.

Recoding new variables

The final tables were generated from a series of new variables, which required the data to be recoded.

Tabulations

Tabulations produced followed the tabulation plan provided by the survey team.

Interview guidelines

- All respondents were interviewed in private and no names were written on the questionnaires.
- Consent to participate in the interview was given orally by participants, with the interviewer signing to confirm that the consent procedures had been completed.
- Participation was fully voluntary, and no payment or other incentive was offered to participants.
- In addition, before starting on particularly sensitive sections of the interview, women were again asked whether they wanted to proceed, and were reminded that they were free to terminate the interview or to skip any questions they did not want to answer.
- If the interview was interrupted, the interviewers were trained either to terminate the interview or to stop asking about violence and to move on to another, less sensitive topic until privacy could be ensured (Garcia-Moreno et al. 2005:21–22).
- The interview was scripted to end on a positive note, highlighting the respondent's strengths and the unacceptability of violence.

- At the end of the interview, irrespective of whether the respondent had disclosed violence or not, respondents were offered a leaflet giving contact details about available health, support and violence-related services.

Qualitative research

MISA undertook qualitative research on violence against women and child abuse from August to October 2008 to be used in conjunction with the quantitative results in order to develop a comprehensive understanding of the issue in Kiribati. The research included:

- interviews with key informants;
- in-depth interviews with survivors and perpetrators of violence;
- focus group discussions with women and men in different age groups; and
- focus group discussions with health professionals.

While the qualitative research was secondary to the quantitative research, it was used to:

- identify the range of forms of violence commonly occurring;
- gain insights into men's and women's perceptions about what behaviours are abusive in different contexts;
- identify terms and expressions that are commonly used to discuss different forms of violence against women;
- document perceptions about the consequences of family violence on women, the family, children and society as a whole;
- explore what strategies are used by women in violent relationships to end violence or to reduce its consequences;
- help interpret the survey findings and supplement the quantitative data obtained; and
- use women's own voices to support the qualitative data.

Photo: Chris Palethorpe

Focus group discussion

Key Informants

Twenty key informant interviews were conducted in September 2008. Key informants included representatives from the government, health sector, legal sector, the police, non-governmental and church organisations such as Reitan Aine Kamatu (RAK), Teitoiningaina and the Crisis Centre. See Annex 2 for a full list of all key informants interviewed.

In-depth interviews with survivors and perpetrators of violence

Twenty in-depth semi-structured interviews were held with women who were known to have experienced different forms of violence. Participants were recruited through the Community and Social

Development Services unit of MISA and through the country team. The majority of these (16) were conducted with women who had experienced partner violence. The interviews with survivors of partner violence were used to gain a better understanding of how women describe their experiences of violence and used to help interpret the survey findings and supplement the quantitative data obtained.

It proved more difficult to find survivors of child abuse and non-partner violence to participate in the qualitative research. Because the number of interviews was too small, the in-depth interviews with non-partner violence survivors are not used for analysis; however, some quotes are used to support the quantitative findings.

During the interviews, careful attention was given to the ethical and safety issues associated with the study. Care was taken to ensure that strict confidentiality was maintained, and that the respondents could not be identified in follow-up dissemination activities. Each interview aimed to end on a positive note, identifying the respondent's strengths and abilities. All tapes of interviews were erased once transcripts had been made. Ten in-depth semi-structured interviews were conducted with men who were known to have been perpetrators of intimate partner violence. While the questions followed a similar format to that followed for the female interviews, careful attention was paid to ensure that the interviewer did not come across as moralizing or judgmental in order to encourage open and honest responses and to avoid defensiveness. Male interviewers conducted the interviews with male perpetrators while female interviewers conducted the interviews with female survivors of violence. The in-depth interview questions, which were based on a format developed by the WHO multi-country study, are in Annex 3.

Focus group discussions

Seven focus group discussions were conducted in Bikenibeu in Tarawa in September 2008 to explore general community attitudes and beliefs about violence against women in order to develop appropriate and effective recommendations and to assist in the analysis of the quantitative research. Each focus group consisted of 6–10 participants. Participants were grouped as follows:

Focus group discussion

Photo: Chris Palethorpe

- Males 15–19 years
- Males 20–34 years
- Males 35–49 years
- Females 15–19 years
- Females 20–34 years
- Females 35–49 years
- Health professionals

The participants were randomly selected from across the community and represented a wide range of people. The female focus group discussions were facilitated by women while the male focus groups were facilitated by men.

The focus group discussions used a story completion model based on a format developed by the WHO multi-country study. A brief story about a third person experiencing domestic violence or sexual abuse was read to the group and then the group was encouraged to discuss the issues that arose based on some guiding questions asked by the facilitator. Four different stories were explored:

- a case of intimate partner violence that included financial and emotional abuse only
- a case of intimate partner violence that included severe forms of physical and sexual abuse
- a case of childhood sexual abuse
- a case of physical child abuse by a father

The stories used were specifically developed for Kiribati so that they were culturally relevant, realistic and dealt with the specific types of violence evident in Kiribati.

Ethical and safety considerations

The Kiribati study followed the WHO ethical and safety guidelines for research on violence against women (Box 2.2). The guidelines emphasise the importance of ensuring confidentiality and privacy, both as a means to protect the safety of respondents and field staff and to improve the quality of the data. Researchers have a responsibility to ensure that the research does not lead to the participant suffering further harm and does not further traumatise the participant. Furthermore, interviewers must respect respondents' decisions and choices.

Box 2.2. Ethical and safety guidelines

- Safety of respondents and the research team was taken to be paramount, and guided all project decisions.
- The study aimed to ensure that the methods used built upon current research experience about how to minimise the underreporting of violence and abuse. For example, the questionnaire never uses loaded terms such as violence, abuse, rape etc. Rather, specific acts of violence are described and women report whether they have experienced such acts (see Box 3.1).
- Mechanisms were established to ensure the confidentiality of women's responses. For example, names and addresses were not recorded and instead a coding system was used, interviews were only conducted in private and interviewers were trained to change the subject if ever interrupted, and the survey was referred to as 'The Survey on Women's Health and Life Experiences' so as not to alert the public to the nature of the study.
- All research team members were carefully selected and received specialised training and support.
- The study design included actions aimed at minimising any possible distress caused to the participants by the research.
- Fieldworkers were trained to refer women requesting or needing assistance to available local services and sources of support (Garcia-Moreno et al., 2005: 21).

Strengths and limitations of the study

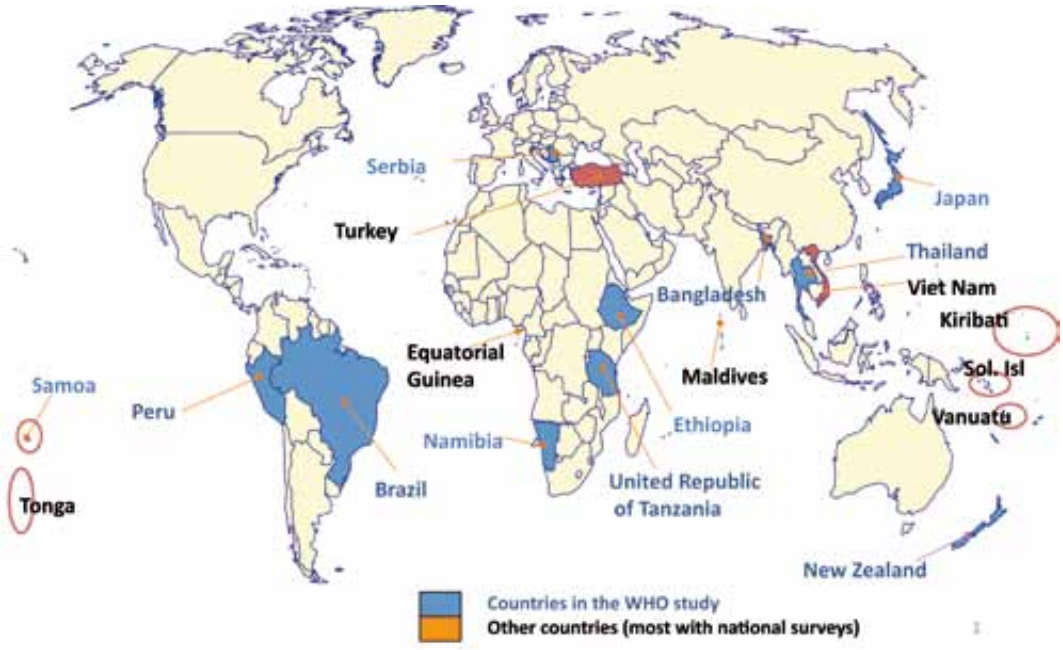
While the research methodology and findings are robust and consistent with international findings, as with all research, there are some limitations that should be mentioned. First, the cross-sectional design does not permit proof of causality between violence by an intimate partner and health problem or other outcomes. Nevertheless, the findings give an indication of the types of association and the extent of the associations.

Second, as with any study based on self-reporting, there may be recall bias on some issues. However, recall bias would tend to dilute any associations between violence and health outcomes or reduce the prevalence rates rather than overestimate them.

Third, it is possible that the decision to select only one woman per household could introduce bias by under-representing women from households with more than one woman. However, this was tested by weighting the main prevalence outcomes to compensate for differences in number of eligible women per household. The results showed that the differences in selection probability did not significantly affect the outcome.

Special strengths of the study methodology include its nationally representative sample, the comparability with other countries where the survey was conducted, the use of rigorous interviewer training and the emphasis on ethical and safety concerns (Garcia-Moreno et al. 2005:87–88).

Figure 2.1. Countries worldwide that have implemented the WHO multi-country study methodology (H.A.F.M. Jansen, personal communication, 2009).



CHAPTER 3:
RESEARCH OBJECTIVES AND QUESTIONNAIRE

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Objectives of research

In line with the WHO multi-country study, the Kiribati Family Health and Support Study aims to:

- obtain reliable estimates of the prevalence and frequency of different forms of physical, sexual and emotional violence against women in Kiribati, with particular emphasis on violence perpetrated by intimate male partners;
- document consequences of violence against women, including effects on general health and reproductive health and effects on children;
- document and compare the coping strategies and services that women in Kiribati use to deal

with the violence they experience;
- identify factors that may protect or put women at risk for intimate partner violence;
- explore the association between intimate partner violence and child abuse within the same home; and
- explore men's attitudes around intimate partner violence and child abuse.

Research questions

The WHO multi-country study questionnaire used for this study (and adapted to a limited degree) was originally designed to answer the following research questions:

1. What is the prevalence and frequency with which women are physically or sexually abused by a current or former intimate partner? To what extent does violence occur during pregnancy?
2. What is the prevalence and frequency with which women have ever been physically or sexually abused by someone other than an intimate partner (for example, in the workplace or by another family member or stranger)?
3. To what extent is domestic violence against women witnessed by children within the household? To what extent are other family members aware of the abuse?
4. What are the consequences of domestic violence against women on their children? Does it appear to affect factors such as school enrolment, or whether children have nightmares or behavioural problems?
5. To what extent is a history of violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
6. What are the consequences of domestic violence on different aspects of women's lives? To what extent does violence affect women's ability to work, provide for their family, and interact with the community?
7. What family and individual factors are associated with the occurrence of different forms of domestic violence against women? Is there an association with factors such as a woman's access to and control of resources, the willingness of her family members or friends to intervene, a history of previous victimisation by other perpetrators, or her access to formal and informal sources of support?
8. What strategies are used by women to minimise or end violence? Specifically, to what extent do women experiencing abuse retaliate against the perpetrator, leave the relationship, or seek help from family members, friends, or different service providers or support agencies? What are their feelings about the adequacy of the response, and are there groups from whom they would like to receive more help?
9. What are women's attitudes to violence, particularly domestic violence? What do they consider acceptable behaviour for men and women in situations of conflict?
10. What are men's attitudes to violence against women and children? What do they consider acceptable behaviour?
11. What is the association between women experiencing partner violence and the same partners being violent towards the woman's children?
12. What individual factors are associated with men being violent towards their partners? Is there an association with factors such as men having witnessed violence between their parents as children, male loss of status, male violence towards other men, or alcohol and drug use?

The Kiribati study questionnaire includes the following 12 sections. The questionnaire replicates the WHO multi-country study questionnaire, version 10. Section KIR10 was added specifically for the Kiribati study to investigate potential emotional, physical and sexual abuse against the respondent's children by her partner/s.

1. **Community data:** community information, community social capital, geographic proximity between the residence of the interviewee and her relatives, her membership in local groups, and her demographic data
2. **General health:** interviewee's mental and physical health during the previous month and health-related lifestyle practices such as smoking
3. **Reproductive health:** interviewee's history of pregnancy, miscarriage, contraceptive use, and male partners' shared responsibility in family planning practices and condom use
4. **Children:** interviewee's children, the time when she was pregnant and after delivering, and the children's behaviours
5. **Current or most recent partner:** interviewee's partner and his lifestyle (e.g. drug use and alcohol consumption, employment status and type)
6. Attitudes towards gender roles
7. **Experience of violence:** for ever-partnered women – relationships and experience with intimate partner violence, e.g., sexual, physical, and psychological, violence during pregnancy, and types and frequency of violence perpetrated by intimate partners
8. Physical injuries and treatment sought, or why no treatment was sought
9. **Factors and situations** preceding the violence by intimate partners, the consequences of violence, women's coping strategies, and leaving the home

KIR10. Partner's treatment of children

10A. Experience of physical, sexual or childhood sexual abuse by non-partners

11. **Financial autonomy** of respondent, possession of property, and ability to use household resources
12. **Completion of interview** and opportunity for anonymous reporting of childhood sexual abuse

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Sections 5, 7, 8 and 9 were administered to women ever or currently married or with a current regular partner (these women were considered 'ever partnered' in this study). They were not administered to women who had never been in a relationship. Sections 8 and 9 were only for those who reported physical and/or sexual violence in Section 7. Sections 4 and KIR10 were only for women with children. The time required for each questionnaire interview was 30–90 minutes, depending on the participant's experience being in a relationship, intimate partner violence and violence during childhood.

Measuring violence

The Kiribati study, which replicates the WHO multi-country study, focuses primarily on 'domestic violence' experienced by women. This type of violence is also known as violence by an intimate partner, has been shown globally to be the most pervasive form of violence against women. It includes physical, sexual or emotional abuse as well as controlling behaviour by a current or former intimate male partner, whether married or not.[4] The study also examined physical and sexual violence against women, before and after the age of 15, by perpetrators other than an intimate partner. The acts used to define each type of violence measured are summarised in Box 3.1.

Box 3.1. Operational definitions of violence used in the Kiribati Family Health and Support Study (replicating WHO multi-country study)

Definitions:

Physical violence by an intimate partner

- Was slapped or had something thrown at her that could hurt her
- Was pushed or shoved or had her hair pulled
- Was hit with fist or something else that could hurt
- Was choked or burnt on purpose
- Perpetrator threatened to use or actually used a weapon against her

Sexual violence by an intimate partner

- Was 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 partner might do
- Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner

- Was insulted or made to feel bad about herself
- Was belittled or humiliated in front of other people
- Perpetrator had done things to scare or intimidate her on purpose (e.g. by yelling or smashing things)
- Perpetrator had threatened to hurt her or someone she cared about

Physical violence in pregnancy

- Was slapped, hit or beaten while pregnant
- Was punched or kicked in the abdomen while pregnant

Physical violence since age 15 years by others (non-partners)

- Since the age 15 someone other than partner slapped, pushed or shoved, hit with fist or with something else that could hurt her

Sexual violence since age 15 years by others (non-partner)

- Since age 15 years someone other than partner tried to force or forced her to have sex or perform a sexual act when she did not want to

Childhood sexual abuse (before age 15)

- Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to

Controlling behavior

- 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
- 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

4. Although there is widespread agreement, and some standardisation regarding what acts are included as physical violence and to some extent sexual violence, there is little agreement on how to define and measure emotional abuse because the acts that are perceived as abusive are likely to vary between countries and even between groups within countries. Because of the complexity of defining and measuring emotional abuse, the questions regarding emotional violence and controlling behaviour should be considered as a starting point, rather than a comprehensive measure of all emotional abuse (Garcia-Moreno et al. 2005).

A range of behaviour-specific questions related to each type of violence were asked. For the purposes of analysis, in line with the WHO methodology, the questions on physical violence were divided into those considered 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury (Box 3.2).[5]

Box 3.2. Severity scale used to rate level of violence

'Moderate' violence:

Respondent answers 'yes' to one or more of the following questions regarding her intimate partner (and does not answer 'yes' to questions c–e below):

a. **[Has he] slapped you or thrown something at you that could hurt you?**
b. **[Has he] pushed or shoved you?**

'Severe' violence:

Respondent answers 'yes' to one or more of the following questions regarding her intimate partner:

c. **[Has he] hit you with his fist or with something else that could hurt you?**
d. **[Has he] kicked you, dragged you or beaten you up?**
e. **[Has he] threatened to used or actually used a gun, knife or other weapon against you?**

For each act of physical, sexual or emotional abuse reported, the respondent was asked whether it had happened in the past 12 months or prior to the past 12 months, and with what frequency (once or twice, a few times, or many times).

5. Ranking acts of physical violence by severity is controversial because it is debatable what types of action causes severe injuries. The breakdown of acts by severity used in this report uses the WHO standard, which closely tracks other measures of severity, such as injury and mental health outcomes

Ever-partnered women

The definition of ever-partnered women is central to the study because it defines the population that could potentially be at risk of partner violence, and hence becomes the denominator for prevalence figures. In the Kiribati study, it was decided that a broad definition of partnership was needed, since any woman who had been in a relationship with an intimate partner, whether married or not, could have been exposed to the risk of violence. Therefore, the definition of 'ever-partnered women' included women who had ever been married, ever lived with a man (without being married), or ever been in a dating relationship (not living together).

Photo: Henriette Jansen

Photo: Henriette Jansen

Violence by non-partners

The survey also explored the extent to which women report experiencing violence by perpetrators other than a current or former male partner. It included questions on physically or sexually abusive behaviour by such perpetrators since the age of 15 years, in different contexts (at school or work, by a friend or neighbour or anyone else). Follow-up questions explored the frequency of violence for each perpetrator.

Childhood sexual abuse

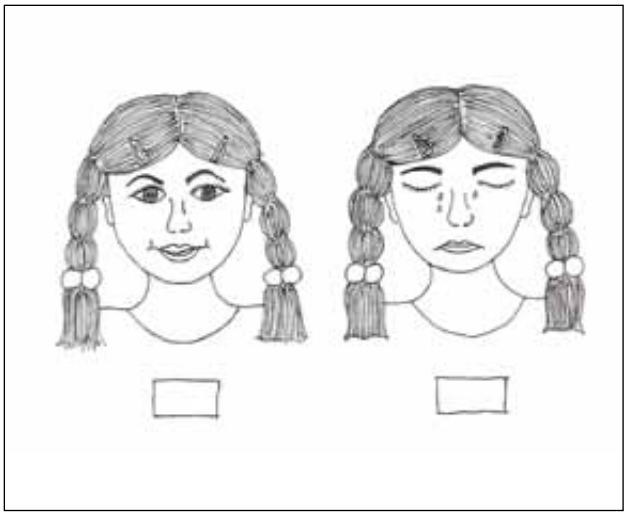
The survey also explored the extent to which women had been sexually abused by others before the age of 15. Early sexual abuse is a highly sensitive issue that is particularly difficult to explore in survey situations. Therefore, three approaches were used. First, respondents were asked in interview if anyone ever touched them sexually, or made them do something sexual that they did not want to, before the age of 15 years (Q 1003). If the respondent answered 'yes', follow-on questions asked about the perpetrator, the ages of the respondent and the perpetrator at the time, and the frequency of the abuse.

Secondly, at the end of each interview, respondents were offered an opportunity to indicate in a hidden manner whether anyone had ever touched them sexually, or made them do something sexual that they did not want to, before the age of 15 years, without having to disclose their reply to the interviewer. For Q 1201, respondents were handed a face card that had a pictorial representation for 'yes' and 'no' and asked to record their response in private (Figure 3.1). The respondent then folded the card, placed it in an envelope and sealed the

envelope before handing it back to the interviewer. The sealed envelope with the card was attached to the questionnaire to allow for the information to be linked to the individual woman during data entry.

Thirdly, respondents were asked how old they were at their first experience of sexual intercourse and whether it had been something they wanted to happen, something they had not wanted but that had happened anyway or something that they had been forced into.

Figure 3.1. Child face card for examining childhood sexual abuse[6]



6. The face card was developed by the Maldives study and used with their permission for the Kiribati study.

Photo: Henriette Jansen

Photo: Office of Te Beretitenti

CHAPTER 4:
RESPONSE RATE AND SAMPLE DEMOGRAPHIC

Photo: Chris Palethorpe

Despite concerns about the possibility of low response rates because of the sensitive nature of the questionnaire, an exceptionally high household response rate of 99.8% and individual response rate 98% were achieved (Table 4.1).

There was no significant variation in response rates between South Tarawa and the outer islands. However, the outer islands had a higher percentage of households without eligible women. This is likely because in Kiribati, as in many other Pacific Island countries and territories, many women aged 15–49 migrate to urban areas for employment and education opportunities, often leaving only younger children and older people in the villages. Overall, 1769 women completed the questionnaire and the non-response rate did not exceed the 25% by which the sample was inflated by to account for possible refusals. This means that the size of the

sampled exceeded the size needed to be nationally representative. Also, given the high individual response rate any possible participation bias is likely to be low.

Garcia-Moreno et al. (2005:23) argue that, 'As women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over-reporting of violence.' The main potential form of bias is likely to reflect respondents' willingness to disclose their experiences of violence. However, the standardisation of the study tools, careful pre-testing of the questionnaire and intensive interviewer training will have helped to minimise bias and maximise disclosure. Nevertheless, remaining disclosure-related bias would likely lead to an underestimation of the levels of violence. Therefore, the prevalence figures should be considered to be minimum estimates of the true prevalence of violence in Kiribati.

Respondent's satisfaction with interview

> ***'I am very happy to have had this chance of talking with you because it made feel better after sharing my problems with you.'***
>
> Survey respondent

Overall, most respondents found participating in the survey to be a positive experience and expressed sincere gratitude that they were able to share their experiences with someone else with the confidence that whatever they said would be confidential. On many occasions the interviewer was the only person with whom they had ever shared this information.

When asked at the end of the interview if they felt better, no different or worse after the questionnaire discussion, nearly all respondents (98.6%) said they

Table 4.1. Household and individual response rates, by region

	Kiribati		South Tarawa		Outer Islands	
	number	%	number	%	number	%
Household results						
Household empty / destroyed	63	3.1	35	3.5	28	2.8
Household refused	4	0.2	1	0.1	3	0.3
Household completed	1941	96.9	962	96.5	979	97.2
Total households sampled	**2008**		**998**		**1010**	
Household response rate		**99.8**		**99.9**		**99.7**
Individual results						
Household completed	1941	96.9	962	96.5	979	97.2
No eligible woman in household	139	7.2	28	2.9	111	11.3
Eligible woman absent/postponed/ incapacitated	17	0.9	3	0.3	14	1.4
Eligible woman refused	16	0.8	8	0.8	8	0.8
Individual interview completed	1769	98.2	923	98.8	846	97.5
Total household with eligible women	**1802**	**100.0**	**934**	**100.0**	**868**	**100.0**
Individual response rate		**98.2**		**98.8**		**97.5**

Household response rate is calculated as follows: completed interviews/(households sampled – households empty/destroyed)

Individual response rate is calculated as follows: completed interviews/households with eligible women

Photo: Chris Palethorpe

felt better. Very few women said they did not feel any different (1.2%) and virtually none reported that they felt worse after the interview (0.1%) (Table 4.2). This confirms that although domestic violence may be considered by some to be a private family matter, women want to, and benefit from, sharing their experiences when asked in a confidential, kind and respectful manner (Jansen et al. 2004).

Table 4.2. How respondents felt after the interview

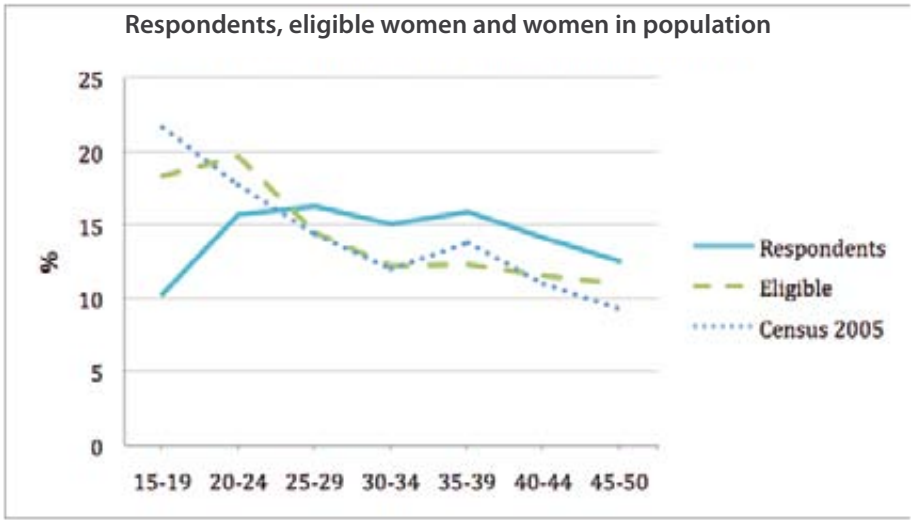
	All respondents		Respondents reporting partner violence	
	number	%	number	%
Good/better	1744	98.6	1014	98.3
Bad/worse	1	0.1	1	0.1
Same/no difference	22	1.2	16	1.5
Missing	2	0.1	1	0.1
Total	**1769**	**100**	**1032**	**100**

Characteristics of respondents

Age of respondents

As would be expected from the demographic profile of Kiribati, there were fewer respondents in the older age groups than in the middle age groups. In terms of potential sampling bias, if we compare the age distribution of the respondents to that of the actual population of women aged 15–49 in Kiribati (according to the census) we find that there are some disparities. We see that the younger age groups are under-represented and those in the middle age groups (25–49) are over-represented. But if we look at the age distribution of all eligible women in the household we see that this closely matches the national age distribution (Graph 4.1).

Graph 4.1. Age, partnership status and educational characteristics of all respondents who completed the interview.



This was the case in all study sites that undertook the same research. Garcia-Moreno et al. (2005:112) explain that the disparity most likely results from the sampling strategy used in the study, where, for safety reasons, only one woman per household was interviewed. As a result of this strategy, women in households with fewer eligible women were likely to be over-represented because of their higher probability of being selected. This in turn is likely to have affected the age distribution of respondents, as households with women in the middle age groups were likely to have, on average, fewer eligible women in the same household (daughters still too young and mother too old), while in households with an adolescent woman it was more likely that there were also others who were eligible (her siblings, her mother).

In order to assess this potential bias, the prevalence estimates for violence were compared with the weighted estimates, taking into account the number of eligible women in each household. Table 4.3 shows the unweighted and weighted prevalence of partner violence.

Table 4.3. Prevalence of violence against women by an intimate partner among ever-partnered women

Type of violence	Unweighted prevalence (%)	95% CI assuming simple random sample (%)	Prevalence weighted for number of eligible women in household (%)	Prevalence weighted for effects of sampling (%)
Physical violence	60.0	58-62	62.3	61.1
Sexual violence	46.4	44-49	49.0	48.0
Physical and/or sexual violence	67.6	65-70	70.2	69.1

We found that the prevalence of physical and sexual violence weighted for number of eligible women in the household was only slightly higher than the unweighted prevalence. In our unweighted sample, younger women (in households with several eligible women) were under-represented compared to age groups around 25–40 (Graph 4.1). Weighting for number of eligible women corrects for this. The fact that the prevalence of violence is higher in the weighted analysis could imply that women in larger households are at a slightly increased risk of partner violence. It could also imply that younger women are at increased risk of partner violence, as the results indicate (see Chapter 11).

We also calculated prevalence of physical and sexual violence corrected for the effects of sampling using person weights, in order to correctly reflect population estimates among all women aged 15–49 years in Kiribati (see Annex 5 for procedure of calculation of the person weights). The results of this correction are reflected in the last column in Table 4.3. The weighted estimates for physical or sexual violence or both are all similar to the unweighted results and all within the 95% confidence intervals calculated for the unweighted data under the assumption of simple random sampling. This shows that thanks to the self-weighted sampling strategy together with the very high response rate, the sample accurately reflects rates in the whole population. It should be noted that throughout the rest of this report unweighted data are used.

Education of respondents

Over 99% of the respondents had primary level education and above and there is little difference in the level of primary education between South Tarawa and the outer islands. As expected, there was a significantly higher percentage of respondents with secondary level or higher education in South Tarawa compared to the outer islands, because people in South Tarawa have greater access to secondary level education and above. This is consistent with national statistics on school attainment, which show that 36% of women aged 15–49 have primary level education, 53% have secondary level (junior secondary and secondary) and 2% have higher level education (Republic of Kiribati 2007). Education in Kiribati is free and compulsory from ages 6 to 15 years, which has ensured relatively easy access to primary and secondary levels of education for all (Republic of Kiribati 2007).

Photo: Chris Palethorpe

Financial autonomy of respondents

The results show that 47% of respondents were currently earning an income of some kind, while 53% earned no income. There was no significant difference between results from South Tarawa and the outer islands; however, respondents from the outer islands were slightly more likely to be earning an income. This is supported by the 2006 HIES, which shows that per capita annual income is higher in the Line Group and central Kiribati than in South Tarawa. This is likely to be because women in the outer islands have greater access to income generating opportunities such as selling handicrafts, cutting copra, seaweed farming, weaving thatch roofing, and making salted fish.

Current partnership status of respondents

The majority of women were currently married (53%), although a number were also living in de facto relationships. The percentage of women who had been divorced or separated was minimal. This finding corresponds with national statistics from the 2005 census, which indicated that less than 2% of people had been divorced. Fourteen per cent of respondents had never been partnered.

Statistics and tables

All prevalence rates were calculated taking into account any overlap of different forms of violence that women had experienced. This means that there has been no double counting for women who experienced multiple types of violence, for example, non-partner violence and intimate partner violence.

Not all respondents answered all parts of the questionnaire. The questionnaire was designed so that respondents were not asked questions that were not relevant to them. For example, questions on intimate partner violence were only asked of women who were defined as 'ever-partnered' as described above. Only women who reported having ever

Photo: Henriette Jansen

been pregnant were asked about miscarriages and stillbirths. Therefore, the denominators for various statistics throughout this report vary depending on who was asked the relevant question. The denominator is represented by 'N' in the tables and usually explained in the title of the table/graph or in a footnote to the table/graph. For example, while 2008 women completed the questionnaire only 1527 were defined as 'ever-partnered'. As such the N (denominator) for most calculations on intimate partner violence is 1527. The number in the tables refers to the total number of women who responded 'yes' to the question(s) and the percentage is that number as a proportion of 'N', the total number of women asked the relevant question.

The P-value shows whether the association between the relevant variable and the respondent's experience of physical and/or sexual partner violence is statistically significant, based on a Pearson chi-square test. Multivariate logistic regression modeling was performed to explore the associations between violence by an intimate partner and various other variables, adjusting for potential confounding variables. The logistic regression analyses were performed on a data set of all respondents, adjusting for age, education and marital status. The crude and adjusted odds ratios are presented in parts of the report. An odds ratio gives the odds of one event happening in relation to another.

Table 4.4 shows the age, education and employment characteristics and partnership status of all respondents who completed the interview.

Table 4.4. Characteristics of respondents (for all eligible women with completed interviews)

	Kiribati		South Tarawa		Outer islands	
	number	%	number	%	number	%
Age respondent in five-year age groups						
15-19	183	10.3%	100	10.8%	83	9.8%
20-24	277	15.7%	166	18.0%	111	13.1%
25-29	289	16.3%	139	15.1%	150	17.7%
30-34	268	15.1%	130	14.1%	138	16.3%
35-39	282	15.9%	145	15.7%	137	16.2%
40-44	249	14.1%	131	14.2%	118	13.9%
45-50	221	12.5%	112	12.1%	109	12.9%
Education						
Never attended school	12	0.7%	4	0.4%	8	0.9%
Primary education	649	36.7%	268	29.0%	381	45.0%
Secondary education	1049	59.3%	606	65.7%	443	52.4%
Higher education	59	3.3%	45	4.9%	14	1.7%
Employment						
Not earning cash	932	52.7%	487	52.8%	445	52.6%
Earning cash	837	47.3%	436	47.2%	401	47.4%
Total women	**1769**		**923**		**846**	
Current partnership status						
Never partnered	244	13.8%	139	15.1%	105	12.4%
Currently married	950	53.7%	473	51.2%	477	56.4%
Living with men, not married	421	23.8%	234	25.4%	187	22.1%
Current regular, partner living apart	40	2.3%	21	2.3%	19	2.2%
Formerly married, divorced/separated	36	2.0%	19	2.1%	17	2.0%
Former cohabitating, separated	38	2.1%	16	1.7%	22	2.6%
Currently no partner, widowed	28	1.6%	11	1.2%	17	2.0%
Former dating	12	0.7%	10	1.1%	2	0.2%
Total women	**1769**		**923**		**846**	

CHAPTER 5:
PREVALENCE OF INTIMATE PARTNER VIOLENCE

Photo: Henriette Jansen

MAIN FINDINGS

- More than 2 in 3 women aged 15–49 (68%) who had ever been in a relationship reported experiencing physical and/or sexual violence by an intimate partner.
- Almost 1 in 2 ever-partnered women, aged 15–49 (47%), reported experiencing emotional abuse by an intimate partner.
- Reports of intimate partner violence were slightly higher in South Tarawa than in the outer islands.
- Women were much more likely to experience severe forms of physical partner violence such as punching, kicking or having a weapon used against them rather than moderate forms of physical partner violence (slapping, having objects thrown at them).
- The experience of physical and/or sexual partner violence tends to be accompanied by highly controlling behaviour by intimate partners.
- There is a significant overlap between emotional, physical and sexual partner violence, with most women reporting experiences of all forms of violence.

'After the first day of our marriage, I encountered problems from my husband; he usually hit me with a stick or with his hands when he was mad with me.'

Respondent,
intimate partner violence in-depth interview

This chapter explores various types of intimate partner violence, including acts of physical, sexual and emotional abuse by a current or former intimate partner, whether married or not. In the study a range of behaviour-specific questions related to each type of violence were asked (see Chapter 2 for definitions). Of all women who completed the questionnaire, 1527 were defined as 'ever-partnered', that is ever having been married or in an intimate relationship. Therefore, this number is used as the denominator in prevalence calculations that relate to 'ever-partnered' women.

National level prevalence rates

Table 5.1 shows the national prevalence rates of different forms of intimate partner violence, defined as a woman having experienced at least one act of a specific type of violence, at least once in her life.[7]

7. Percentages for intimate partner violence are calculated as a proportion of women aged 15–49 who have ever been in an intimate relationship, whether married or just dating.

Table 5.1. Percentage of women aged 15–49, who have ever been in a relationship, reporting different types of intimate partner violence

	Ever experienced physical partner violence		Ever experienced sexual partner violence		Ever experienced sexual and/or physical violence by partner	
	number	%	number	%	number	%
No	611	40.0	819	53.6	495	32.4
Yes	916	60.0	708	46.4	1032	67.6
Total	**1527**	**100**	**1527**	**100.0**	**1527**	**100.0**

- Physical partner violence was reported to be the most prevalent form of intimate partner violence at 60% followed by sexual partner violence (46%).
- Overall, 68% of ever-partnered women aged 15–49 reported experiencing physical or sexual violence, or both, by an intimate partner (Graph 5.1).

Graph 5.1. Percentage of women aged 15–49, who have ever been in a relationship, reporting different types of intimate partner violence (N=1527)

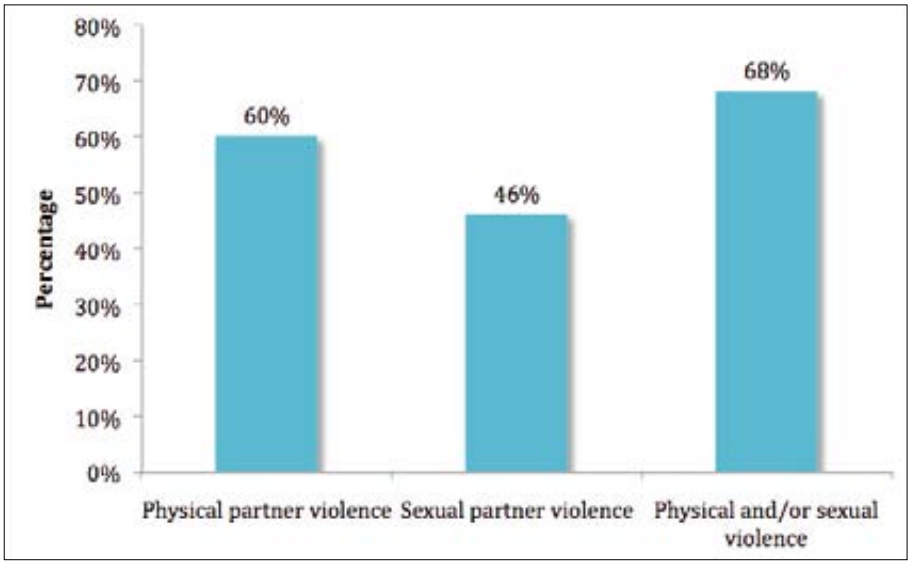


Table 5.2 shows a detailed breakdown of the types of physical and sexual violence that were reported by respondents. In terms of physical violence, the most common forms of abuse appear to be being slapped, pushed or shoved. However, many women also reported being hit with a fist and kicked.

We see the prevalence rates of different forms of violence decrease with the severity of the act as we move down the list. The one exception is choking or burning, which appears to be a relatively uncommon act in Kiribati.

Table 5.2. Types of physical and sexual intimate partner violence reported among ever-partnered women aged 15–49 (N=1527)

		number	%
Types of physical violence	Slapped or threw something	793	51.9
	Pushed or shoved	661	43.3
	Hit with fist or something else	607	39.8
	Kicked or dragged	477	31.2
	Choked or burned	98	6.4
	Threatened with or used a weapon	258	16.9
Types of sexual violence	Physically forced sexual intercourse	480	31.4
	Had sexual intercourse because afraid	628	41.1
	Forced to do something sexually degrading/ humiliating	330	21.6

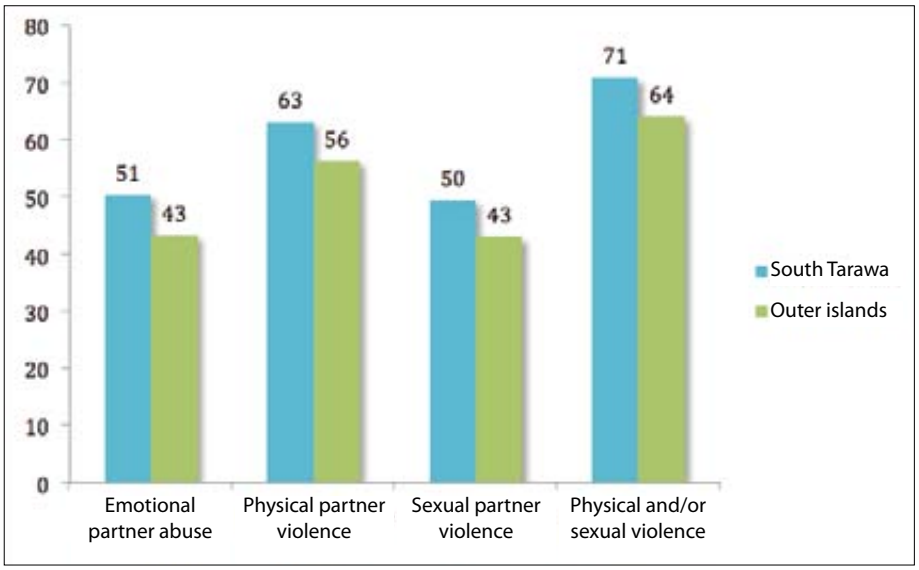
In terms of sexual abuse, the most common form of abuse that women reported was having sexual intercourse because they were afraid of what their partner might do (41%). Almost 1 in 3 women (31%) reported that they had been forced to have sex when they did not want to; that is, they reported being raped by an intimate partner. A high proportion (22%) also reported that they had been forced to do something sexual that they found degrading or humiliating.

Table 5.3 and Graph 5.2 show the percentage of women reporting intimate partner violence and emotional abuse by region. All forms of intimate partner violence were found to be higher in South Tarawa than in the outer islands. For example, 71% of women in South Tarawa reported physical and/or sexual partner violence compared to 64% of women in the outer islands.

Table 5.3. Percentage of ever-partnered women aged 15–49 reporting intimate partner violence, by region

	South Tarawa		Northern group		Central group		Southern group		Line Islands	
	number	%	number	%	number	%	number	%	number	%
Total	**786**		**286**		**119**		**218**		**118**	
Emotional partner violence	397	50.51	143	50.0	42	35.3	74	33.9	62	52.5
Physical partner violence	498	63.36	191	66.8	54	45.4	107	49.1	66	55.9
Sexual partner violence	389	49.49	136	47.6	39	32.8	100	45.9	44	37.3
Physical/sexual partner violence	557	70.87	208	72.7	61	51.3	132	60.6	74	62.7

Graph 5.2. Percentage of ever-partnered women, aged 15–49, reporting emotional, physical and sexual partner violence, by region



Emotional abuse and controlling behaviour

The specific acts of emotional abuse that were asked about included: being insulted or made to feel bad about oneself; being belittled or humiliated in front of other people; being intimidated or scared on purpose; and being threatened with harm. As Graph 5.2 shows, 47% of ever-partnered women, aged 15–49, reported experiencing one or more emotionally abusive behaviours by an intimate partner. Table 5.4 shows that 30% of women experienced emotional abuse within the 12 months prior to the interview. The acts most frequently mentioned by women were being insulted and being intimidated or scared on purpose by their husband/partner.

'He would always criticise what I do, when I was trying something, he would intervene in my plans and said that they were of no use.'

Respondent,
intimate partner violence in-depth interview

Playing bingo in the maneaba

Photo: Chris Palethorpe

Table 5.4. Prevalence of emotional abuse (by act and any act), current and lifetime, among ever-partnered women (N=1527)

number		Current (last 12 months)		Lifetime (ever)	
		number	%	number	%
Type of emotional abuse	Insulted	343	22.5	483	31.6
	Belittled or humiliated	205	13.4	276	18.1
	Intimidated or scared	391	25.6	526	34.4
	Threatened with harm	206	13.5	296	19.4
Any of above acts (at least one act) of emotional abuse		459	30.1	719	47.0

The study also collected information on a range of seven different controlling behaviours by a woman's intimate partner, including whether the partner:

- restricted a woman's contact with her family or friends;
- insisted on knowing where she is at all times;
- ignored her or treated her indifferently;
- controlled her access to health care;
- constantly accused her of being unfaithful; or
- became angry is she spoke with other men.

The research revealed that *almost all* (90%) ever-partnered women, aged 15–49, reported experiencing at least one form of controlling behaviour by an intimate partner. This high percentage indicates that controlling behaviours are a frequent part of many intimate relationships in Kiribati. The most common forms of controlling behaviour identified were: insisting on knowing where she is at all times, expecting her to ask his permission before seeking healthcare for herself, and getting angry if she speaks with another man (Table 5.5).

During stakeholder consultations it was suggested that 'wanting to know where she is at all times', was a normal and acceptable part of Kiribati culture and should not be defined as an act of controlling behaviour. Given that almost all women (83%) responded yes to this question, it could be considered to dilute the association between partner violence and controlling behaviour. Therefore, we have included an additional category of analysis in Table 5.5: respondent experienced at least one act of controlling behaviour, excluding act 3 (wants to know where she is at all times) from the analysis.

Photo: Chris Palethorpe

Table 5.5. Percentage of ever-partnered women reporting controlling behaviour by partner according to their experience of physical and/or sexual partner violence

	Ever-partnered women (N=1527)		Never experienced partner violence (N=495)		Experienced partner violence (N=1032)		P value[a]
	number	%	number	%	number	%	
Keeps her from seeing friends	694	45.4	107	21.6	587	56.9	P<0.001
Restricts her contact with family	336	22.0	31	6.3	305	29.6	P<0.001
Wants to know where she is at all times	1266	82.9	363	73.3	903	87.5	P<0.001
Ignores her, treats her indifferently	266	17.4	24	4.8	242	23.4	P<0.001
Gets angry if she speaks with other men	706	46.2	115	23.2	591	57.3	P<0.001
Often suspicious that she is unfaithful	448	29.3	45	9.1	403	39.1	P<0.001
Controls her access to health care	1062	69.5	281	56.8	781	75.7	P<0.001
At least one act of controlling behaviour	1371	90.1	393	80.0	978	94.9	P<0.001
At least one act of controlling behaviour (excluding act 3)	1256	82.6	328	66.9	928	90.0	P<0.001
Experience 4 or more acts of controlling behaviour	598	39.2	77	15.6	521	50.5	P<0.001

a. P value is for 2x2 Chi-square test of the difference between 'never experienced partner violence' and 'experienced partner violence'.

There is a significant association between women's experiences of physical or sexual violence by an intimate partner and their experiences of controlling behaviour by a partner (P<0.001). Among women who reported experiencing intimate partner violence an astounding 95% reported that their partner displays controlling behaviour. Among women who had not experienced intimate partner violence, 80% reported that their partners exhibited controlling behaviour. When we removed act 3 (wants to know where she is at all times) we found that 67% of women who had not experienced partner violence reported at least one act of controlling behaviour, compared to 90% of women who had experienced partner violence.

Given the fact that so many women experience some form of controlling behaviour, it is particularly meaningful to look at cases in which women experienced multiple acts of controlling behavior, and the association between this behavior and intimate partner violence. We found that women who experience partner violence are significantly more likely to experience multiple acts of controlling behaviour than women who do not experience partner violence. In fact, 51% of women who had experienced partner violence reported four or more acts of controlling behaviour compared with only 16% of women who had not experienced partner violence (P<0.001).

Women who had experienced no violence had a mean number of controlling acts of 2.0, compared with 2.8 for women who had experienced sexual partner violence only, 3.0 for women who had experienced physical partner violence only, and 4.2 for women who had experienced both sexual and physical violence.

Looking at the specific acts, we see that 57% of women who experienced partner violence reported that their partner kept them from seeing their friends. This is consistent with the qualitative findings where almost all women who took part in the in-depth interviews reported this behaviour. For example, one woman explained,

> ***'He forbids me from seeing my family and communicating with my friends.'***
>
> Respondent,
>
> intimate partner violence in-depth interview

And another woman said,

> ***'I cannot go to visit my friends, my husband just doesn't allow me.'***
>
> Respondent,
>
> intimate partner violence in-depth interview

Financial control

All women who were currently married or living with a man were asked a number of questions relating to financial autonomy and control. Women were asked if:

- they had ever given up or refused a job for money because their husband/partner did not want them to work;
- their husband/partner had ever taken their earning from them against their will;
- their husband/partner ever refused to give them money for household expenses, even when he had money for other things.

Women who had experienced intimate partner violence were significantly more likely to report that their partner had been financially controlling. For example, Table 5.6 shows that 10% of women who

Photo: Chris Palethorpe

had experienced intimate partner violence had had their earnings or savings taken from them by their partner against their will compared with only 3% of women who had not experienced partner violence. Similarly, 22% of women who had experienced partner violence reported that their partner had refused to give them money for household expenses compared with only 6% of non-abused women.

One woman explained,

> ***'My earnings at my little shop couldn't profit as he'd steal money to spend on drinking.'***
>
> Respondent,
> intimate partner violence in-depth interview

Photo: Henriette Jansen

Table 5.6. Percentage of women aged 15–49 who have ever experienced financially controlling behaviour from their current husband/partner, by women's experiences of intimate partner violence[a]

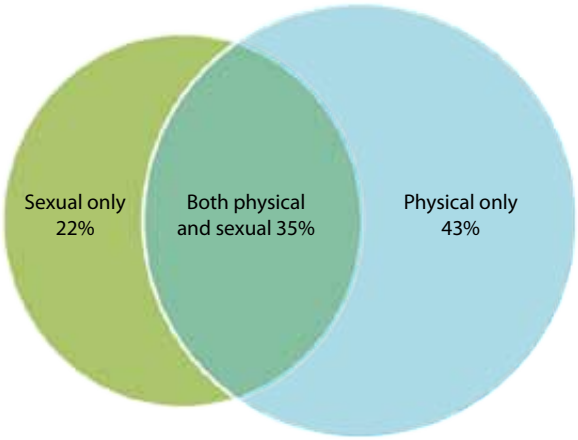
	Ever-partnered women (N=1371)		Never experienced partner violence (N=442)		Experienced partner violence (N=929)		P value[b]
	number	%	number	%	number	%	
Given up/refused job because of partner	234	17.1	26	5.9	208	22.4	P<0.001
Partner taken earnings/ savings against her will	162	11.8	12	2.7	95	10.2	P<0.001
Partner refuses to give money for household expenses	259	18.9	45	10.2	214	23.0	P<0.001

a. Among women who are currently married or living with a man.
b. P value is for 2x2 Chi-square test of the difference between 'never experienced partner violence' and 'experienced partner violence'.

Overlap of physical and sexual partner violence

Figure 5.1 shows the overlap of physical and sexual violence among women who reported experiencing partner violence. We see that there is considerable overlap between different forms of violence by intimate partners. In fact, 35% of women who experience partner violence suffer from both forms of violence. A relatively small percentage of women (22%) experience sexual violence only. However, it is more common for women to experience physical partner violence without sexual partner violence (43%).

Figure 5.1. Overlap of physical and sexual partner violence, among women reporting intimate partner violence (N=1527)



Women who reported physical partner abuse were also asked if during or after an incidence of violence their partner ever forced them to have sex. Among women who had reported physical partner violence, 39% reported that this had happened at least once. Among women who reported this, 9% said it happened many times (Table 5.7). This result further supports the finding that physical and sexual violence often overlap in abusive relationships.

Table 5.7. Forced sex during violent incident, among women who have ever experienced physical partner violence

	number	%
Never forced	541	59.1
Once or twice	129	14.1
Several times	153	16.7
Many times	78	8.5
Don't know	3	0.3
Refused	12	1.3
Total	**916**	**100**

Current and lifetime prevalence of physical and/or sexual and emotional violence

Table 5.9 presents prevalence rates for emotional, physical and sexual partner violence separated into categories of previous or current partner violence. Current prevalence of partner violence is the proportion of ever-partnered women reporting that at least one act of violence took place during the 12 months prior to the interview. Women who have experienced violence by a partner, but not in the last 12 months, are defined as having experienced previous partner violence (see definitions in Chapter 2).

Table 5.8 shows that, at the national level, 36% of women reported experiencing current physical or sexual violence while 30% reported current emotional violence. A larger proportion of women reported that all forms of violence had occurred within rather than prior to the last 12 months.

Photo: Henriette Jansen

Table 5.8. Prevalence of physical and/or sexual violence by an intimate partner among ever-partnered women, according to when the violence took place (N=1731)

	Current (last 12 months)		Prior to last 12 months	
	number	%	number	%
Emotional partner violence by period	459	30.1	260	17.0
Physical partner violence by period	495	32.4	421	27.6
Sexual partner violence by period	514	33.7	194	12.7
Sexual and/or physical partner violence by period	551	36.1	481	31.5

Severity of physical violence

'When we had the second child we began to have marital problems. He'd get jealous and I got my first beating when I had our second child. The violence carried on till my seventh birth but it stopped when he left with another woman to another island. He wouldn't beat me in front of anybody but he would take me to the bush and do it. I recall that there were four times I was severely beaten in that manner during my married life.'

Respondent,
intimate partner violence IPV in-depth interview

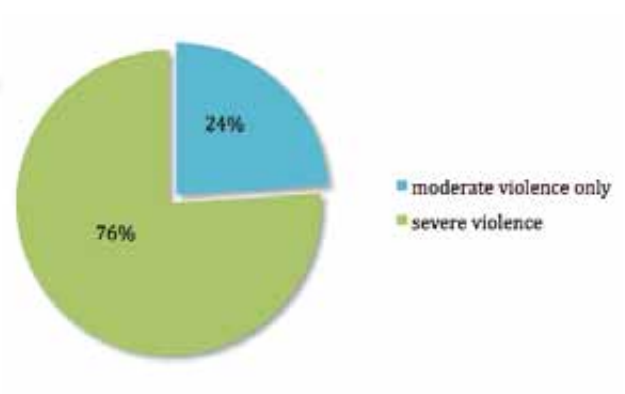
For the purposes of analysis, the questions on physical violence were divided into those considered 'moderate' violence and those considered 'severe' violence, where the distinction between moderate and severe violence is based on the likelihood of physical injury.

Table 5.9 shows that 46% of ever-partnered women aged 15–49 reported severe violence, while 14% reported experiencing moderate acts of violence. Graph 5.3 shows the proportion of women who reported moderate violence compared to severe violence, among those who have experienced physical partner violence. This indicates that women in Kiribati are much more likely to experience severe violence such as punching, kicking, or having a weapon used against them, rather than moderate violence (particularly punching and kicking – see Table 5.2).

Table 5.9. Severity of physical partner violence reported by ever-partnered women (N=1527)

	number	%
No physical violence	611	40.0
Moderate physical violence only	220	14.4
Severe physical violence	696	45.6

Graph 5.3. Percentage of women reporting moderate violence compared with severe violence, among all women reporting physical partner violence (N= 1731)



Situations leading to violence

'After two months of living together he started drinking and getting jealous. He has bashed me up. The situation got worse and we had to separate for that reason.'

Respondent,
intimate partner violence in-depth interview

According to the qualitative interviews with survivors of violence, the violence most often started at the beginning of the relationship. Women often reported that the violence started when they first got married or directly after they had their first child. A number of women also reported that the violence started after their husband started having an affair with another woman.

Women who reported physical partner violence were asked if there were any particular situations that tended to lead to this violence. Table 5.10 shows the results of this question. The most common situation that tends to lead to violence according to the respondents is when the partner is jealous (48%). This is supported by the qualitative research. Many women living with violence reported that their partner was extremely jealous and possessive and did not want them to talk with other men. Stark (2007:248) explains that, 'male jealousy is as often the context for intimidation, isolation, and control as it is for physical abuse.'

Table 5.10. Situations leading to violence among women who have ever been physically abused by a partner[a]

	Kiribati (N=1032)		South Tarawa (N=557)		Outer islands (N=475)	
	number	%	number	%	number	%
No reason	115	11.1	40	7.2	75	15.8
Jealous	506	49.0	291	52.2	208	43.8
Disobeyed him/annoyed him	269	26.1	105	18.9	125	26.3
Drunk	260	25.2	181	32.5	75	15.8
Refused sex	61	5.9	43	7.7	18	3.8
Problems with his or her family	39	3.8	21	3.8	18	37.9
No food at home	29	2.8	18	3.1	11	2.3
When she hits the children too hard he reacts	29	2.8	17	3.1	12	2.5
He's having an affair	17	1.6	9	1.6	8	1.7
Having an argument/ disagreement	15	1.5	6	1.1	9	1.9
Problem at work	14	1.4	7	1.3	7	1.5
Financial problem	13	1.3	11	2.0	4	0.8
Pregnant	9	0.9	7	1.3	2	0.4
Unemployed	2	0.2	1	0.2	1	0.2
Others	19	1.8	5	0.9	14	2.9

a. The percentages in Table 5.9 add up to more than 100% because more than one answer could be given to this question.

One woman explained,

> ***'He's very jealous when I talked with my friends, my own sisters and my family.'***
>
> Respondent,
> intimate partner violence in-depth interview

The next most common answer that women gave for situations that tended to lead to their partner's violent behaviour was when he was drunk (25%). One woman explained,

> ***'My husband is a heavy drinker also and he's really violent when he's drunk.'***
>
> Respondent,
> intimate partner violence in-depth interview

Another woman said,

> ***'He's more fond of drinking but when he's sober, he could really be helpful, he could do the cooking for all of us, he could babysit, it's only when he drank when he could really be a pain in the neck.'***
>
> Respondent, intimate
> partner violence in-depth interview

In the outer islands women were less likely than women in South Tarawa to identify drunkenness as a trigger for their partner's violent behaviour. This is likely because alcohol is less readily available in the outer islands than in South Tarawa.

Women also reported that disobeying their partner tended to lead to violence (19%). One woman said,

> ***'I found that whenever I disobeyed him, he just hit me.'***
>
> Respondent, qualitative research

In the in-depth interviews with victims of violence, women consistently blamed themselves for the abuse and advised other women to obey their husbands at all times to prevent violence. One woman said,

> ***'If I really love my husband then I should allow myself give in and be obedient to him at all times.'***
>
> Respondent,
> intimate partner violence in-depth interview

And another respondent advised other women who were also facing violence,

> ***'To be obedient, to prepare food for the husband and to wash his clothes and prepare his bathtub before he comes home from fishing. He must be made happy.'***
>
> Respondent, intimate
> partner violence in-depth interview

This is consistent with the results from interviews with male perpetrators, who also blamed their violence on their wife's behaviour, insisting that their wives should do what they say to stop the violence. One male perpetrator of violence said that in order to prevent problems in their relationship, 'she must obey me at all times.' Another male perpetrator stated, 'she must be patient and obedient to what I say.' Other reports on the status of women in Kiribati have also suggested that 'solutions to the problem of domestic violence are typically seen to lie in some kind of "improvement" in a woman's behaviour in order to appease her husband (e.g. through being more obedient or performing better in the home)' (ADB 1995).

Such responses indicate that social norms in Kiribati dictate that women must be obedient to their husbands at all times. This reflects a high level of gender inequality within the family home

and, as we see, puts women at risk of intimate partner violence. It is clear from these responses that violence is often used as a means of controlling women's behaviour, or punishing and disciplining them for what is seen as disobedience or a lack of compliance with men's demands.

Female respondents also gave some answers regarding situations that tended to lead to violence that were not pre-coded in the questionnaire. These other responses have been included in Table 5.10: when he is having an affair, when they are having an argument or disagreement, and when she hits the children too hard. Women who reported that they often quarrel with their current/most recent partner were three times more likely to report partner violence than women who reported that they only quarreled sometimes ($P<0.001$, crude odds ration [COR]=3.1). This finding is supported by a number of other studies, which have repeatedly found marital conflict to be associated with partner violence (Hotaling and Sugarman 1986; Jewkes and Abrahams 2002; Straus et al. 1980). However, it is not possible to determine whether high levels of marital conflict (quarreling) precede partner violence or follow it.

The inclusion of 'When she hits the children too hard' among the situations leading to violence is interesting, although it would need to be explored further to fully understand the context of this violence, particularly taking into account our findings on the co-occurrence of violence. It is difficult to know from this answer whether violence against the child precipitates violence against the women, or if violence perpetrated by mother is in response to the domestic violence she is subjected to. Studies have shown that in homes where there is a presence of intimate partner violence, women are at least twice as likely to physically abuse their children (Salzinger et al. 2002; Straus et al. 1990). Reasons found for this increased risk include mothers 'over-disciplining' their children in an effort to control the children's behaviour and protect them from harsher abuse by the partner/husband. The abuse against children could also be due to their mothers having compromised and diminished parenting abilities as a result of being a victim of violence themselves.

Photo: Henriette Jansen

Women's attitudes towards violence

To explore women's attitudes towards intimate partner violence and whether such behaviour is normative, a series of questions were asked of all respondents (including those who were never partnered). The first set of questions asked women if they agreed or disagreed with a number of statements about families and acceptable or desirable behaviour for men and women in the home. Table 5.11 shows that the majority of women (56%) agreed with the statement, 'A good wife obeys her husband even if she disagrees,' and 'A man should show his wife who is the boss' (61%). A significant majority of women also felt that it is a wife's obligation to have sex with her husband even if she does not feel like it (76%). Such findings are of concern because they indicate that the subordinate status of women within the marital relationship is generally accepted by women themselves. Almost all women felt that family problems should only be discussed within the family; however, a promising result is that 68% of women believe that if a man mistreats his wife, others outside the family should intervene. This shows that women do not necessarily see partner violence as only a family issue and believe that women in such circumstances should receive help. Furthermore, it shows that, according to the respondents, people who are aware of situations of violence against women have a responsibility to act.

Women in the outer islands tended to have slightly more conservative views than women in South Tarawa, however the differences were minimal.

Table 5.11. Women's attitudes about families and the roles of men and women in the home

	Kiribati (N= 1769)	South Tarawa (N= 923)	Outer islands (N= 846)
	Agree	Agree	Agree
A good wife obeys husband even if she disagrees	55.8%	55.9%	55.7%
Family problems should only be discussed within the family	93.2%	90.7%	95.9%
A man should show his wife who's boss	61.3%	56.2%	66.9%
Women should be able to choose their own friends	24.1%	25.6%	22.5%
A wife is obliged to have sex with her husband, even if she doesn't want to	75.6%	75.0%	76.2%
If a man mistreats his wife, others outside the family should intervene	67.3%	66.4%	68.3%

The second set of questions was designed to identify the situations under which respondents considered it acceptable for a man to hit or mistreat his wife. Table 5.12 shows the percentage of women who believe that a man has the right to beat his wife under certain circumstances such as not completing housework adequately, refusing sex, disobeying her husband or being unfaithful. **Overall, 76% of women agreed with one or more of the justifications given for a husband hitting his wife.** The justifications for violence that women most commonly agreed with were unfaithfulness (60%), disobedience (60%), or not completing the housework to his satisfaction (57%). Thirty five percent of respondents believed that if a wife refuses sex, it is acceptable for her husband to beat her. The rate of concordance with these beliefs was significantly higher in the outer islands, where 86% of women agreed with one or more justification for a husband beating his wife, compared to South Tarawa, where the percentage was 67%.

Photo: Office of Te Beretitenti

Table 5.12. Ever-partnered women's attitudes towards intimate partner violence, by location

A man has good reason to beat his wife if:	Kiribati (N=1748)		South Tarawa (N=906)		Outer islands (N=842)	
	number	%	number	%	number	%
She doesn't complete housework to his satisfaction	988	56.5	384	42.4	604	71.7
She disobeys him	1041	59.6	414	45.7	627	74.5
She refuses to have sex with him	607	34.7	232	25.6	375	44.5
She asks him whether he has other girlfriends	326	18.6	131	14.5	195	23.2
He suspects that she is unfaithful	666	38.1	338	37.3	328	39.0
He finds out that she has been unfaithful	1053	60.2	461	50.9	592	70.3
Percentage of women who agreed with one or more justification above	1333	76.3	606	66.9	727	86.3

Table 5.13 compares the rate of acceptance of various justifications for violence between women who have and women who have not experienced physical or sexual violence, or both, by an intimate partner. The proportion of women agreeing with each justification was higher among women who had experienced partner violence than among those who had not. This was only found to be statistically significant for one justification: 'he suspects that she is unfaithful'. However, overall we find a statistically significant association between intimate partner violence and agreeing with one or more of the justifications for a husband hitting his wife.

Photo: Henriette Jansen

Table 5.13. Ever-partnered women's attitudes towards intimate partner violence according to their experience of physical and/or sexual partner violence

A man has good reason to beat his wife if:	Never experienced partner violence (N=495)		Experienced partner violence (N=1032)		P value[a]
	number	%	number	%	
She doesn't complete housework to his satisfaction	266	53.8	610	59.2	P=0.068
She disobeys him	280	56.7	641	62.2	P=0.088
She refuses to have sex with him	162	32.8	391	38.0	P=0.117
She asks him whether he has other girlfriends	89	18.0	191	18.5	P=0.780
He suspects that she is unfaithful	162	32.8	418	40.6	P=0.008
He finds out that she has been unfaithful	284	57.5	640	62.1	P=0.171
Percentage of women who agreed with one or more justification above	358	72.5	805	78.2	P=0.012

a. P value is for 2x2 Chi-square test of the difference between 'never experienced partner violence' and 'experienced partner violence'.

Table 5.14 examines sexual autonomy of women in marital relationships. The questionnaire asked women if they believed that a woman has a right to refuse sex with her husband in a number of situations, such as when she is sick, does not want to or he is intoxicated. The situation in which the most women thought it was 'acceptable' to refuse sex was when she is sick. The situation in which the fewest women thought it was 'acceptable' was when he is drunk. The proportion of women in the Kiribati study who agreed that a wife could refuse sex under all circumstances was 50%. The proportion of women who felt that women could not refuse sex under any circumstances was 7% for the country as a whole. Sexual autonomy was higher in South Tarawa (57% of women said they could refuse sex under all the circumstances mentioned) than in the outer islands (43%).

Table 5.14. Sexual autonomy: women's views on when it might be 'acceptable' for a woman to refuse sex with her husband, by location

A woman has the right to refuse sex with her husband if:	Kiribati (N=1769)	South Tarawa (N=923)	Outer Islands (N=846)
She does not want to	72.3%	78.1%	66.0%
He is drunk	67.6%	72.3%	62.5%
She is sick	83.6%	86.0%	81.0%
He mistreats her	75.7%	80.4%	70.5%
All of the reasons listed	50.4%	57.0%	43.3%
None of the reasons listed	6.5%	6.1%	7.0%

The results from the focus group discussions support most of the attitudes that are mentioned above. It is noted that participants between 20 and 34 years old tended to stress more of these attitudes, especially that the need for wives to obey their husbands if they want to end the violence. A number of cultural/traditional perceptions were also raised in the discussions, such as, 'A man beats his wife to show how much he loves her,' and that 'A man beats his wife if she was not a virgin when he first married her.' A notable difference between rural and urban participants is that rural participants encourage more community involvement and support to those who are going through these problems whereas the urban participants suggest calling the police or directly intervening to defend her.

Women's violence against men

This study did not directly gather data from men on the prevalence of violence perpetrated against men by their female partners. This question is related to a larger debate about the gendered nature of violence by intimate partners and is an issue that needs to be explored in more detail in Kiribati at a later stage. However, the Kiribati study did include some questions that can be used to explore the issue. Women who reported physical abuse by an intimate partner were asked whether they had ever hit or physically mistreated their partner when he was not already hitting or mistreating them. This question does not provide prevalence data on the victimisation of men, but does address the question of whether women frequently initiate violence against a male partner.

Among women who had experienced partner violence, 66% reported never initiating violence against a partner, 15% reported initiating violence once or twice, 13% several times and 6% many times. The variation between the outer islands and South Tarawa was minimal; 67% of women in South Tarawa reported never initiating violence compared to 64% in the outer islands.

Thus, in this study, the percentage of women who reported initiating violence was very small compare to the prevalence of male partner violence against women. However, it is important to note that these data are about women in violent relationships and we do not have statistics on whether women who are not abused by their husbands initiate violence.

Discussion

The Kiribati study found that 68% of ever-partnered women, aged 15–49, reported experiencing at least one act of physical or sexual violence, or both, by an intimate partner at some point in their lives. This rate of intimate partner

violence, which represents approximately 2 in 3 women aged 15–49, is one of the highest rates of intimate partner violence recorded in any of the countries that have undertaken research using the WHO study methodology. The fact that women in Kiribati are more likely to experience severe forms of violence than moderate forms of violence is particularly alarming.

This high prevalence of intimate partner violence in Kiribati likely relates to a multitude of factors at all levels of society. We examine some of the individual level risk factors in Chapter 11. However, below we explore some community and societal level factors that may contribute to the prevalence of partner violence, as identified by the researchers, key informants and stakeholders:

- As the section on women's attitudes shows, the majority of women in Kiribati believe that a man is justified in beating his wife under some circumstances (in particular, for infidelity, disobedience and not completing the housework to his satisfaction). Compared to other countries who undertook this research this percentage was relatively high (Garcia-Moreno et al. 2005:38-39). This shows that partner violence is considered by many to be an acceptable form of discipline for female behaviour that contravenes certain expectations. This may indicate either that women learn to 'accept' or rationalise violence in circumstances where they themselves are victims, or that women are at greater risk of violence in communities where a substantial proportion of individuals subscribe to the acceptability of violence (Garcia-Moreno et al. 2005:40).
- The majority of women (90%) in Kiribati reported that they had experienced acts of controlling behaviour by a partner. This indicates that a man exhibiting controlling behaviour over his partner is a normalised part of intimate relationships in Kiribati. In fact, during stakeholder consultations it was suggested that a husband 'wanting to know where his wife is at all times' is a normal and acceptable part of Kiribati culture and should not be defined as an act of controlling behaviour. We found a highly statistically significant association between all controlling acts and women's experiences of partner violence. If controlling behaviour is a normal part of Kiribati relationships then this has the potential to put women at increased risk of violence, which may partially explain the high rates of partner violence. Male use of controlling behaviour has been found to be a common pattern in violent intimate partner relationships, and the majority of professionals in the field now view domestic violence as a pattern of intimidation, coercive control and oppression (e.g. Brewster 2003; Holtzworth-Munroe 2000; Pence and Paymar 1993; Shepard and Pence 1999; Stark 2007; Strauchler et al. 2004; Warrington 2001; Yllo 1993).
- From the qualitative and quantitative research we observed that women are expected to be obedient and faithful, perform household chores, defer to their husband on decision-making and bear children. Physical punishment is often used as a form of disciplining women who are seen as transgressing their prescribed gender roles. Here violence against women serves as a mechanism for maintaining male authority and also reinforces prevailing gender norms.
- Obedience is a theme that was brought up repeatedly in the Kiribati study, by both men and women, in both quantitative and qualitative research. Many women often directly blame violence on the wife for not being obedient. It appears that it is the wife's role to pacify the husband and cater to his needs. Male perpetrators also blamed their wife's disobedience for their violence.

- Currently law in Kiribati does not define partner violence, particularly marital rape, as a crime. According to the UN special report on violence against women, impunity for violence against women compounds the effects of such violence as a mechanism of control. When the state fails to hold the perpetrators accountable, impunity not only intensifies the subordination and powerlessness of the targets of violence, but also sends a message to society that male violence against women is both acceptable and inevitable. As a result, patterns of violent behaviour are normalised (UN General Assembly 2006).
- The lack of formal support services available makes it difficult for women to seek help. Prosecutions for marital rape are not allowed, which reflects the belief that a man is entitled to sexual access to his wife by right of marriage.
- Physical disciplining of children is a common practice in Kiribati. The study found a strong cycle of violence (intergenerational transmission of violence), whereby children who witness or experience violence are more likely to end up in violent relationships later in life (see Chapter 7). Therefore, it is possible that the practice of physically disciplining children also contributes to the high rate of partner violence because children learn from a young age that physical violence is normal.

Emotional abuse and controlling behaviour also constitute a significant part of the combination of experiences that make up partner violence in Kiribati. This illustrates that the enactment of male power and control in violent relationships does not rely on violent acts alone (Wilcox 2006:13). Emotional abuse is very difficult to measure and thus these results should not be taken as reflecting the overall prevalence of emotional violence. This is particularly relevant for Kiribati where the reported rate of emotional abuse was lower than the reported rate of physical violence by a partner. In the majority of the other WHO study sites, emotional partner violence was higher than physical or sexual partner violence, which may indicate that there was some level of under-reporting of emotional abuse in Kiribati. How women themselves define terms such as 'insult' or 'humiliate' will also affect their response to the questions on emotional abuse. It is possible that where abuse is particularly normalised, the threshold for what women see as an insult or humiliation is higher than in places where violence is less accepted.

In this report the associations between experiences of emotional abuse and health consequences are not explored. This is not because emotional abuse does not impact on women's health, but because it is a very complex issue and would require further work. It should be noted that qualitative research in Kiribati and in other countries has shown that women frequently consider emotionally abusive acts to be more devastating than acts of physical violence (Garcia-Moreno et al. 2005:35). Kirkwood (1993:44) found that women experience emotional abuse as a 'deeper and more central form of abuse' and Burman et al. (2003) show that women are likely to conceptualise verbal abuse an expression of violence.

It is noteworthy that there is a considerable overlap of different forms of partner violence: emotional, physical and sexual. Findings show that most women experience all forms of violence or physical violence combined with either emotional or sexual violence. It is rare for women to experience emotional or sexual violence alone. This supports findings in many other studies indicating that women most often experience physical violence or a combination of physical and sexual violence (Ellsberg 2000; Heise and Garcia-Moreno 2002; Jones et al. 1999). As

Bennet and Manderson (2003:1) state, 'in the case of violence against women … power is wielded via a myriad of violent technologies to reinforce women's subordination.' A number of women (39%) who reported physical partner abuse also revealed that they are sometimes forced to have sex during or after an incidence of violence. The intimate association between sexual violence and other forms of violence in marriage supports feminist analyses, which assert that rape and sexual assault are motivated by the desire for domination of women and are not the result of uncontrollable biological urges for sex (Idrus and Bennett 2003:50).

All forms of partner violence were found to be higher in South Tarawa than in the outer islands. This is somewhat unusual compared to international data, which suggest that partner violence tends to be higher in rural areas than in cities (Garcia-Moreno et al. 2005:29). Although the reasons for the variation are likely to differ from region to region, a number of general factors are usually used to explain this global pattern. For example, there tend to be more support services available to women in urban areas than rural areas, which could mean that women in cities can more easily escape violent relationships early on. Women in cities also tend to have higher levels of education and access to paid employment opportunities – sources of empowerment that could be a protective factor in preventing violence. Expectations about men and women's roles in the husband/wife relationship and social definitions of what is acceptable behaviour are often said to be more conservative in rural areas.

However, South Tarawa is a very small island that remains relatively underdeveloped. Access to support services for women is very limited in South Tarawa; therefore, leaving a violent relationship is difficult, even in the capital of Kiribati. According to various key informants and stakeholders that we consulted, one factor that could contribute to the higher prevalence of partner violence in South Tarawa is alcohol abuse. Alcohol is much more readily available in South Tarawa than in the outer islands and women in South Tarawa were more likely to report 'drunkenness' as a factor that tended to lead to their partner's violent behaviour than women in the outer islands. This is supported by our analysis of risk and protective factors (see Chapter 10). South Tarawa also faces more social problems, such as unemployment, overcrowding and high cost of living, than the outer islands. These stresses may make women more vulnerable to abuse in South Tarawa. As discussed in Chapter 11, some literature suggests that changes in gender relations, which are more prevalent in South Tarawa, may increase women's risk to violence as men attempt to reassert their authority.

Airstrip South Tarawa

Photo: Office of Te Beretitenti

CHAPTER 6:
PREVALENCE OF VIOLENCE BY PERPETRATORS OTHER THAN INTIMATE PARTNERS, SINCE AGE 15

Photo: Office of Te Beretitenti

MAIN FINDINGS

- 11% of women aged 15–49 reported experiencing physical violence by someone other than an intimate partner (a non-partner) since the age of 15.
- 10% of women aged 15–49 reported experiencing sexual violence by a non-partner since the age of 15.
- Male family members, including fathers and stepfathers, were identified as the most common perpetrators of physical non-partner violence.
- Male acquaintances were identified as the most common perpetrators of sexual non-partner violence.
- Women are at greatest risk of violence from current or previous partners.

This chapter explores women's experiences of physical and sexual violence perpetrated by people other than an intimate partner, male or female (non-partner violence) from age 15 onwards. Women were asked whether, since the age of 15, anyone other than their intimate partner had ever beaten or physically mistreated them in any way. Follow-on questions were used to identify the perpetrators and frequency of violence. Respondents were also asked whether, since the age of 15, they had ever been forced to have sex or perform a sexual act when they did not want to, by anyone other than an intimate partner.

The results show that women in Kiribati face both physical and sexual violence from people other than intimate partners and that these forms of violence take place across all parts of the country. As shown in Table 6.1, overall we found that 18% of women aged 15–49 in Kiribati had experienced some form of physical and or sexual violence by someone other than an intimate partner since the age of 15. The prevalence of physical and sexual non-partner violence were nearly the same at 10–11%. There were virtually no disparities between South Tarawa and the outer islands in rates of non-partner physical and sexual violence.

Both physical and sexual non-partner violence were most often perpetrated by one person rather than multiple perpetrators. Among all respondents, 10% reported non-partner physical violence by only one perpetrator and only 1% reported being beaten by two or more perpetrators. Similarly, 9% of women reported being sexually abused after the age of 15 by one perpetrator compared with only 1% who reported being abused by more than one perpetrator (Table 6.2).

Non-partner physical and sexual violence is most often a repeated form of abuse rather than a one-off incident. Of the women who reported experiencing physical non-partner violence, 55% said they had experienced violence once or twice and 44% reported that they had experienced physical violence by a non-partner three or more times. Sexual violence, on the other hand, was more likely to be experienced only once or twice, with only 30% of women who experienced sexual violence reporting that it had occurred three or more times.

Perpetrators of non-partner violence

Male family members, including fathers and stepfathers, were identified as the most common perpetrators of non-partner physical violence. Interestingly female family members (most often

Table 6.1. Percentage of women aged 15–49 reporting physical or sexual violence by someone other than a partner after the age of 15, by region

	Kiribati (N=1769)		South Tarawa (N=923)		Outer islands (N=846)	
	number	%	number	%	number	%
Non-partner physical >15 years	194	11.0	101	10.9	93	11.0
Non-partner sexual >15 years	174	9.8	93	10.1	81	9.6
Non-partner physical or sexual >15 years	311	17.6	159	17.2	152	18.0

the mother) were also identified as frequent perpetrators of physical violence against women after the age of 15, demonstrating that violence is not only perpetrated by men. In fact, mothers are often considered the disciplinarians in Kiribati society.

The situation is somewhat different for sexual violence by non-partners. Fathers and stepfathers were very rarely identified as perpetrators of sexual violence against women after the age of 15. Most commonly, boyfriends were identified as perpetrators. As a single category, strangers were the second most commonly identified perpetrators of sexual violence after the age of 15. Male acquaintances, such as male friends of the family, teachers and work colleagues, were identified as perpetrators. For example, one woman with whom we conducted an in-depth interview explained how she had been sexually harassed in the workplace.

'When first started working as a civil servant I also experienced work harassment. This included being touched on my breast, and having men touching other parts of my body…I did not share this with anyone because I was ashamed to talk about it.'

Respondent, in-depth interview

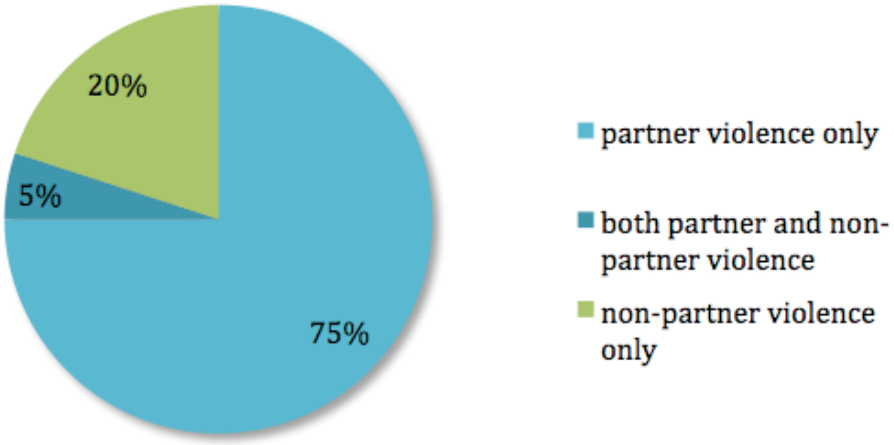
Table 6.2. Prevalence, frequency and perpetrators of non-partner violence against women, among women reporting non-partner physical and sexual violence after age 15

	Physical >15		Sexual >15	
	number	%	number	%
Frequency				
1-2 times	20	10.4	28	16.1
>3 times	172	89.6	146	83.9
Missing	2		0	
Multiple perpetrators				
1 perpetrator	182	93.8	165	94.8
2 or more perpetrators	12	6.2	9	5.2
Perpetrators[a]				
Father / stepfather	57	29.4	4	2.3
Male family member	37	19.1	12	6.9
Female family member	51	26.3	6	3.4
Acquaintance (teacher, friend of family, work colleague)	19	9.8	36	20.7
Boyfriend	17	8.8	68	39.1
Stranger	26	13.4	60	34.5
Total number of women reporting violence	**194**		**174**	

a. More than one perpetrator could have been mentioned therefore the total percentage is greater than 100%.

Partner violence compared with non-partner violence

Graph 6.1. Frequency distribution of partner and non-partner sexual or physical violence, or both, among women reporting abuse since the age of 15



Graph 6.1 compares the relative proportions of women experiencing violence by partners and non-partners. Clearly, women's greatest risk of violence is from partners, with 80% of women who reported violence experiencing it from a partner. Only 20% of women aged 15–49 who reported experiencing partner or non-partner violence had been abused only by a non-partner. This challenges the common assumption in Kiribati that women are most at risk of violence from people they don't know, for example, rape by a stranger.

Graph 6.1 also shows that while there is some overlap between women who have experienced partner violence and those who have experienced non-partner violence, it is relatively minimal. That is, out of the women who reported either non-partner or partner violence, only 5% had experienced *both* forms of violence.

The findings show that overall, 73% of all women aged 15–49 have experienced some form of physical or sexual violence at some point in their lives, either by a partner or non-partner.

Discussion

In Kiribati, 18% of all women surveyed had experienced physical or sexual violence, or both, by non-partners, since the age of 15 years. Non-partner violence was virtually equal in prevalence in South Tarawa and the outer islands. However, we see that women are at greatest risk of violence from their intimate partners. This is a common pattern around the world. In fact, in all but one (Samoa) of the 15 study sites where this survey was conducted, women were significantly more likely to experience sexual or physical violence, after the age of 15, by an intimate partner, rather than by other men or women (Garcia-Moreno et al. 2005:47).

It was also a common finding among the countries that took part in the WHO study that the non-partner perpetrators of physical violence are different from the non-partner perpetrators of sexual violence. As was the case in Kiribati, in most study sites, family members were identified as the most common group of non-partner perpetrators of physical violence, whereas non-partner sexual violence was most commonly perpetrated by acquaintances and strangers. Moreover, there was less overlap between physical and sexual violence by non-partners than by partners. It appears that non-partner violence is a different phenomenon than partner violence, which has important implications for deciding how best to focus anti-violence programmes.

CHAPTER 8:
ASSOCIATIONS BETWEEN VIOLENCE BY INTIMATE PARTNERS AND WOMEN'S PHYSICAL AND MENTAL HEALTH

Photo: Chris Palethorpe

MAIN FINDINGS

- 52% of women who had ever experienced physical or sexual partner violence reported being injured at least once.
- Often women did not receive the required health care for injuries caused by intimate partner violence
- Women who had experienced partner violence were significantly more likely to have health problems, emotional distress and thoughts of suicide than non-abused women.
- Women who had experienced partner violence were significantly more likely to have attempted suicide than non-abused women.
- Women who had experienced intimate partner violence had been hospitalised more often and had more operations in the past 12 months than women who had not experienced violence.

'I have been injured and I get headaches and back pain now. If I recall his wrongdoings to me, my hatred for him comes back.'

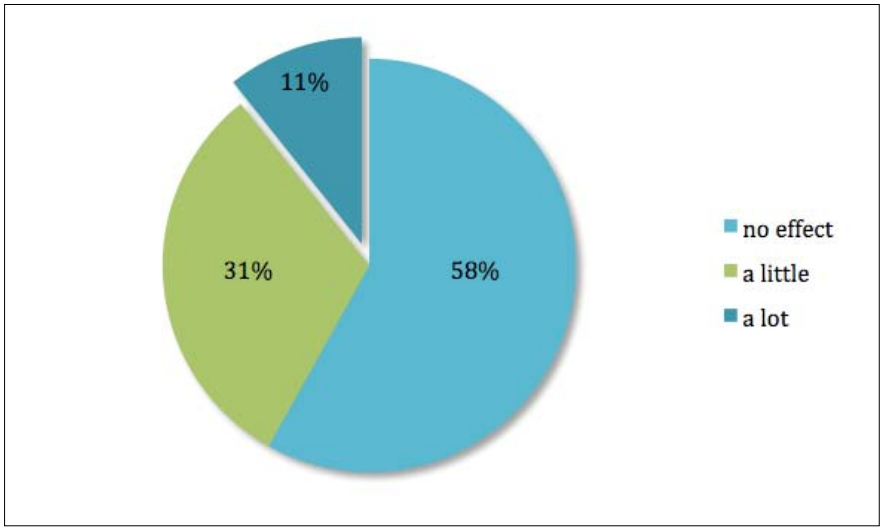
Respondent,

intimate partner violence in-depth interview

This chapter explores the impact of intimate partner violence on women's physical and mental health. Women who reported physical and or sexual violence were asked whether they thought their partner's violence towards them had affected their physical or mental health. If they responded positively they were asked whether they thought it had affected their health a little, or a lot. Forty-two per cent of women reported that their mental and/or physical health had been affected by their partner's violence towards them (31% a little and 11% a lot) (Graph 8.1).

A number of women who had experienced intimate partner violence reported that the violence had not affected their health. However, the results from other health-related questions indicate that violence does have a significant negative impact on women's health. Perhaps because violence is relatively common and normalised in Kiribati society, women themselves sometimes minimise the negative impact it is having on them. It is also possible that women who are exposed to violence have built up internal resilience, which may mediate the impact they feel directly. An alternative explanation is that they have not lived free from violence, and don't know what their health would be like under other conditions.

Graph 8.1. Percentage of women who reported that their physical or mental health was affected by partner violence, among women who had experienced any physical and/or sexual partner violence (N=1032)



Injuries as a result of intimate partner violence

Women who reported physical and/or sexual intimate partner violence were asked whether their partner's acts had resulted in injuries. Frequency of injuries, type of injuries and use of health services were also explored.

Of women in Kiribati who had ever experienced physical or sexual partner violence, 52% reported being injured at least once (Table 8.1). The prevalence of injury among ever-abused women was 51% in South Tarawa and 55% in the outer islands. This is relatively high compared to many of the other countries that undertook the WHO study. In fact, the prevalence of injuries in the outer islands is as high as the highest rate of injuries recorded among the countries participating in the study (55% in the provincial areas of Peru). Of those who reported injuries in Kiribati, 46% reported being injured in the past 12 months.

Graph 8.2 shows that the majority of women reported being injured once or twice, although a significant proportion (22%) reported being injured many times. Women also reported a variety of injuries. Although the majority of ever-injured women reported minor injuries (bruises, abrasions, cuts, punctures and bites), more serious injuries were also relatively common. For example, 26% of ever-injured women reported injuries to the eyes and ears and 28% reported fractures or broken bones. Of those who reported being injured by an intimate partner, 15% reported that they had 'lost consciousness' because of a violent incident, which is very serious. Of those who reported losing consciousness because of a violent incident, 29% reported that this had happened within the last 12 months.

> ***'I had broken bones and had bad coughing too. I was ashamed for being bashed up and I did not want to go out much. Yes, I have been sick at times and couldn't do much at home.'***
>
> Respondent, intimate partner violence in-depth interview

The critical injuries that women sustained are consistent with the severity of the violent acts they reported. As we saw in Chapter 5, 76% of women who reported physical partner violence had experienced severe forms of violence. The grave nature of injuries reported in the survey is also supported by the qualitative research where many victims of violence spoke of the serious injuries they had suffered as a results of their partner's violent behaviour. For example, one woman from the outer islands said:

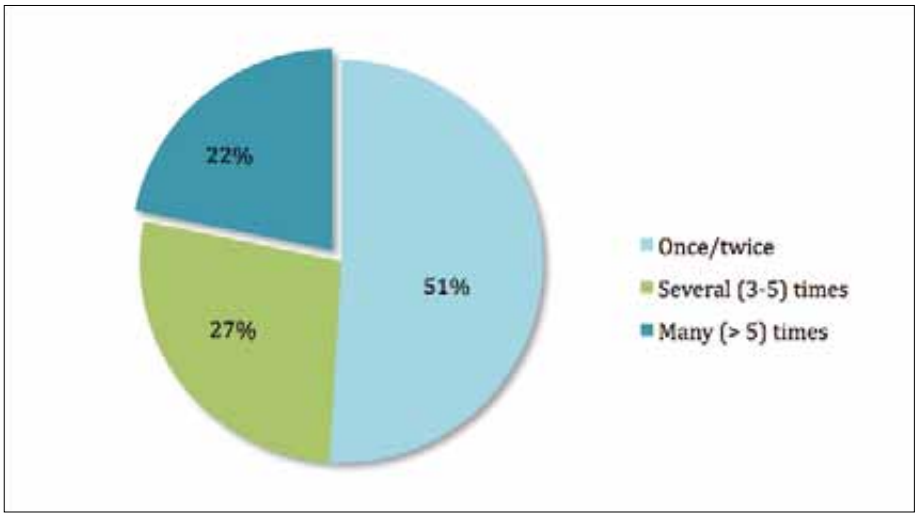
> ***'Yes, I have been hurt badly with fractures on some part of my body. I could not think well and I was often feeling afraid.'***
>
> Respondent, intimate partner violence in-depth interview

Table 8.1. Percentage of different types of injuries among women ever injured by an intimate partner[a]

	Kiribati (N=916)	
	number	%
Total no. of women ever injured by an intimate partner (among those reporting physical partner violence)	480	52.9
Injured in the past 12 months	216	23.6
Type of injury reported (among those reporting injury)	N=480	
Cuts, punctures, bites	212	44.1
Abrasion and bruises	258	53.6
Sprains, dislocations	258	53.6
Burns	18	3.7
Deep cuts, gashes	65	13.5
Eardrum or eye injuries	125	26.0
Fractures/broken bones	136	28.3
Broken teeth	49	10.2
Internal injuries	22	4.6

a. This information was collected only from women who reported physical violence by an intimate partner. Women could report more than one type of injury.

Graph 8.2. Frequency of injuries caused by partner violence, among women who reported ever having been injured by a partner (N=480)



Among women who reported that they had been injured by their partner, 11% reported that they had been hurt badly enough to need health care. Of these women who needed health care, 34% said that this had happened in the past 12 months. It is concerning that of those who reported needing health care for an injury, 23% *never* received such care. Only 26% said they *always* received health care when they needed it, and 48% said they sometimes received health care. This means that many women are not getting the medical treatment that they require.

Of those who had received health care for their injuries, nearly half (45%) said that they had been required to spend at least one night in hospital due to their injuries. This may indicate that women do not often seek health care for minor injuries, and when they do seek health care it is usually because the injury is so serious that they may need to be hospitalised. Of the women who received health care, most (74%) told the health worker the real cause of their injuries. The qualitative research supported this finding, with health care professionals reporting that women normally tell the truth about the cause of their injuries. It is possible that women feel relatively comfortable revealing the true cause of their injuries because of the normalisation of violence. Furthermore, the current response from health workers to cases of violence is minimal and victims may feel that they can tell the doctor/nurse without any major consequences, like the police being called. One doctor said:

> ***'Our priority is medical care…The police are not called.'***
>
> Participant, focus group discussion

Another person explained:

> ***'We don't make it our business to call the police…We leave it for the woman to make contact as they are always changing their mind.'***
>
> Participant, focus group discussion

Health care facilities are often the first port of call for women suffering violence, particularly if there are limited services available in the community. Health care professionals reported that they often saw women who have been abused by their husbands coming for treatment. They said that sometimes women came to the hospital directly while other times they were brought by the police. According to participants in the health focus group discussion, the most common violence-related cases seen at the hospital are injuries resulting from physical violence by a husband or partner, which supports the research findings. Health-care professionals said they see things such as bruises on faces, injured ears and noses and even stab wounds. They also explained that they often had repeat cases where they saw the same woman numerous times due to regular beatings. Health professionals reported that they get the most cases on the weekends when men get their pay and get drunk. 'It is worst in the early hours of the morning, especially on pay day,' said one participant.

Please see Chapter 13 (Recommendations) for a more detailed discussion of the current working of the health-care system.

Partner violence and women's general health

All women, regardless of their partnership status, were asked whether they considered their general health to be excellent, good, fair, poor or very poor. They were then asked whether they had experienced

a number of symptoms during the four weeks prior to the interview, such as problems walking, pain, memory loss, dizziness, and vaginal discharge. Although in a cross-sectional survey it is not possible to demonstrate causality between violence and health problems, the findings give an indication of the forms of association.

Women who experienced violence by an intimate partner were significantly more likely than women who had not experienced violence to report that their general health was fair, poor or very poor. Table 8.2 shows that there were consistent differences at the bivariate level between women who reported experiences of violence by an intimate partner and those who did not, for all symptoms of ill-health that were asked about. For example, 17% of women who had experienced intimate partner violence reported problems walking compared with only 12% of women who had not experienced partner violence, and 12% of women who had experienced partner violence reported that they had been in pain or discomfort in the past four weeks compared with only 7% of women who had not experienced such violence. Of ever-abused women, 23% reported vaginal discharge in the past four weeks compared to only 14% of women who had never experienced physical or sexual violence by an intimate partner.

The P-values for all the health variables except for 'problems with performing usual activities' and 'problems with memory' show that the associations between these health outcomes and experiences of physical and/or sexual partner violence are highly statistically significant. It is possible that positive associations between these two variables and violence did not reach statistical significance because the relatively lower reporting of symptoms decreased the statistical power of the analysis. It is also possible that these variables were influenced by factors such as the respondent's age.

The crude and adjusted odds ratios for each health problem are presented in Table 8.3. The odds of women who have experienced partner violence reporting poor or very poor health are 1.4 times the odds of women who have not experienced violence reporting poor or very poor health. Women who have experienced partner violence are two times more likely to report moderate or severe pain within the past four weeks than women who have not experienced violence.

Table 8.2. Percentage of women, who have ever been in a relationship, reporting selected symptoms of ill-health, according to their experience of physical and/or sexual partner violence

	Never experienced partner violence (N=495)		Experienced physical and/or sexual partner violence (N=1032)		P value (Significance levels) Pearson chi-square test
	number	%	number	%	
Poor/very poor general health (two lowest items of five-point scale)	100	20.4	270	26.4	P=0.008
Problems walking	57	11.5	176	17.1	P=0.001
Problems with activities	47	9.5	124	12.0	P=0.108
Recent pain	33	6.7	126	12.2	P=0.001
Problems with memory	27	5.5	81	7.8	P=0.644
Recent dizziness	213	43.0	550	53.3	P<0.001
Vaginal discharge	68	13.7	235	22.8	P<0.001

Table 8.3. Logistic regression models for the associations between selected health conditions and experiences of intimate partne0r violence among ever-partnered women

Health condition	COR	95% CI	AOR	95% CI
Poor/very poor health	1.4	1.1-1.9	1.4	1.1-1.9
Problems walking	1.6	1.2-2.2	1.7	1.2-2.4
Problems with activities	1.3	0.9-1.9	1.3	0.9-1.9
Recent pain	1.9	1.3-2.9	2.0	1.3-3.0
Problems with memory	1.0	0.9-1.3	1.0	0.9-1.3
Recent dizziness	1.5	1.2-1.9	1.5	1.2-1.8
Vaginal discharge	1.8	1.4-2.5	1.9	1.4-2.5

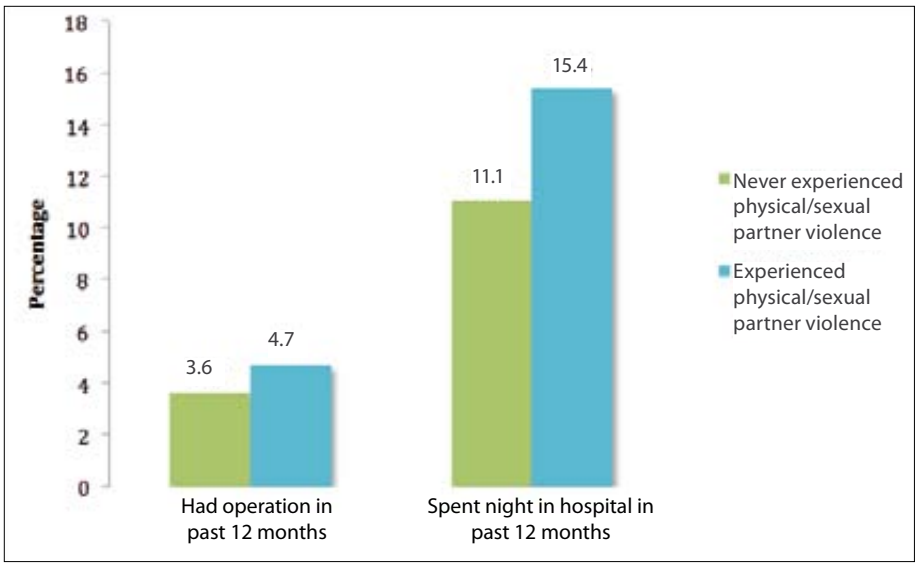
COR=crude odds ratio; AOR=adjusted odds ratio (adjusted for age group, marital status and educational level); CI=confidence interval.

The Kiribati study shows that 46% of women who had experienced violence had visited a health care professional in the past four weeks. Graph 8.3 shows that 15% of women who had experienced some form of physical or sexual partner violence had spent a night in hospital in the past 12 months. In contrast, 11% of women who had never experienced such violence had spent a night in hospital in the past 12 months. Women were also asked if they had had an operation, other than a caesarean section, in the past 12 months. Of women without a history of partner violence, 4% reported having an operation in the past 12 months compared with 5% of women who had experienced physical and/or sexual partner violence.

The qualitative research also supports these findings. Speaking with women who were living with violence we found that the violence had a significant impact on their health, not just by causing injuries but also more broadly. For example, one woman from the outer islands explained:

> ***'I was taken ill often and could not do much at home, not being very productive because he did not permit me to do so.'***
>
> Respondent,
> intimate partner violence in-depth interview

Graph 8.3. Comparison of severe health outcomes (hospitalisation and operation) for ever-partnered women according to their experiences of physical and/or sexual violence by partner



We see from this and other quotes that the impact of violence on a woman's health tends to have far reaching consequences, such as affecting her ability to take care of her home and family.

Violence and mental health

> *'I'm always worried and feeling so depressed. I also feel weak like my stomach is always empty. I'm hopeless and living in fear and realise that it's no use being with him.'*
>
> Respondent, intimate partner violence in-depth interview

Mental health was assessed using a self-reporting questionnaire of 20 questions (SRQ-20) developed by WHO as a screening tool for emotional distress, which has been validated in a wide range of settings. It asks respondents whether, within the four weeks prior to the interview, they had experienced a series of symptoms that are associated with emotional distress, such as crying, tiredness, and thoughts of ending their life. The number of items that women respond yes to are added up for a possible maximum score of 20, where 0 represents the lowest level of emotional distress and 20 represents the highest.

Table 8.4 shows that women who have experienced intimate partner violence are more likely to report scores in the higher ranges of the SRQ (11–20) than women who have not experienced it. Those who have not experienced intimate partner violence more frequently had an SRQ score of between 1 and 5. This is confirmed by Table 8.5, which shows that the mean SRQ score for women who had experienced domestic violence was significantly higher than for non-abused women, indicating higher levels of emotional distress. The SRQ score was higher for sexual violence than for physical violence but was highest among women who had experienced both types of violence. A Spearman's Rho coefficient of 0.215 ($P<0.01$) indicates a significant association between physical and/or sexual intimate partner violence and emotional distress.

Table 8.4. SRQ scores for emotional distress (in past four weeks) among women, who have ever been in a relationship, according to their experience of physical and/or sexual partner violence

SRQ score	Never experienced physical/sexual partner violence		Experienced physical/sexual partner violence	
	n	%	n	%
1 to 5	230	46.5	282	27.3
6 to 10	150	30.3	342	33.1
11 to 15	92	18.6	294	28.5
16 to 20	23	4.6	114	11

Table 8.5. Mean SRQ scores for emotional distress (in past 4 weeks) among women, who have ever been in a relationship, according to their experience of physical and/or sexual violence by an intimate partner

Type of partner violence experienced	number	mean
No violence	495	6.7
Physical violence only	324	7.5
Sexual violence only	116	8.3
Both sexual and physical violence	592	10.0
Total	**1527**	**8.2**

The results of the qualitative research also demonstrate the negative impact partner violence has on women's mental health. When discussing the effect of violence on their lives, most survivors spoke of the emotional impact more than the physical impact. For example, one woman explained:

> ***'There was no peace in the home, and I was not feeling settled and comfortable. There was no way of coming up with constructive thinking or being productive.'***
>
> Respondent, intimate partner violence in-depth interview

The preceeding quote shows similarities to the quote earlier in this chapter where another woman spoke of not being productive. This was a common theme among survivors of violence: they felt that the violence they suffered prevented them from being a productive member of society and this had a significant impact of their sense of self-worth.

All respondents were asked whether they had ever had suicidal thoughts. In Kiribati, 42% of women who had experienced partner violence reported having thoughts of suicide compared with only 24% of women who had never experienced partner violence (see Table 8.6). Table 8.7 presents the results of multivariate logistic regression on the association between suicidal thoughts and experiences of violence by an intimate partner, adjusting for age, education, marital status and whether the respondent had experienced childhood sexual abuse. The results confirm that women who have experienced physical and/or sexual violence were very significantly (P<0.001) more likely to have thought of ending their lives than women who had not experienced it. In fact, the odds of women who have experienced partner violence having suicidal thoughts were *more than twice* the odds of women who have not experienced partner violence having such thoughts (AOR, 2.2; 95%CI, 1.7–2.8).

> ***'I was affected by what he did to me as I had a hard time and I got sick. Sometimes I felt frightened and I wanted to commit suicide but I couldn't because I loved my children.'***
>
> Respondent, intimate partner violence in-depth interview

Those who reported that they had, at least once, thought about ending their life were also asked if they had actually attempted suicide at any point. Of respondents who had had suicidal thoughts and had experienced intimate partner violence, 37% reported that they had attempted suicide compared with only 21% of women who reported suicidal thoughts but never experienced such violence. This association (P=0.004) is also highly statistically significant.

Table 8.6. Comparison of suicidal ideation and behaviour for ever-partnered women according to their experiences of physical partner violence

	Never experienced partner violence (N=494)		Experienced partner violence (N=1032)		P-value (significance levels), Pearson chi-square test
	number	%	number	%	
Ever thought about ending life	117	23.7	430	41.7	P<0.001
Ever tried taking life	23	4.7	155	15.0	P<0.001

Table 8.7. Logistic regression models for associations between suicidal thoughts and attempts, and experiences of intimate partner violence

	COR	95% CI	AOR	95% CI
Ever thought about ending life	2.3	1.8-3.0	2.2	1.7-2.8
Ever tried taking life	2.1	1.4-3.7	3.2	2.0-5.1

COR=crude odds ratio; AOR=adjusted odds ratio (adjusted for age group, marital status, educational level and experiences of child sexual abuse); CI=confidence interval.

Discussion

The Kiribati Family Health and Support Study shows that current and previous experiences of intimate partner violence are associated with a wide range of physical and mental health problems among women. Firstly, we found that 52% of women in Kiribati who had ever experienced physical or sexual partner violence reported being injured at least once. The severity of the injuries reported is very concerning, particularly the fact that 15% of ever-abused women reported that they had lost consciousness because of a violent incident and that so many women required hospitalisation for their injuries. This is consistent with the prevalence and severity of violence reported in Kiribati as outlined in Chapter 5.

These findings suggest that violence is not only a significant health problem because it causes direct injuries, but also because it indirectly impacts on a number of health outcomes (Garcia-Moreno et al. 2005). Women who have experienced partner violence are significantly more likely to have health

Photo: Henriette Jansen

problems, emotional distress and suicidal thoughts than women who have not experienced partner violence. This is consistent with the experiences of other countries where the WHO multi-country study was undertaken, as well as studies from around the world showing that women who are physically abused often have many less-defined somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches (Campbell 2002; Eberhard-Gran et al. 2007; Ellsberg et al. 2008; Kishor and Johnson 2004a; McCaw et al. 2007; Watts et al. 1998).

Because of the cross-sectional design of the study, we are unable to establish whether exposure to violence occurred before or after the onset of symptoms. Theoretically, women who reported ill health could have been more vulnerable to violence. However, as Ellsberg et al. (2008) show, previous studies on women's health suggest that reported health problems are mainly outcomes of abuse rather than precursors (Campbell 2002; WHO 2002). There is some evidence of the direction of the temporal association between violence and ill health in that we recorded an association between self-reported experiences of ill health that occurred in the previous four weeks and lifetime experiences of partner violence. This suggests that the impact of violence may last long after the actual violence has ended.

Kiribati is similar to other sites where the WHO study was undertaken in that the mean SRQ score (indicating level of emotional distress) for women who had experienced abuse was significantly higher than for non-abused women(Garcia-Moreno et al. 2005). Similarly, other research shows that recurrent abuse can place women at risk of psychological problems such as fear, anxiety, fatigue, sleeping and eating disturbances, depression and post-traumatic stress disorder (Watts et al. 1998). We also found a significant

Health focus group discussion

Photo: Chris Palethorpe

association between experiences of violence and suicidal ideation. Links have been found in other countries between physical abuse and higher rates of psychiatric treatment, attempted suicide, and alcohol dependence (Plitcha 1992).

The Kiribati study shows that women living with violence visit health services frequently. Thus, health professionals in Kiribati are treating domestic violence victims all the time, although they might not be aware of the causes of the health problems, ask about the experienced violence, know how to effectively deal with victims or know which services (if available) to refer the women to. Health professionals can play a crucial role in detecting, referring and caring for women living with violence. But first, violence against women must be recognised as the serious public health issue that it is. Only then can interventions by health providers mitigate both the short- and long-term health effects of violence against women. This will be discussed in more detail in Chapter 13.

Photo: Henriette Jansen

CHAPTER 9:
INTIMATE PARTNER VIOLENCE AND WOMEN'S REPRODUCTIVE HEALTH

Photo: Henriette Jansen

MAIN FINDINGS

- 23% of women who had ever been pregnant reported being beaten during pregnancy.
- 17% of women who reported experiencing violence during their pregnancy had been punched or kicked in the abdomen while pregnant.
- Women who had experienced partner violence, particularly during pregnancy, were significantly more likely to report miscarriages and having a child who died.
- A significant association was found between intimate partner violence and higher birth rates.
- Abused women were significantly more likely to have a partner who had stopped or tried to stop them from using a form of contraception.
- Women who had experienced partner violence were more likely to have unplanned or unwanted pregnancies compared with women who had not experienced such violence.

'I think that our first-born child was affected by his violence. He is not very good at school. He may have been affected by his [my husband's] physical abuse to me when I was pregnant.'

Respondent,
intimate partner violence in-depth interview

This chapter explores the impact of intimate partner violence on women's reproductive health.

Women who had ever been pregnant were asked if they had been physically abused by an intimate partner while pregnant. Table 9.1 shows the prevalence and characteristics of physical violence during pregnancy. Overall, 23% of women who had ever been pregnant reported being physically abused during at least one pregnancy. Among the women who reported violence during pregnancy, 17% were severely abused, that is, punched or kicked in the abdomen. In 82% of cases, the woman was beaten by the father of the child. In most cases, women who were physically abused during pregnancy had been beaten prior to getting pregnant, but a significant number (37%) reported that the beating had actually started during pregnancy. The majority of women who had been abused before and during pregnancy reported that the violence was less severe during pregnancy (76%). However, 13% said the violence stayed the same and 10% reported that the violence actually became worse during pregnancy.

Reproductive health outcomes

Table 9.2 shows that women who had experienced partner violence, particularly during pregnancy, were more likely to report miscarriages, still births and having had a child who had died. Nineteen per cent of women who reported partner violence had experienced a miscarriage, compared with only 13% of women who did not report violence ($p<0.001$). Among women who had been abused by a partner, 4% reported a stillbirth compared with only 3% of women who had not experienced abuse (not significant).

Abortions are illegal in Kiribati, and therefore women are likely to underreport them for fear of legal repercussions and because of the social stigma

Table 9.1. Forms of violence during pregnancy, among women who have ever been pregnant

	number	%
Beaten while pregnant (N=1362)	318	23.3
Punched or kicked in abdomen (N=318)	54	17.0
Beaten in most recent pregnancy by father of child (N=318)	262	82.4
Living with person who beat her while pregnant (N=318)	239	75.2
Same person had beaten her before pregnancy (N=318)	179	56.3
Beating became worse than before pregnancy (N=179)	18	10.1

Table 9.2. Percentage of ever-pregnant women reporting having had a miscarriage, abortion, stillbirth or child who died, according to their experience of partner violence

	Never experienced partner violence		Experienced physical or sexual partner violence		P value[c]	Beaten during pregnancy	
	number	%	number	%		number	%
Ever had a miscarriage[a]	56	12.9	173	18.7	P=0.008	61	19.2
Ever had a stillbirth[a]	11	2.5	34	3.7	P=0.273	8	2.5
Ever had an abortion[a]	2	0.5	1	0.1	P=0.196	0	0.0
Ever had a child who died[b]	106	24.4	227	24.5		87	27.4
Ever-pregnant women	**495**	**100.0**	**1032**	**100.0**		**318**	**100.0**
Last child with low birth-weight (<2.5kg)[b]	9	5.1	29	6.9		12	7.6
Total women whose last child was under 5	**176**	**100.0**	**419**	**100.0**		**157**	**100.0**

a. Among ever-pregnant women.
b. Among women whose last child was less than five years old.
c. P value is for 2x2 Chi-square test of the difference between never experienced partner violence and experienced partner violence.

associated with them. Only two women in the whole survey reported having an abortion. Therefore, we were unable to explore the association between intimate partner violence and abortions.

Multivariate logistic regression modeling was performed to explore the associations between violence by an intimate partner and reproductive health problems, adjusting for potential confounding variables. The significance levels in Table 9.3 demonstrate that the association between having a miscarriage and experiences of intimate partner violence is statistically significant. However, the associations between abortions, stillbirths and having a child who died and partner violence were not found to be statistically significant, most likely because the number of women who reported these pregnancy outcomes was low. The crude and adjusted odds ratios for each reproductive health problem are presented in Table 9.3. Women who had experienced partner violence were 1.6 times more likely to report having had a miscarriage than women who had not experienced violence. The odds of having had a child who died were 1.5 times greater among women who had experienced partner violence than among those who had not.

Table 9.3. Logistic regression models for the association between selected reproductive health outcomes and experiences of intimate partner violence, among ever-pregnant women

	COR	95% CI	AOR	95% CI
Ever had miscarriage	1.6	1.2-2.2	1.6	1.2-2.7
Ever had stillbirth	1.5	0.7-3.0	1.5	0.8-3.1
Ever had an abortion	0.23	0.02-2.6	0.3	0.03-3.5
Ever had a child who died	1.5	1.1-2.1	1.5	1.0-2.1

COR=crude odds ration; AOR=adjusted odds ratio (adjusted for age group, marital status and educational level); CI=confidence interval

Parity

Table 9.4 presents data on the number of live births reported by women according to their experiences of violence by an intimate partner. Women who had experienced violence were likely to have more children than non-abused women. In particular, women who had experienced partner violence were significantly more likely to have had more than five children than women who had not experienced violence.

Contraceptive use

Respondents who reported being in a relationship, married or otherwise, were asked if they had ever used a contraceptive method to avoid getting pregnant. In follow-on questions they were asked:

- if they were currently using contraception;
- what method they were using;
- whether their partner knew that they were using contraception; and
- if their partner had ever refused to use or tried to stop them from using a method of contraception.

Table 9.5 shows the results from these questions, according to the respondent's experience of intimate partner violence.

Of ever-partnered women, 48% had used contraception at some point in their lives and of those, 41% were currently using contraception. The most common methods of contraception reported were injectables, implants and the pill. These findings are consistent with Ministry of Health and Medical Services data, which show that the most common family planning methods are oral contraceptives and injectables (UNDP & Republic of Kiribati 2007). The ministries data also shows that from 1990 to 2004 the contraceptive prevalence rate ranged between 18% and 22%.

Women who had ever experienced intimate partner violence were significantly more likely to report having ever used contraception than women who had not experienced it (52% compared to 42%). On the other hand, the rate of current contraceptive use was higher among women who had never experienced violence than among those who had been abused by an intimate partner. Among women who had not experienced partner violence and had reported ever using contraception, 47% were currently using contraception, compared with 39% of women who had experienced it (statistically significant).

Women who had experienced partner violence were more likely to report that their current husband or partner did not know that they were using a method of family planning (not statistically significant). Current partners of women who had experienced intimate partner violence were significantly more

Table 9.4. Number of live births reported by ever-partnered women according to their experience of physical and/or sexual violence by an intimate partner

		Never experienced partner violence		Experienced partner violence		Beaten during pregnancy	
		number	%	number	%	number	%
Number of children born alive	0	78	15.8	138	13.4	9	2.8
	1-2	168	33.9	320	31.0	96	30.2
	3-4	138	27.9	281	27.2	95	29.9
	>=5	111	22.4	293	28.4	118	37.1
	Total	**495**	**100.0**	**1032**	**100.0**	**318**	**100.0**

likely to have refused to use or tried to stop the respondent from using a method of family planning (23% compared to 9%; statistically significant). This finding supports earlier evidence that women who have experienced partner violence are more likely to encounter controlling behaviour by a partner, in this case over their own reproductive health choices.

This lack of control over family planning choices among women who experience partner violence was supported by the qualitative findings. In the focus group discussion with health care providers, one nurse recalled a story of a woman who had come to the hospital for family planning assistance. She explained that the patient was provided with an IUD but was concerned about her husband's reaction, as he did not support contraception.

'She came back a couple of days later with big black eyes … The woman explained that he had demanded sex but she had her period. He insisted on looking at her and saw the string and beat her up badly. She came back to the hospital and asked us to take it out, otherwise she felt that her husband would kill her.'

Nurse, health care focus group discussion

Table 9.5. Use of contraceptives among currently partnered women, according to their experiences of intimate partner violence

	Never experienced partner violence		Experienced partner violence		P value (Significance levels) Pearson chi-square test
	number	%	number	%	
Ever used family planning	207	41.8	540	52.3	P<0.001
Total	**495**	**100.0**	**1032**	**100.0**	
Currently using family planning[a]	97	46.6	208	38.5	P=0.035
Total	**207**	**100.0**	**540**	**100.0**	
Husband/partner knows about family planning[b]	82	84.5	155	74.5	P=0.651
Total	**97**	**100.0**	**208**	**100.0**	
Partner ever tried to stop family planning	46	9.3	238	23.1	P<0.001
Total	**495**	**100.0**	**1032**	**100.0**	

a Among women who reported ever using contraception.
b Among women who reported currently using contraception.

Unplanned pregnancies

Women who reported having had a live birth in the past 5 years were asked whether at the time they became pregnant (the last pregnancy):

- they wanted to become pregnant then;
- they wanted to wait until later;
- they did not want (more) children; or
- they did not mind either way.

Respondents were asked the same questions about their partners' views of the pregnancy. Table 9.6 shows the results of these questions according to the respondents' experience of physical and/or sexual partner violence. Of the respondents who had never experienced physical or sexual intimate partner violence, 80% reported that they had wanted to become pregnant at the time of their last pregnancy. In contrast, only 64% of women who had experienced intimate partner violence reported that they had wanted to become pregnant. Of women who had experienced partner violence, 22% said that when they became pregnant they did not want (more) children or had wanted to wait until later, compared with only 13% of women who had not experienced such violence. Table 9.7 shows that there is a statistically significant association between women

Table 9.6. Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in last five years

		Never experienced partner violence		Experienced partner violence	
		number	%	number	%
Respondent wanted last pregnancy?	Wanted to become pregnant then	187	79.6	353	64.2
	Wanted to wait until later/ did not want (more) children	30	12.8	121	22.0
	Did not mind either way	16	6.8	72	13.1
	Don't know/refused	2	0.8	4	0.7
Total		**235**	**100.0**	**550**	**100.0**
Partner wanted last pregnancy?	Wanted to become pregnant then	194	82.6	415	75.5
	Wanted to wait until later/ did not want (more) children	17	7.2	55	10.0
	Did not mind either way	17	7.2	68	12.4
	Don't know	7	3.0	12	2.2
Total		**235**	**100.0**	**550**	**100.0**

Table 9.7. Logistic regression models for the association between unplanned pregnancies and experiences of intimate partner violence, among ever-pregnant women

	COR	95% CI	AOR	95% CI
Woman did not want last pregnancy	2.1	1.4-3.1	2.1	1.4-3.2
Partner did not want last pregnancy	1.6	0.9-2.8	1.6	0.9-2.8

COR=crude odds ration; AOR=adjusted odds ratio (adjusted for site, age group, marital status and educational level); CI=confidence interval

experiencing partner violence and their last pregnancy being unwanted or unplanned.

As for the feelings of the respondent's partner about the pregnancy, 83% of women who had not experienced partner violence reported that their partner wanted them to become pregnant, compared with 76% of women who had experienced partner violence. Of women who had been physically or sexually abused by an intimate partner, 10% reported that, at the time of their last pregnancy, their partner did not want (more) children or wanted to wait until later. In comparison, 7% of women who had not been abused by an intimate partner reported that their partner wanted to wait or did not want (more) children. However, this association was not found to be statistically significant.

Antenatal and post-natal care

Women who reported having had a live birth in the past five years were asked whether they had used antenatal and post-natal care services for their last pregnancy. They were also asked whether their partner stopped them, encouraged them, or had no interest in whether they received antenatal care for their pregnancy. It is pleasing to see that a very high percentage of women received antenatal care for their most recent pregnancy: 98% for women who had never experienced partner violence and 97% for women who had experienced it. The proportion of women who reported having attended an antenatal service was only slightly higher among women who had not experienced partner violence than among those who had (not statistically significant). This is most likely because there is such a high rate of antenatal attendance in Kiribati.

Few respondents reported that their partner had stopped them from using antenatal care or shown no interest (10% for women who had not experienced partner violence and 8% for women who had).

Overall, the percentage of women who received post-natal care was much less than those who received antenatal care: 47% for women who had not experienced partner violence and 43% for women who had. There is a small trend between experiences of partner violence and accessing post-natal care services, although not statistically significant. According to the Kiribati MDG Report, maternal mortality rates have increased and the Ministry of Health is in the process of trying to improve post-natal care and

Table 9.8. Physical and/or sexual partner abuse and circumstances of last pregnancy, among women who gave birth in last five years

	Never experienced violence (N=235)		Experienced physical or sexual partner violence (N=550)		P value (Significance levels) Pearson chi-square test
	number	%	number	%	
Received antenatal care	228	97.0	519	94.4	P=0.352
Partner stopped antenatal care/ had no interest in antenatal care	24	10.2	46	8.4	P=0.570
Received post-natal check-up	110	46.8	238	43.3	P=0.780
Smoked tobacco during pregnancy	64	27.2	170	30.9	P=0.282
Consumed alcohol during pregnancy	10	4.3	26	4.7	P=0.223

is encouraging checks immediately after delivery instead of the current practice, which involves performing checks six weeks after birth (UNDP & Republic of Kiribati 2007).

Women who had experienced partner violence were more likely to have smoked during pregnancy. According to the survey, 27% of women who had not experienced intimate partner violence reported that they smoked during pregnancy. In comparison, 31% of women who had experienced violence reported smoking during pregnancy (not statistically significant). Overall, alcohol consumption during pregnancy was very low (4–5%); however, women who had experienced partner violence were slightly more likely to have consumed alcohol during their last pregnancy than non-abused women (not statistically significant).

Discussion

Of women who have ever been pregnant, 23% reported being beaten during pregnancy. Among the women who reported violence during pregnancy, 17% were severely abused, that is, punched or kicked in the abdomen. In other studies, women abused while pregnant have reported higher frequencies of severe intimate partner violence compared with women who had been abused only before and/or after pregnancy (Campbell et al. 2007; Campbell 2004; Macy et al. 2007; McFarlane et al. 2002). Studies have also shown that women who experience partner violence during pregnancy are at greater risk of having attempts made on their lives by their partner than non-childbearing women (McFarlane et al. 2002). Therefore, women who experience

violence during pregnancy, particularly those for whom the violence got worse during pregnancy, are at serious risk and need to be offered intensive interventions.

In most cases, women who were physically abused during pregnancy had been beaten before becoming pregnant. However, 37% reported that the beating had actually started during pregnancy. Experiencing violence before pregnancy tends to be predictive of later violence, even if violence begins in the postpartum period for some women (Campbell et al. 2007; Campbell 2004; Letourneau et al. 2007). The majority of women who were abused before and during pregnancy reported that the violence was less severe during pregnancy (76%), indicating that pregnancy may be a protective time. Some other studies have also shown a significantly decreased level of partner violence during pregnancy (Jahanfar and Malekzadegan 2007; Macy et al. 2007; Vatnar and Bjorkly 2009).

The Kiribati study shows that women who have experienced violence, particularly during pregnancy, are significantly more likely to report miscarriages, low birth weight babies and having a child who died. Studies in the US indicate that women battered during pregnancy run twice the risk of miscarriage and four times the risk of having a low birth weight baby compared to women who are not beaten(Watts et al. 1998). In a number of other countries, physical abuse has also been found to be associated with higher rates of abortion, miscarriages, stillbirths and delayed entry into prenatal care (Evins and Chescheir 1996; Kishor and Johnson 2004a; Velzeboer et al. 2003).

Photo: Chris Palethorpe

In Kiribati, women who had experienced partner violence were significantly more likely to have ever used contraception. The same was found in New Zealand (Fanslow et al. 2008). Therefore, discussions related to contraception provision may provide an opportunity for health-care professionals to assess the possibility of partner violence and provide some intervention. On the other hand, current use of contraception was lower among abused women than non-abused women.

Abused women were significantly more likely to have partners who refused to use or tried to stop them from using a method of contraception. Other studies have shown that abused women were more likely to report not using their preferred method of contraception. Given this lack of control over contraception, it is not surprising to find that abused women in Kiribati face a greater risk of unplanned pregnancy.

We found a statistically significant association between women's experiences of intimate partner violence and unplanned or unwanted pregnancy. Gao et al. (2008) also found a significant association between partner violence and unplanned pregnancies in a Pacific Island family cohort in New Zealand. Other studies also show that women who had experienced violence had more unwanted pregnancies, higher fertility levels and a lessened ability to consistently use contraceptives (Kishor and Johnson 2004a). This indicates that women who have experienced violence have less control over their reproductive health choices. Health-care providers need to consider how partner violence may influence their patients' use of reproductive health services, particularly contraceptives, and the potential for a higher risk of unplanned pregnancies and sexually transmitted infections among abused women (Ellsberg 2000; Fanslow et al. 2008; Williams et al. 2008).

A high proportion of women who were pregnant received antenatal care. However, post-natal care appears to be accessed less frequently. Partner violence does not appear to have a significant impact on women's access to antenatal and postnatal care.

Photo: Henriette Jansen

CHAPTER 10:
WOMEN'S COPING STRATEGIES AND RESPONSES TO INTIMATE PARTNER VIOLENCE

Photo: Henriette Jansen

MAIN FINDINGS

- 42% of women who had experienced physical and/or sexual partner violence reported that they had not told anyone about the violence.
- When women did tell someone about their partner's behavior, they most often confided in their family and friends.
- The majority of women who had experienced partner violence had never gone to formal services for help.
- Among women who had sought help from formal services, most went to the police and health centres.
- The most common reasons women gave for seeking help were that they could not endure anymore or that they were badly injured.
- The most common reasons women gave for not seeking help were that the violence was seen as 'normal' or 'not serious' or that they were afraid that it would end the relationship.
- 40% of women who experienced partner violence reported having fought back at least once. The effect of fighting back was, more often than not, to reduce or stop the violence.

Contextualised analysis of women's experiences of violence reveal that women exercise agency and varying degrees of control over their lives, even within the constraints of multiple forms of subordination (UN General Assembly 2006). It is, therefore, vital to acknowledge that women who experience violence are not merely victims but survivors. Even though there are limited formal support services available to women in Kiribati, they have developed their own coping strategies and mechanisms that draw on informal networks such as family and friends as well as more formal government or non-governmental agencies. This chapter explores such coping strategies and responses to partner violence.

To explore women's coping strategies, respondents who reported that their intimate partner was physically or sexually violent were asked a series of questions about who they had talked to about their partner's behaviour, where they had sought help, who had helped them, and whether they had ever fought back or left their partner because of his violence. If a woman had been abused by more than one partner, she was asked about the most recent partner who had been violent towards her.

Who women tell about violence

Women who had experienced intimate partner violence were asked whether they had told anyone about their partner's violent behaviour. Multiple answers could be given. A large proportion of women (42%) reported that they had not told anyone about their partner's violence. A slightly higher percentage of women from the outer islands had not told anyone compared with South Tarawa (44% compared to 41%). This suggests that in many cases the interviewer was the first person that the respondent had ever talked to about their experiences of violence. One woman from South Tarawa explained why she had never told anyone before:

> ***'I haven't told anybody about my problems because it's not anybody's business, it's our own. There's no point in sharing it with others.'***
>
> Respondent,
> intimate partner violence in-depth interview

The above quote indicates that this woman sees violence to be a personal family issue that should not be shared with outsiders. It also appears that she feels that sharing her story with others would not help her situation. The notion that outside people do little to help victims of violence was reinforced by another woman who said that even though she had told people about the violence they did not feel like they could intervene.

> ***'It was well known in the neighbourhood that I was being treated so badly by my husband. No one including my relatives was prepared to help me for fear that they would end up in a fight with my husband.'***
>
> Respondent,
> intimate partner violence in-depth interview

The study results indicate that women living with violence often try to cope on their own, which can be very challenging. Another woman explained that she did not tell anyone because she was ashamed.

> ***'I was ashamed for what I had experienced and I did not go anywhere else during that time as I did not want to be teased by other people. I thought they knew.'***
>
> Respondent,
> intimate partner violence in-depth interview

Nevertheless, 58% of women had told someone about their partner's behaviour, and often more

than one person. Table 10.1 shows which people these women talked to. As a single category, women most often tell their parents about their partner's behaviour and secondly their friends. Women also tell other family members such as brothers or sisters, uncles or aunts, and their partner's parents as well as neighbours. Women reported that they very rarely told people in positions of authority such as local leaders or religious leaders.

Participants in the qualitative research reported mixed responses from people who they told about the violence. Some women reported that their friends and family had been very supportive. For example, one woman said:

> *'I have left many times to go to friends I trust. They support me and said that what my husband was doing was really, really wrong.'*
>
> Respondent,
>
> intimate partner violence in-depth interview

However, other women encountered less supportive responses.

> *'I've shared it with my friends and they advised me to be obedient to him.'*
>
> Respondent,
>
> intimate partner violence in-depth interview

> *'They asked me to be obedient to him. What he asks I must do. My friends and family advised me to do that.'*
>
> Respondent,
>
> intimate partner violence in-depth interview

In these cases friends and family reinforce the belief that the victims is at fault – that their 'disobedience' causes the violence. This is of great concern because it reinforces women's self-blame and fails to recognise the many negative consequences of partner violence for the life, health and general well-being of women and children and the very real danger that women may be in.

Table 10.1. People whom women told about partner violence, as reported by respondents who had ever been physically or sexually abused by a partner (N=1032)[a]

	Told	
	number	%
No one	439	42.5
Friends	177	17.2
Parents	247	23.8
Partner's family	172	16.7
Brother or sister	152	14.7
Aunt, uncle, children	121	11.6
Neighbours	109	10.6
Police	12	1.2
NGO/women's org	11	1.1
Doctor/health worker/counselor	5	0.5
Local leader / religious leader	3	0.3

a. More than one person could be mentioned, therefore the total percentage is greater than 100%.

Agencies or authorities that women turn to for help

Respondents were asked whether they had ever gone to formal services or people in positions of authority for help, including police, health services, legal advice services or women's organisations. Among women who had reported physical or sexual intimate partner violence, 22% said they had gone to at least one agency or authority for help, while the majority (78%) reported that they had never gone to any of these types of agencies.

Table 10.2 shows the percentage of women who sought support from different agencies or authorities.

The agency/authority women most commonly sought help from was the police. However, although the police were the agency/authority women turned to most commonly, only 14% of women who had experienced partner violence reported to the police. This finding, which is supported by the qualitative research, may indicate that women feel that the police can offer them little protection. Women also noted that they were scared of the consequences of reporting violence. One survivor of violence explained:

> ***'I've never reported anything to the police because I'm afraid of my husband.'***
>
> Respondent,
> intimate partner violence in-depth interview

The second most common place women sought help was a health centre or hospital (9%), which further supports the finding that violence against women is a public health issue. Some women also sought help from religious leaders, social services and the courts. Church leaders we spoke to during the qualitative research also indicated that they had come across a number of domestic violence cases in their work. One priest recalled:

> ***'The woman headed to my residence to find refuge and I just did not know what to do but luckily the perpetrator calmed down when I asked him to stop hurting her. The victim had already suffered some head cuts as could be seen by blood pouring onto her face.'***
>
> Father Michael Mackenzie,
> 3 December 2008

Very few women sought help from women's organisations or shelters. This is perhaps not surprising given the paucity of such services in Kiribati, and the fact that for women outside of South Tarawa these places may be difficult to access.

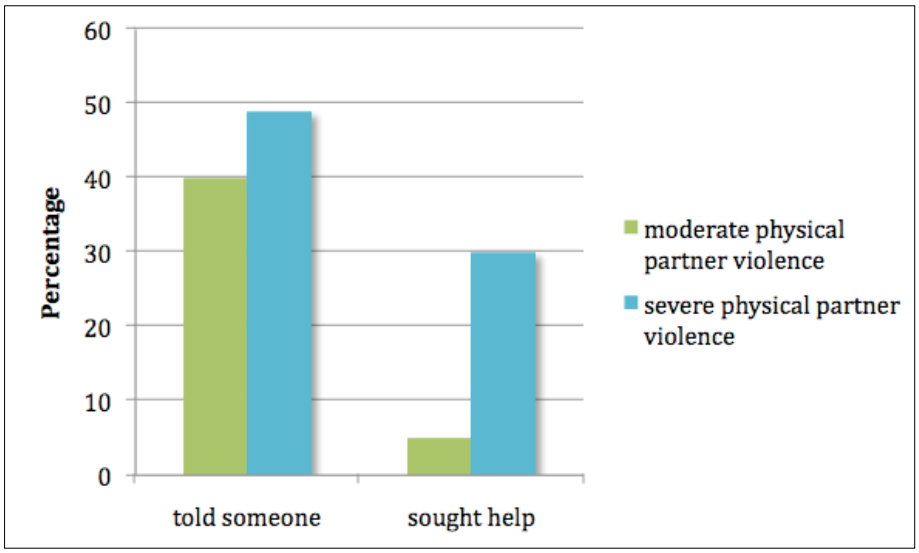
As was the case in other sites where the WHO study was conducted, women's help-seeking behaviour was related to the severity of violence they experienced. Among women who had experienced severe violence, 69% reported that they had told someone about their experiences of intimate partner violence, compared with 40% of women who had experienced moderate violence. Of women who had experienced severe violence, 30% reported seeking support from an agency or authority, compared with only 5% of women who had experienced moderate violence (see Graph 10.1).

Table 10.2. Agencies from which respondents sought support, as reported by women who have been physically or sexually abused by a partner (N= 1032)[a]

	number	%
Ever sought formal help	**223**	**21.7**
Police	146	14.1
Hospital/health centre	95	9.2
Religious leader	37	3.6
Social services	34	3.3
Court	30	2.9
Legal advice service	15	1.5
Shelter	11	1.1
Maneaba	8	0.8
Women's organisation	6	0.6
Elsewhere	17	1.6

a. Women could report more than one agency where they sought help.

Graph 10.1. Percentage of ever abused women who told someone about violence compared with percentage who sought help, by severity of intimate partner violence



Women who reported going to at least one service for assistance were asked what made them go for help. Table 10.3 shows the reasons women mentioned for seeking help. The most frequently given reasons were related to the severity and impact of the violence: she could not endure it any more (37%), or she was badly injured (24%). Women also reported that they went because they were encouraged to go for help by friends and family (15%), and that they were thrown out of their home (14%).

Table 10.3. Reasons for seeking help, among women who experienced physical and/or sexual partner abuse and reported seeking help from at least one agency (N=223)

	number	%
Could not endure it any more	104	46.6
Badly injured	63	28.3
Encourage by friends	33	14.8
Thrown out of home	33	14.3
Saw children suffering	29	13.0
Threatened to kill her	18	8.1
Wanted peace	18	8.1
Threatened or hit children	8	3.6
Afraid she would kill him	8	3.6
Other	14	6.3

Women who had not gone to any services for help were asked why this was the case. Their answers are represented in Table 10.4. The most common response, that violence was 'normal' or 'not serious', was given by 66% of women who had not sought help. The next most common response, that she was afraid it would end the relationship, was only given by 4% of women who had not sought help

Table 10.4. Reasons for not seeking help, among women who reported not seeking help from any agency (N=803)

	number	%
Violence normal/not serious	528	65.8
Afraid it would end the relationship	33	4.1
Ashamed/embarrassed	26	3.2
Fear/threats of consequences	25	3.1
Afraid would lose children	20	2.5
Believed that no one would help	6	0.7
Bring bad name to family	2	0.2
Don't know	49	6.1

Women were also asked from whom they would have liked to receive more help. The majority of women said that they would have liked more support from family members. Women also reported that they would have liked to receive more help from their partner's family. This may be because these women were living with their partner's family. For example, one woman from South Tarawa who was experiencing severe physical violence from her husband explained:

> *'During one fight we had, I was unhappy with how his parents did not help to stop him when he was bashing me up.'*
>
> Respondent,
> intimate partner violence in-depth interview

Fighting back

Respondents who had reported physical partner violence were asked whether they had ever fought back against their partner's physical violence (Table 10.5).

As the table shows, 40% of women who had experienced physical partner violence reported having fought back against their partners at least once. Fighting back was related to the severity of violence women experienced. Of women who had experienced moderate physical violence,

Table 10.5. Number of respondents who ever fought back when being hit, according to severity of violence[a]

		All physical violence		Moderate violence		Severe violence	
		number	%	number	%	number	%
Ever fought back	Never	551	60.2	165	75.0	386	55.5
	Once or twice	190	20.7	36	16.4	154	22.1
	Several times	106	11.6	14	6.4	92	13.2
	Many times	61	6.7	3	1.4	58	8.3
	No answer	8	0.9	2	0.9	6	0.9
Total		**916**	**100.0**	**220**	**100.0**	**696**	**100.0**

a. Among women who had ever been physically abused by a partner.

25% reported fighting back, compared with 45% of those who had experienced severe physical partner violence. In terms of the frequency of fighting back, women who had experienced severe partner violence also reported fighting back more often, with 8% of women who experienced severe physical partner violence fighting back many times compared with only 1% of women who experienced moderate violence.

Women who reported fighting back were asked what effect this had on the violence at the time: whether it had no effect, or whether the violence became worse, lessened, or stopped, at least temporarily. The reported effects were mixed: 42% reported that there was no change in the violence or that it got worse, while 55% said that it got better or stopped (Table 10.6).

Table 10.6. Effect on the level of violence of fighting back, among women who reported fighting back

	number	%
No change	33	9.0
Violence became worse	119	32.6
Violence lessened	153	41.9
Violence stopped	48	13.2
No answer	12	3.2
Total	**365**	**100.0**

Women who leave

Women who reported violence by an intimate partner were asked if they had ever left home because of the violence, even if only overnight. Of women who had experienced intimate partner violence, 45% reported never leaving home because of the violence, 36% reported leaving 1–3 times, 8% reported leaving 4–6 times and 4% reported leaving 10 or more times.

One woman from South Tarawa explained that she would leave the house regularly.

> ***'I could only sleep if I left home and spent the night at the church, maneaba or with my relatives. When I know he's drinking, that's when I get my things packed and leave home to go and sleep in the maneaba or with relatives.'***
>
> Respondent,
> intimate partner violence in-depth interview

Table 10.7 shows that the majority of women who left (87%) sought refuge with their relatives. A number of women also went to stay with their partner's relatives, friends or neighbours.

Photo: Henriette Jansen

Table 10.7. Reasons for leaving temporarily, among women who reported leaving home at least once

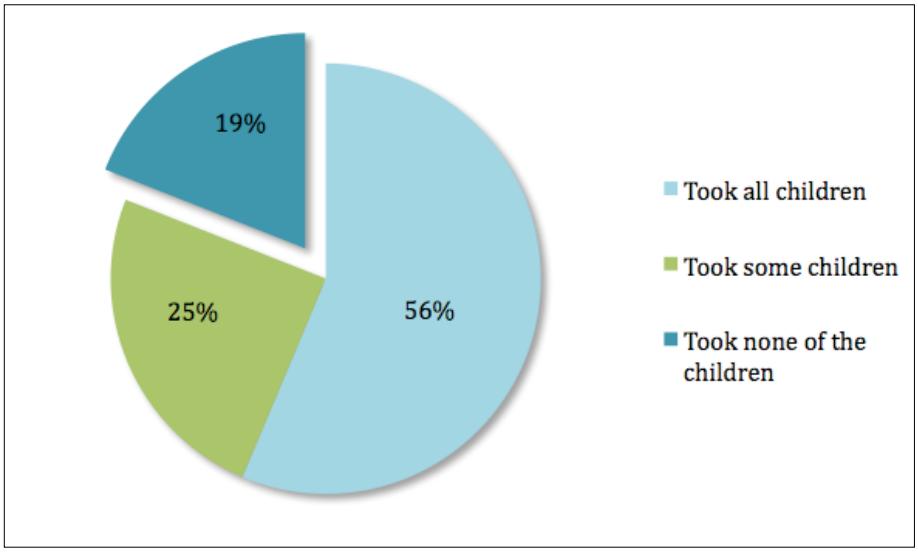
		number	%
	Ever left	**554**	**55.2**
Number of times left	Never	449	44.8
	1-3 times	357	35.6
	4-6 times	82	8.2
	7-10 times	71	7.1
	More than 10 times	44	4.4
	Total	**1003**	
Why left last time[a]?	Could not endure more	289	52.2
	Badly injured/afraid he would kill her	57	10.3
	He threatened or tried to kill her	52	9.3
	Thrown out of home	45	8.1
	Encouraged by friends/family	39	7.0
	Saw that children were suffering/he hit or threatened children	28	5.0
	No particular incident	13	2.3
	Afraid she would kill him	3	0.5
	Other	34	6.1
Where did you go last time?	Her relatives	503	87.0
	His relatives	27	4.7
	Friends/neighbours	12	2.1
	Street	6	1.0
	Shelter	2	0.3
	Maneaba	2	0.3
	Don't know/refused	2	0.3
	Total	**554**	

a. Respondents could report more than one reason for leaving; therefore, the percentages do not add up to 100%.

Women who reported leaving, and who had children living with them at the time, were also asked if they took their children with them when they left. Graph 10.2 shows that approximately half of the women reported that they took all their children with them when they left the last time (56%), 23% said they took some of their children and 17% said they left all their children behind. Women who left at least some of their children behind when they left were asked why. The majority reported that their children were not at home at the time (41%) or that they were prevented from taking the children (30%). Nineteen per cent of women reported that their children refused to leave and 12% said that they had no transport to take the children. Research has shown that the presence of children in a relationship where domestic violence occurs often has a significant impact on women's decision-making about whether to stay or leave (Hester et al. 2000). Studies have also shown that abusive and violent

men will employ tactics such as threats against the children, or not allowing them to leave with their mother in an effort to ensure that the relationship continues.

Graph 10.2. Percentage of women who took, or did not take, their children with them the last time they left their abusive partner, among women who reported leaving at least once and had children living with them at the time (N=410)



Reasons for leaving, returning and staying

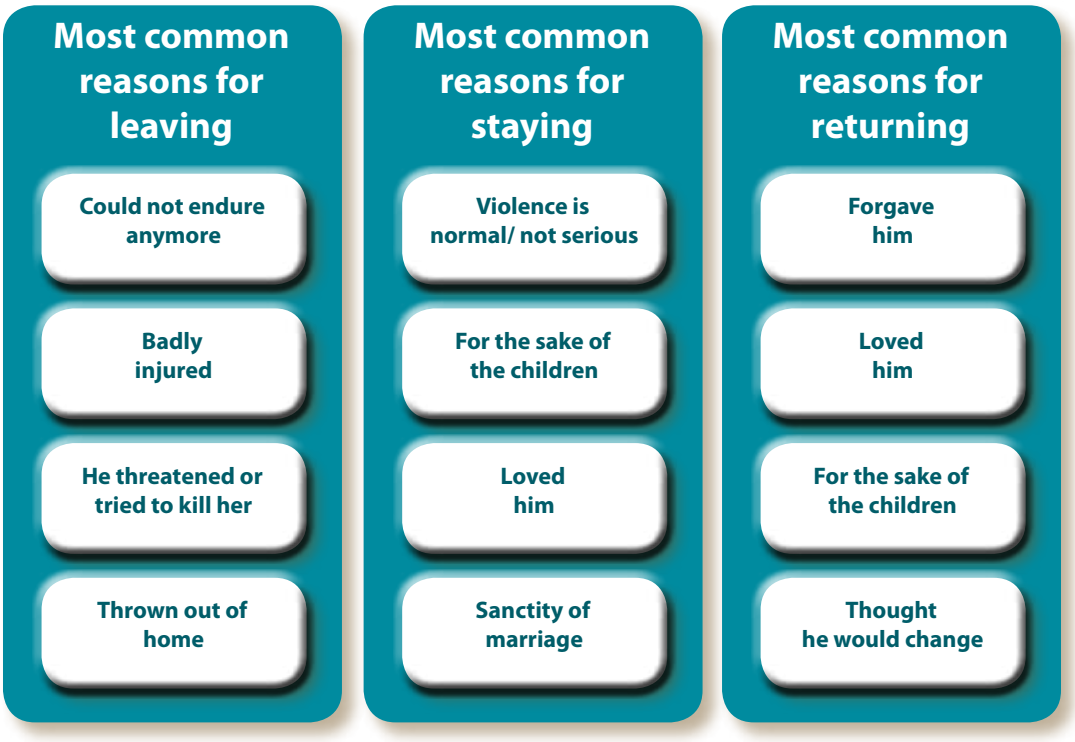
Women who left were asked about their reasons for leaving (Table 10.7). The most commonly mentioned reasons are similar to those given for seeking help and reflect the severity of the violence experienced. Of women who left, 34% said they could not endure any more abuse, 10% said it was because they were badly injured or afraid that their partner would kill them, and 9% reported that their partner had actually threatened or tried to kill them. We also see that many women were thrown out of the house. This was supported by the qualitative research. One woman said:

> ***'When he's drunk he swears at me and tells me to leave his house.'***
>
> Respondent,
> intimate partner violence in-depth interview

Women who returned home after leaving because of a violent incident were asked about their reasons for returning (Figure 10.1; Table 10.8). The most common reasons given were that they forgave their partner (65%) or loved him (25%). Women also reported that they did not want to leave the children (17%) and that they thought their partner would change (14%). One woman from Kuria explained how she forgave her husband and returned to the relationship.

> ***'I've left him on some occasions to my parents but he would come and apologise and then I had to go back with him.'***
>
> Respondent,
> intimate partner violence in-depth interview

Figure 10.1. The most common reasons that abused women gave for leaving, returning to and staying in an abusive relationship



Women who had never left because of violence gave slightly different reasons for not leaving (Table 10.9). The most common reason given by women for never leaving the relationship despite violent incidents was that they felt that the violence was 'normal' or 'not serious' (33%). Other common reasons women gave for not leaving were because of the children (29%), and because they loved their partner (28%). These findings were supported by the qualitative interviews with survivors of violence, who often spoke of how the violence was normal and that women should be obedient to their husbands and put up with the situation. They often blamed themselves. Many also spoke of staying for the sake of the children. For example, one woman explained:

> ***'Despite the fact that I was not always happy with him, one thing that was always on my mind was the fact that my children should have their own father with us because I know that they really like him despite his weaknesses.'***
>
> Respondent,
> intimate partner violence in-depth interview

Another woman from the qualitative research explained:

> ***'I really wanted to divorce him and to share my problems with others but I couldn't because I knew my children loved their father very much. So I just stayed and never left him.'***
>
> Respondent,
> intimate partner violence in-depth interview

Photo: Henriette Jansen

Some women also explained that they did not have the resources to leave even though they wanted to.

> *'There was a lack of available support when I was considering leaving him. I would like to leave him but I could not do so as I did not have any money.'*
>
> Respondent,
>
> intimate partner violence in-depth interview

Table 10.8. Reasons for returning after leaving temporarily, among women who reported having left and returned at least once (N=494)[a]

Why did you return:	number	%
Forgave him	319	64.6
Loved him	125	25.3
Did not want to leave children	84	17.0
Thought he would change	69	14.0
Family said to return	28	5.7
Sanctity of marriage	27	5.5
Didn't want to bring shame on family/ for sake of family	20	4.0
Violence normal/not serious	18	3.6
Couldn't support children	15	3.0
Nowhere to go	5	1.0
Threatened her/children	2	0.4

a. Respondents could mention more than one reason for returning; therefore, percentages do not add up to 100%.

Table 10.9. Reasons for staying despite violence incidents, among women who reported never having left temporarily due to the violence. (N=449)[a]

Why did you stay:	number	%
Violence is not serious/normal	150	33.4
For the sake of the children/ didn't want to leave them	132	29.4
Loved him	125	27.8
Sanctity of marriage	49	10.9
Forgave him	75	16.7
Thought he would change	19	4.2
Couldn't support children	17	3.8
Didn't want to bring shame on family/ for sake of family	5	1.1
Family said to stay	4	0.9
Didn't want to be single	3	0.7
Threatened her/children	2	0.4
Nowhere to go	2	0.4

a. Respondents could mention more than one reason for returning; therefore, percentages do not add up to 100%.

Discussion

We found that often women do not tell anyone about their experiences of partner violence nor do they seek help from any agencies. In fact, for many woman who took part in the study, the interview was the first time that they had shared their experiences with anyone. This was also the case in many of the other participating countries (Garcia-Moreno et al. 2005:79). These findings highlight the immense difficulties that women suffering partner violence face in seeking and obtaining help. Barriers to accessing help include the following:

- Kiribati has a lack of formal services that specifically address violence against women.
- It is difficult and expensive for many women in the outer islands to access services that are only available on South Tarawa.

- There is a lack of sensitisation among agencies such as police, magistrates and health services, making women hesitant to approach them.
- The current legal system does not clearly define domestic violence as a crime, making it very difficult to prosecute. This makes women reluctant to report partner violence to the police when there is little they can do.
- Women experience a sense of isolation and fear of retaliation.
- Shame and stigmatisation surround domestic violence issues.

Greater effort is needed to expand the resources available to women in need of support and to reduce the barriers that women face in accessing the services that are currently available. The agencies/authorities from which women most commonly sought help were the police and hospital/health centre. It is important to enhance the capacity of such agencies to deal with cases of violence against women in a sensitive and effective manner.

It is concerning that sometimes when women have finally built up the courage to seek help, the advice they receive may not necessarily be in their best interests or reflect international best practice. The emphasis by many agencies and services on reconciliation and the sanctity of marriage may in fact put women at further risk of harm. We know that partner violence often escalates over time and therefore encouraging women to return to violent relationships may be particularly dangerous. In fact, international research suggests that one of the most dangerous times for women is when they leave/return to a violent relationship.

The fact that women often seek medical help at hospitals and health centres supports the understanding that violence against women is a serious health issue. Women seek help for the physical and reproductive health issues that are associated with intimate partner violence (see Chapter 8). However, even when seeking medical attention for violence-related injuries, women do not necessarily tell health service providers about the violence they experienced. Therefore, greater work needs to be done with health-care professionals to ensure they understand and are sensitive towards intimate partner violence and other forms of violence against women. They must be capable of effectively providing support to victims of violence and referring them to the relevant services available, while ensuring that safety prevails and confidentiality is always maintained. The study's results highlight the importance of developing more effective systems for dealing with cases of violence against women coming into the health sector.

The results also show that many women feel that the violence they are subjected to is 'normal' or 'not serious'. However, their interpretation is not consistent with the evidence presented in Chapter 8 on health outcomes associated with intimate partner violence, which show very serious consequences of violence. More needs to be done to challenge the belief that violence in the home is normal and acceptable. The most common reasons that women gave for either reporting the abuse (could not endure more, badly injured) or not reporting it (violence normal) were consistent with findings in other countries from the WHO study (Garcia-Moreno et al. 2005:75).

The results of the survey show that the first point of contact for women is most often their immediate social network (family, friends and neighbours) rather than more formal services. However, the qualitative research showed that while women most often tell family members about the violence, their responses are not always supportive and sometimes reinforce women's feelings of self-blame and shame. It is therefore important to reduce the various existing myths and social stigma surrounding

violence and promote supportive and caring responses by people if someone they know discloses experiences of violence. Support from family and friends can have very positive impacts. A number of scholars have noted the importance of supportive relationships for abused women, 'as they assist women in developing a sense of being connected, which in turn gives women strength' (Davis 2002; Landenburger 1989; Ulrich 1998). In fact, it has been found that the development of social supports has the most influence on women's ability to cope in a positive way (Lu and Chen 1996). Furthermore, women who have support from family and friends are found to suffer fewer negative effects on their mental health and are able to cope more successfully with violence (Garcia-Moreno et al. 2005:79). Therefore, these informal networks that women access should be strengthened.

Other coping mechanisms include fighting back in response to partner violence. Interestingly, nearly half of the respondents who fought back reported that the violence lessened or stopped. As in all countries where the WHO study was conducted, the proportion of women in Kiribati who reported using violence in retaliation was consistently higher among women experiencing severe physical violence. The fact that many women fight back against their partners shows that women are not merely passive victims but engage in retaliation as one coping strategy. The finding that women fight back more when they experience severe violence may indicate that when women feel that their lives are threatened they will do what they can to protect themselves. Shaikh (2007:89), writing about marital violence in a South African community, also showed how women fought back and 'broke out

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of the traditional model of femininity by physically defending her bodily integrity.'

Women also reported leaving their homes for a least one night, sometimes many times, because of violence. It is important to recognise that leaving a violent relationship is a process rather than a one-time event and that many of these actions are steps along the way to successfully leaving a violent relationship (Garcia-Moreno et al. 2005:79). It has been found that a woman may leave her partner several times and return before being able to leave permanently (Loue 2001:131).There a numerous reasons why women stay or take a long time to leave an abusive relationship. Kirkwood (1993) asserts that women are bound into a web of emotional abuse and physical violence, which reduces the resources on which they can draw. When there are children involved, the reasons for not leaving become even more complex: How will they manage financially when bringing up the children on their own? Where will they live? What about the short- and long-term safety of themselves and their children? In this study many women reported that they stayed in a violent relationship, or returned to one, because of their children. Victims of domestic violence often think it is in the children's best interest to remain in the relationship. They believe it is important as not to upset the children by taking them away from their father and that the children will be materially better off if the adult relationship remains intact (Hester et al. 2000). However, this belief fails to understand the significant impact that domestic violence has on children in the home. As discussed in Chapter 7, we found clear associations between women's experience of intimate partner violence and their children having emotional and behavioural problems, such as experiencing nightmares, being aggressive and running away from home. We also found that children in homes where such violence is present are more at risk of experiencing violence themselves.

It should be noted that in some cases, it is the presence of children that provides the motivation for leaving. In our study, 5% of women who had left a violent relationship on at least one occasion reported that one of the reasons that contributed to their decision to leave was that they saw that their children were suffering or had been threatened or hit.

CHAPTER 11:
RISK AND PROTECTIVE FACTORS FOR INTIMATE PARTNER VIOLENCE

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MAIN FINDINGS

- The characteristics of male partners are more significantly associated with women's experiences of intimate partner violence than the woman's own characteristics.
- Male characteristics such as alcohol use, having affairs, fighting with other men, and exhibiting controlling behaviour are strongly associated with intimate partner violence.
- Intergenerational transmission of violence appears to be strong, with childhood experiences of violence being a significant risk factor for intimate partner violence.

One of the objectives of the Kiribati study was to identify factors associated with the occurrence of intimate partner violence to enable development of effective and appropriate interventions. This chapter summarises the findings from analyses conducted for various risk factors associated with such violence.

The causes of violence against women have been investigated from a diverse range of perspectives, including feminism, criminology, development, human rights, public health and sociology. Though explanations have been suggested, there is general consensus that no single cause adequately accounts for violence against women. Rather, violence against women arises from the convergence of specific factors within the broad context of power inequalities at the individual, group, national and global levels (Garcia-Moreno et al. 2005; Heise 1998; UN General Assembly 2006). Our analysis focuses on risk factors at the individual and relationship level. However, this effort to uncover the factors that are associated with violence against women in Kiribati must be situated within the larger social context of power relations, which has already been discussed in other parts of the report, including Chapters 1, 5 and 12.

This analysis is based on responses from women who have ever been married or lived with a man. For this analysis we did not use a broader definition of ever-partnered because the questions that relate to the characteristics of the respondent's partner/husband (many of the relevant variables) were only asked of women who had ever been married or lived with a partner. In all, 1475 women had ever been married or lived with a man. All data on partners' characteristics were obtained through the reports of wives/partners.

The outcome variable considered is whether ever-partnered women have experienced physical or sexual violence, or both, by their current or most recent partner. The analysis looks at risk factors for women who have experienced physical and/or sexual violence by their current or most recent partner. Those who had ever experienced partner violence but had not experienced it by their current or most recent partner (i.e. only by a previous partner) were not included in this analysis so as not to dilute observed associations with putative risk factors. In addition, much of the relevant 'partner' data was only collected for the respondent's current or most recent partner. Seventy-eight women were excluded from the analysis because they had experienced partner violence by a previous husband or partner only. The analysis was therefore based on a total sample of 1397 women (Table 11.1).

The list of risk factors included in the analysis was developed drawing upon existing conceptual models and other published analyses of risk and protective factors. We looked at variables that pertained to both the woman and her partner. Table 11.2 shows how the prevalence of current and lifetime experiences of violence vary by different characteristics of women.

Table 11.1. Sample for risk and protective factor analysis

		number
a	Never experienced intimate partner violence	470
b	Experienced violence by current/most recent partner	927
c	Experienced violence by previous partner only	78
d	Total women who have ever been married or lived with a man	1475
e (a+b)	**Total sample used for risk and protective factor analysis**	**1397**

Current marital status: The first panel in Table 11.2 shows how prevalence of lifetime and current partner violence varies among women who are currently married, women who are not married but currently living with a partner, currently divorced or separated women and currently widowed women. The rate of current and lifetime partner violence is highest among married women, which makes sense given that intimate partner violence most often occurs within marriage. However, we found that women who were separated or divorced also reported relatively high rates of lifetime prevalence of partner violence. This suggests that violence may be an important cause of marriage breakdown. Another possible explanation is that separated women are more willing to disclose experiences of violence because they have less fear of the repercussions of disclosing. Current partner violence rates are low for separated, divorced and widowed women, which supports the expectation that the end of a marriage will translate into an end to the risk of partner abuse.

Age: A woman's age is thought to affect the likelihood that she will experience intimate partner violence. It is generally expected that lifetime experience of violence increases with age as older women have been exposed to the risk of violence for longer. Table 11.2 does not support this hypothesis; rather, the rate of lifetime violence fluctuates with age. By contrast, the likelihood of experiencing current violence clearly declines with age. Women in 15–19 year old age group have the highest prevalence of current partner violence, which indicates that teenage women who marry or live with a man are at a particularly high risk of violence. Older age was associated with a lower likelihood of current violence, and this fits with literature on how a woman's position in the household changes as she ages (Dasgupta 1996). Bookwala, Sobin & Zdaniuk (2005) found that the use of violence decreases as a couple ages and that younger participants were more likely to sustain injuries within their marriages than older counterparts.

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Table 11.2. Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by background characteristics

Characteristics		Women who have experienced violence by current/most recent partner in the past 12 months (current)		Women who have ever experienced violence by current/most recent partner (lifetime)	
		%	number	%	number
Age	15-19	23	59.0***	29	78.4**
	20-24	87	45.3	134	72.4
	25-29	112	42.4	178	70.4
	30-34	87	35.1	163	69.1
	35-39	78	28.6	153	60.0
	40-44	73	30.8	152	65.8
	45-49	51	23.9	118	59.0
Education	None	6	66.7 (ns)	7	77.8 (ns)
	Primary	199	32.8	375	65.7
	Secondary	293	36.4	515	66.8
	Higher	12	26.7	29	64.4
Marital status	Currently married	305	32.2***	608	65.2 (ns)
	Living with man, not married	184	43.8	281	70.4
	Divorced, separated	16	22.5	28	62.2
	Widowed	5	19.2	9	45.0
Respondent chose partner herself	Chose partner herself	222	30.8 (ns)	454	64.6 (ns)
	Did not choose partner herself	93	32.2	175	62.9
Number of children born alive	0	74	36.6 (ns)	122	62.6 (ns)
	1-2	172	37.9	283	65.4
	3-4	132	32.0	255	65.1
	5+	133	33.4	267	70.8
Employment	Not earning an income	259	36.9 (ns)	451	67.6 (ns)
	Earning an income	252	32.9	476	65.2
Father beat mother	Yes	191	35.2 (ns)	357	69.1 (ns)
	No	320	34.6	570	64.8
Experienced non-partner physical abuse >15 years	Yes	70	45.8**	107	76.4**
	No	441	33.6	820	65.2
Experienced non-partner sexual violence >15 years	Yes	68	44.2*	120	81.6***
	No	443	33.8	807	64.6
Experienced childhood sexual abuse	Yes	126	47.0***	208	83.5***
	No	378	32.0	705	62.3

Table 11.2. (cont.) Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by background characteristics

Attitudes to intimate partner violence	Agrees with at least one reason for a husband hitting his wife	396	35.5 (ns)	721	68.0*
	Agrees with no reasons for husband hitting his wife	111	32.4	201	60.9
Attitudes about sexual autonomy within marriage	Agrees with at least one reason for a wife refusing sex with her husband	488	35.7**	879	67.5**
	Agrees with no reason for a wife refusing sex with her husband	19	20.4	44	49.4
Alcohol use	Respondent drinks never or rarely (less than once a month)	35	47.9*	57	83.8**
	Respondent drinks at least once a month	476	34.2	870	65.5

Note: Asterisk denotes bivariate associations that are statistically significant based on the Chi-square test; one test per variable (P<0.05); ***: P<0.001, **: P<0.01; *: P<0.05; ns = not significant.

Number of children: Several studies indicate that the risk of experiencing violence is positively associated with the number of children women have (Ellsberg, 2000; Risk factor study). However, the direction of the relationship, that is, whether increased fertility leads to violence or violence leads to increased fertility, is unclear. While respondents with more children were more likely to have ever experienced partner violence, they were less likely to currently be experiencing such violence. However, neither of these associations was significant.

Education: Education has been thought of as a source of empowerment that may protect women from violence. Jewkes et al. (2002) suggest that the mechanism of protection related to education is likely to occur not only through economic independence, but also through greater social empowerment (i.e. social networks, self-confidence, or an ability to utilise sources of information and resources available in society). As expected, education was inversely associated with ever experienced violence. That is, lower educational levels were associated with increased risk of violence, and women who had not attended school were particularly vulnerable to partner violence. However, the variation across educational groups was not statistically significant. This shows that violence cuts across all sectors of society and the belief that only non-educated women face violence is a fallacy. It also indicates that while education of women is an important intervention, there are many other factors that contribute to women's risk of intimate partner violence.

Earning cash: Women who have some level of financial autonomy are hypothesised to have more say over financial and other household matters and be able to leave abusive relationships more easily. However, Table 11.2 shows that while women earning an income were slightly less likely to be exposed to violence, the association was not found to be statistically significant.

Chose husband: Among women who were formally married, those who had not selected their husband themselves (he was chosen by her or her husband's family) were more likely to have

experienced current and lifetime partner violence, compared to women who had chosen their own husband. However, this was not found to be a statistically significant association.

Alcohol consumption: Respondents who reported drinking alcohol at least once a month were significantly more likely to experience both current and lifetime partner violence. It is not possible to ascertain from the Kiribati data whether the women's drinking preceded the abuse or followed it, but it is likely that both occur.

Attitudes to intimate partner violence: As discussed in Chapter 5, the study included a set of questions designed to determine whether respondents considered it acceptable for a man to hit his wife under certain circumstances. Women who agreed with at least one justification for a husband hitting his wife were slightly more likely to experience partner violence than women who did not agree with any justifications, although this was only statistically significant for ever-experienced violence.

Attitudes to sex within marriage: Some research has suggested that rates of intimate partner violence may be higher in settings where this type of behaviour is considered normal and when marriage is seen to grant men unconditional sexual access to their wives. As discussed in Chapter 5, the study included a second set of questions exploring circumstances under which respondents felt that a woman may refuse to have sex with her husband. Table 11.2 shows that a woman's belief in some sexual autonomy, as measured by agreement with at least one reason for a woman being able to refuse sex with her husband, was positively associated with experiences of intimate partner violence.

Photo: Chris Palethorpe

Experiences of other forms of violence: As discussed in Chapter 6, all respondents were asked if they had experienced some form of physical or sexual violence by someone other than a partner. Women who reported that they had experienced non-partner sexual abuse were found to be at a higher risk of partner violence than those who had not experienced such abuse. Women who had experienced non-partner physical violence were also more likely to have experienced partner violence, particularly for the lifetime prevalence. In addition, experiencing sexual abuse as a child (under age 15) was found to be strongly positively associated with women experiencing partner violence.

All respondents were asked whether their mother had been hit or beaten by her husband. We found that women whose mothers were beaten by a partner were slightly more likely to have experienced current and lifetime partner violence compared to those who did not have this history of abuse within their family (not statistically significant).

Table 11.3 shows how the prevalence of lifetime experiences of violence and current experiences of violence vary by partner's age, education, employment status and other characteristics.

Table 11.3. Percentage of ever-partnered women aged 15–49 who have ever experienced partner violence, by husband's characteristics

Characteristics		Women who have experienced violence by current/most recent partner, in the past 12 months (current)		Women who have ever experienced violence by current/most recent partner (lifetime)	
		%	number	%	number
Age	15-19	6	50.0***	7	63.6*
	20-24	54	42.5	79	66.4
	25-29	101	44.9	161	74.5
	30-34	93	43.7	150	72.8
	35-39	94	34.7	177	67.8
	40-44	69	27.7	151	63.4
	45-49	55	25.5	120	58.8
	50-54	23	27.1	47	58.8
	55-59	7	18.4	19	54.3
	60-64	5	41.7	7	63.6
Education	None	17	43.6 (ns)	29	78.4 (ns)
	Primary	169	34.7	310	66.4
	Secondary	269	36.1	475	66.6
	Higher	15	25.4	30	53.6
Employment status	Working	250	32.7*	474	65.2 (ns)
	Unemployed	248	38.4	421	68.1
	Retired	6	15.8	23	63.9
	Student	3	33.3	3	37.5
	Disabled/long-term illness	2	33.3	4	66.7
Alcohol use	Never drinks	172	27.6***	331	55.0***
	Drinks but not drunk often	172	34.2	332	69.3
	Drunk at least once a week	167	49.1	264	83.5
Father beat mother	Yes	122	43.4**	221	82.8***
	No	389	32.8	706	62.5
Frequently beaten as a child	Yes	126	44.8***	218	82.0***
	No	385	32.5	709	62.7
Violent with other men	Yes	216	44.6***	386	83.7***
	No	295	30.0	541	57.8
Had a relationship concurrently	Yes	207	43.4***	371	83.0***
	No	304	30.7	556	58.5
Exhibits controlling behaviour	Yes	483	36.5***	884	70.0***
	No	28	20.0	43	32.8

Note: Asterisk denotes bivariate associations that are statistically significant based on the chi-square test; one test per variable (P<0.05); ***: P<0.001, **: P<0.01; *: P<0.05; ns = not significant.

Age: We found that women with partners in the younger age groups are more likely to have experienced violence (particularly current partner violence). This is probably because, as we saw above, younger women are more likely to have experienced violence in the last 12 months and are likely to have partners of a similar age.

Education and employment status: Women whose partners have secondary or higher levels of education have lower rates of current and lifetime experience of violence. Participants whose partners had no schooling were particularly vulnerable to partner violence, although the association does not appear to be statistically significant.

All respondents who had been in a relationship were asked about the employment status of their current or most recent partner. Women whose partner was unemployed reported higher rates of partner violence (current and ever) than women whose husband was working, retired or a student (statistically significant).

Partner's alcohol consumption: A partner's drinking patterns have consistently been found to have one of the strongest relationships with domestic violence in a variety of settings. Respondents were asked a number of questions related to their current/most recent partner's alcohol use. Firstly, they were asked how often their partner drank alcohol: every day or nearly every day, once or twice a week, 1–3 times a month, less than once a month or never. Women who reported that their partner ever drank were asked how often they had seen their partner drunk in the past 12 months. To explore the association between alcohol use and partner violence, we created a categorical variable with three categories: partner never drinks, partner drinks but is drunk rarely or never (once a month or less), and partner drinks and is drunk at least once a week.

In Kiribati there is a significant positive association between a partner drinking alcohol and being drunk and experiences of intimate partner violence. The strongest association was found between men who are drunk regularly and experiences of partner violence (both current and ever).

Partner had an affair: Women who reported that their partner had an affair while with her were more likely to report intimate partner violence than women whose partner had not had an affair. This was found to be a statistically significant association for both current and lifetime experiences of physical and/or sexual partner violence.

Violent with other men: Respondents were asked if, since they had known their current/most recent partner, he had ever been involved in a fight with another man. They could answer yes or no. Having a partner who has been violent with other men was positively associated with physical and/or sexual partner violence (current and lifetime).

Partner's father beat mother: Research has found that male children who see their mother being abused by their father are at a higher risk of becoming abusers in their intimate relationships as adults (Kishor and Johnson 2004b). Table 11.3 shows that women whose partner's mother was beaten by his father were much more likely to have ever experienced and to be currently experiencing violence than women whose partner's mother was not beaten.

Frequently beaten as a child: Childhood exposure to violence is commonly cited as an explanation of the aetiology of violence in intimate relationships. Respondents were asked if, as far as they knew, their partner was hit or beaten regularly by someone in his family when he was a child. There is a clear pattern of increased risk of both current

and lifetime intimate partner violence where the partner had been abused as a child.

Controlling behaviour: Controlling behaviours by the respondent's current/most recent partner that were examined in this study included: trying to keep her from seeing her friends, trying to restrict her contact with her family, insisting on knowing her whereabouts at all times, ignoring or treating her indifferently, getting angry if she speaks with another man, often being suspicious that she is unfaithful, and expecting her to ask his permission before seeking health care for herself. If respondents answered yes to any of these questions they were defined as having a partner who exhibited controlling behaviour. Women who reported that their partner exhibited at least one act of controlling behaviour were significantly more likely to experience current and lifetime partner violence in Kiribati.

Multivariate analyses

To identify the factors that significantly increase the risk of experiencing partner violence, multivariate logistic regression analyses were performed. Factors considered included all the characteristics discussed in the bivariate analysis that were found to have a statistically significant association with partner violence. The dependent variable analysed was ever-experienced physical or sexual violence, or both (by current/most recent partner), where a respondent was coded '1' if she had experienced violence and '0' otherwise. For the dependent variable we chose ever-experienced partner violence rather than current violence because the patterns are similar and the larger numbers allowed us greater statistical power in the analysis.

Table 11.4 shows the odds ratios calculated from the coefficients of the logistic regressions for the dependent variable. Each odds ratio gives the increase or decrease in the odds of the event (experience of violence) occurring for a given value of the independent variable as compared to the reference category. For example an odds ratio of 2.23 in Table 11.4 for women who have experienced childhood sexual abuse says that the odds that a woman who has experienced such abuse has ever experienced violence are more than two times higher than for women who have not experienced childhood sexual abuse. The multivariate analyses add to the bivariate discussion by identifying the factors that significantly affect the likelihood of violence net of all other factors hypothesised as relevant.

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Table 11.4. Correlates of ever-partnered women's likelihood of having ever experienced partner violence (by current/most recent partner): adjusted odds ratios (AOR) estimated using logistic regression

Characteristic		AOR (adjusted for all other risk factors)	95% CI for OR		
			Lower	Upper	P-value
Respondents age (r: age group 15-19)					
	20-34	0.77	0.33	1.79	0.549
	35-49	1.12	0.79	1.59	0.520
Partner's age (r: age group 15-19)					
	20-34	2.89	0.84	9.98	0.093
	35-49	2.65	0.74	9.47	0.134
	50-64	1.72	0.46	6.53	0.420
Partner's education (r: no schooling)					
	Primary school	0.92	0.12	6.85	0.935
	Secondary school	0.90	0.12	6.71	0.917
	Higher education	0.97	0.11	8.25	0.978
Partner's employment status (r: employed, student or retired)					
	Unemployed	1.02	0.78	1.34	0.862
Respondent's alcohol consumption (r: drink never or rarely)					
	Drinks at least once a month	2.01	1.01	4.01	0.048
Partner's alcohol consumption (r: never drinks)					
	Partner drinks but is not drunk often	1.50	1.13	2.0	0.005
	Partner drunk at least once a week	2.16	1.52	3.09	0.000
Attitudes to IPV (r: agrees with no reasons for a husband to hit his wife)					
	Agrees with at least one justification for a husband hitting his wife	1.13	0.84	1.53	0.423
Sexual autonomy (r: respondent does not agree with any reasons for refusing sex)					
	Respondent believes that wife can refuse sex with husband under some circumstances	1.81	1.10	2.98	0.020
Non-partner physical abuse >15 years (r: never)					
	Woman experienced non-partner physical violence	1.15	0.72	1.83	0.555
Non-partner sexual abuse >15 years (r: never)					
	Woman experienced non-partner physical violence	1.10	0.65	1.85	0.723

Table 11.4. (cont.) Correlates of ever-partnered women's likelihood of having ever experienced partner violence (by current/most recent partner): adjusted odds ratios (AOR) estimated using logistic regression

Characteristic		AOR (adjusted for all other risk factors)	95% CI for OR		P-value
			Lower	Upper	
CSA (r: none)					
	Woman experienced childhood sexual abuse	2.23	1.48	3.36	0.000
Partner frequently beaten as a child (r: no)					
	Partner frequently beaten as a child	1.57	1.09	2.28	0.016
Partner's father beat mother (r: no)					
	Partner's father beat mother	2.14	1.48	3.10	0.000
Controlling behaviour (r: none)					
	Partner has exhibited controlling behaviour	3.71	2.45	5.61	0.000
Affair (r: none)					
	Partner has had an affair	2.09	1.55	2.83	0.000
Partner violent with other men (r: never)					
	Partner has been violent with other men	2.47	1.84	3.33	0.000
Constant		0.05			0.020
Number of women		1397			

r = Reference (omitted) category.

Note: Shading represents relationships that are found to be statistically significant in the multivariate model (P<0.05).

According to the model outlined above, the following variables were found to be risk factors for experiencing physical or sexual violence by a current or most recent partner:

- attitudes to sex
- respondent's alcohol consumption
- partner's alcohol consumption
- partner exhibits controlling behaviour
- partner had affair
- partner fights with other men
- partner beaten as a child
- respondent experienced childhood sexual abuse
- partner's father beat mother

Discussion

Characteristics of partners more significant than characteristics of respondents

A number of variables were found to be strongly associated with intimate partner violence. This has important implications for interventions on violence against women.

Firstly, we noted that variables relating to the respondent had less significant associations with intimate partner violence than the characteristics of her partner.

Whether the respondent can count on family for support or whether or not she chose her own partner were not found to be significantly associated with a woman's experience of partner violence.

Intimate partner violence was largely unrelated to most socio-economic and demographic indicators, such as age, education, employment and marital status of women. Even earning an income was not found to be significantly associated with experiences of partner violence. Similarly, in Bangladesh it was found that, contrary to expectations, 'earning an income and participating in a savings or credit program were not associated with abuse during pregnancy among urban or rural women' (Naved and Persson 2008:75).

Only the respondent's experiences of childhood sexual abuse and her attitudes about a wife refusing sex with her husband were found to be associated with intimate partner violence. On the other hand, the majority of the male characteristics were strongly associated with partner violence.

Alcohol use

Alcohol use of the respondent's partner was found to be positively associated with intimate partner violence. Amongst partner characteristics, men's drinking patterns have been found to be associated with marital violence across various ethnic groups and classes in several developed and developing country settings (Koenig et al. 2003; Jewkes and Abrahams 2002; Moraes and Reichenheim 2002; White and Chen 2002; Cocker et al. 2000; Scott et al. 1999; Rao 1997). Studies have also found that abuser's alcohol use was related to a greater likelihood of physical injury (Brecklin 2002).

The influence of alcohol on intimate partner violence is complex. Historically, feminists have been hesitant to accept this association because it fails to deal with what they consider the root cause of violence, patriarchy and gender inequality in society. They have argued that many men who drink are not violent and many violent men do not drink; therefore, we cannot say that alcohol causes violence. However, it is clearly a risk factor that we need to explore in more detail. Abrahams et al. (quoted in Jewkes et al. 2002:1613) have argued that some South African men drink in order to give women the beating they feel is socially expected of them. Lee (2007) has suggested that alcohol may be used as an excuse for violence occurring in intimate relationships, which allows the victim to forgive the abuser. Others suggest that conflict when inebriated may be more likely to result in violence because of the dis-inhibiting effect of alcohol. However, some social anthropologists have argued that the connections between violence and drunkenness are socially learnt (quoted in Jewkes et al. 2002:1613).

The association between alcohol use and intimate partner violence is likely to be due to a combination of factors: alcohol contributes to violence through enhancing the likelihood of conflict, reducing inhibitions, and providing a social space for punishment. It is important to remember that the use of alcohol does not explain the underlying imbalance of power within relationships where one partner exercises coercive control. Therefore, while decreasing the use of alcohol may reduce the risk of partner violence, it will not eliminate it.

Respondents who reported drinking alcohol at least once a month were also significantly more likely to experience both current and lifetime

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partner violence. It is not possible to ascertain from the Kiribati data whether the woman's drinking preceded the abuse or followed it, but it is likely that both occur.

In terms of women's drinking, there is empirical evidence to suggest that victimised women are more likely than non-abused women to report alcohol problems (Miller et al. 2000; White and Chen 2002). For example, some studies found that women who reported regular use of alcohol, intoxication or problem drinking were approximately two to six times more likely to be abused by their intimate partner than were members of the control group (El-Bassel et al. 2000; Kryriacou et al. 1999). Jewkes et al. (2002) also found that abused women were much more likely to drink alcohol than non-abused women.

Women's alcohol consumption may cause conflict and can make it more likely that a dispute will result in violence. Alternatively, it is possible that alcohol problems among women are a consequence of their victimisation, wherein alcohol is employed as a coping mechanism for the physical and emotional pain of being abused (Collins et al. 1997; Kantor and Asdigian 1997). Barnett and Fagan (1993) found that women suffering intimate partner violence were particularly prone to drinking subsequent to a violent incident.

Intergenerational transmission of violence

An important theory of domestic violence causation relates to the intergenerational cycle of violence, as discussed in Chapter 11 on child abuse. Literature on violence against women suggests that children who have either experienced violence themselves or witnessed violence when growing up are more likely to end up in a violent relationship, either as the perpetrator or the victim (Ellsberg et al. 1999; Jewkes and Abrahams 2002; Martin et al. 2002; Wekerle and Wolfe 1999; Whitfield et al. 2003).

Some of the most significant associations we found in the data related to partners' and respondents' experiences of abuse when they were children – for women experiencing childhood sexual abuse and for men experiencing physical abuse as a child and witnessing domestic violence. While similar questions were asked about whether the respondent's mother had been hit or beaten by a partner, we did not find a significant association between this and intimate partner violence in the model. Some studies have found that individual level factors like this are more important for perpetrators than for victims (Heise 1998). Ellsberg et al. (1999) found that witnessing maternal abuse was not associated with having ever been abused.

The association between physical punishment in childhood and adult domestic violence suggests that beating teaches children the 'normality' of using violence in punishment and conflict situations. It is likely that children in violent homes learn to use violence rather than other more constructive methods to resolve conflicts (Lee 2007). It also likely leads to permissive attitudes towards violence.

(See more discussion of the intergenerational transmission of violence in Chapter 7.)

Perpetrator characteristics

We also found a significant association between the respondent's partner being involved in physical fights with other men and partner violence. This indicates that the partner uses violence to resolve conflict in various situations. If a partner sees interpersonal violence as a strategy for resolving disputes, then it is more likely that he will employ violence when conflicts arise in intimate relationships. Torres and Han (2003) refer to this characteristic as 'the generality of violence', that is, whether the offender was violent outside the family. They found this to be significantly associated with the level of physical abuse. Gondolf (1988) and

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Saunders (1992) also found that generalised violence is associated with the most frequent occurence of severe intimate partner violence.

We found that having a partner who had an affair was a risk factor for intimate partner violence. Perhaps this is because having affairs highlights a belief in the sexual availability of women and reflects an unequal dynamic within the relationship. Having a partner who had an affair also puts the respondent at increased risk of HIV/AIDS and other sexually transmitted infections. Lichtenstein (2005) found in a study in the American Deep South that the collective experience of women in the study (all HIV positive) was that intimate partner violence had played a crucial role in them becoming HIV positive. Intimate partner violence thus places women at great risk, given that it frequently includes sexual abuse such as rape, and that many perpetrators of partner violence are also having other sexual relationships.

We found a strong positive association between women experiencing controlling behaviour and intimate partner violence. Women whose partner exhibits at least one form of controlling behaviour have 3.7 times the odds of experiencing partner violence than women whose partner does not exhibit controlling behaviour. It is possible to view controlling behaviour as a partner characteristic that is a risk factor for partner violence. Alternatively, we could consider controlling behaviour as one of the elements of partner violence that often accompanies emotional and physical abuse. For example, male use of controlling behaviour has been found to be a common pattern in violent intimate partner

relationships, and many scholars now view domestic violence globally as a pattern of intimidation, coercive control and oppression (e.g. Brewster 2003; Holtzworth-Munroe 2000; Pence and Paymar 1993; Shepard and Pence 1999; Stark 2007; Strauchler et al. 2004; Warrington 2001; Yllo 1993).

Attitudes towards violence and sexual autonomy

We did not find any significant association between women's attitudes towards physical violence and their experience of partner violence. However, we did find that women who believed that they could refuse sex under some circumstances were more likely to experience intimate partner violence than women who believed that a wife could not refuse sex with her husband under any circumstances. It seems counterintuitive that women who have more sexual autonomy are more likely to experience violence. However, a study in South Africa found that women who held liberal views about gender roles were more likely to experience partner violence. Sugarman and Frankel (1996) also found that abused women have more liberal ideas about gender roles. Jewkes et al. (Jewkes et al. 2002:1612) argue that 'violence against women is normalised as men lash out at women they can no longer patriarchally control or economically support.' Counts et al. (1992) have argued that in societies where women's status is in transition, violence is used to reinforce male authority. Moore (1994) also suggests that violence may be used to resolve crises in male identity brought on by challenges to a patriarchal society.

Clearly, these are not separate risk factors and one factor impacts on others in the model. For example, Schafer et al. (2004) found that early childhood experiences of violence are associated with drinking problems later in life, which are in turn associated with higher levels of reported partner violence. Thus it is likely that experiences such as childhood sexual abuse have an impact on partner violence through a number of avenues.

Finally, it is important to acknowledge that this analysis has some limitations, most significantly linked to the cross-sectional study design, which limits the extent to which we can make temporal conclusions and whether the associations are likely to be causative or not. In addition, the partner characteristics used in the analysis are based upon women's reports rather than direct reports from the partners themselves. We have also not explored distinct forms of partner violence such as physical versus sexual or emotional abuse. However, given the overlap between these forms it is not likely to be an important limitation.

Photo: Chris Palethorpe

CHAPTER 12:
MALE PERSPECTIVES ON INTIMATE PARTNER VIOLENCE

Photo: Office of Te Beretitenti

MAIN FINDINGS

- The majority of men we spoke to reported that intimate partner violence is a serious issue in their communities and believe that it is not an accepted form of behaviour.
- Male participants in focus group discussions mentioned four main reasons for the existence of intimate partner violence: jealousy, alcohol, acceptability as a form of discipline and gender inequality.
- Men acknowledged that violence could have broad ranging and serious effects on women and children.
- Male perpetrators most often get angry with their wives when, in their eyes, they do not live up to the gendered roles that society imposes on women.
- All male perpetrators reported that they sometimes felt remorseful after beating their wives. However, despite this remorse they did not seem to change their behaviour.

As detailed in Chapter 2, Methodology, we conducted in-depth interviews with male perpetrators of partner violence. We also conducted focus group discussions with men on violence against women and children to gather their wider perspectives on this issue. This chapter discusses the findings of this qualitative research. Male perspectives on child abuse that were gathered in the focus group discussions are explored in Chapter 7.

Intimate partner violence and its acceptability

In line with the relatively high prevalence of intimate partner violence found by the quantitative research, the majority of men in the focus group discussions recognised that domestic violence was a problem in their communities. Relevant comments included: *'it happens in our place'*, and *'yes we see this a lot where we live'*. On the other hand, a few men argued that, *'it doesn't happen in our area'*. The quantitative research proved that intimate partner violence is highly prevalent in all areas of Kiribati and these statistics will be valuable in educating people who still believe that it is not a problem.

All male perpetrators acknowledged that they had problems in their marital relationships and that they argue at least sometimes. Almost all reported that the problems started when they first got married or after their first child was born. This is consistent with in-depth interviews with female victims of intimate partner violence who also reported that the violence usually started soon after marriage.

While most male focus group participants acknowledged that partner violence existed, the majority also expressed the belief that it is not an accepted form of behaviour.

For example, one man said:

> ***'This isn't acceptable behavior because he [the character in the story] doesn't know how to take care of his wife and it is so unfair to a woman.'***
>
> Male participant,
> focus group discussion, 20–35 years

On the surface, these attitudes appear to be incongruent, as it is difficult to understand how such actions can be so prevalent if there is not some level of acceptance or normalisation of the violence. It is possible that attitudes are changing and men themselves want to see a change in their own communities, which is promising. It is also possible that participants felt that they had to say that violence is unacceptable to be politically correct. However, a number of men also expressed the belief that violence against women was acceptable under some circumstances. For example, one man said:

> ***'It's accepted if a woman has done something wrong or when she commits adultery.'***

And another said;

> ***'It's alright if there is a very good reason behind it.'***

A couple of men used the 'culture' argument, saying that it was the practice of their fathers. One man stated:

> ***'It's our culture to hit the women if they don't do their housewife duties. Hitting by us men is a way of making our women become obedient. It happens if a woman doesn't submit to the man, if she's too proud.'***

On the other hand, another man challenged this belief that violence is a part of the culture. He said:

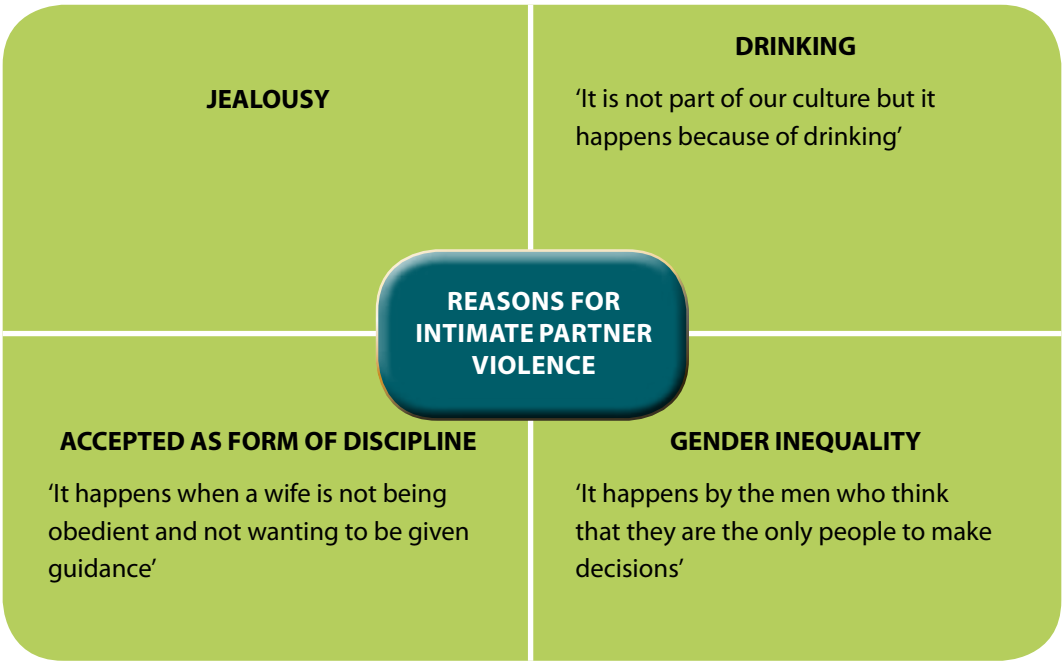
'It's not our culture, it's showing off.'

The notion that violence against women is acceptable if a woman behaves in a way that society or her husband deems wrong is consistent with what women themselves reported in the survey. In Chapter 5 we see that a large proportion of women (67% in South Tarawa and 86% in the outer islands) responded that under certain circumstances a man was justified in beating his wife. The most commonly accepted justifications by women, infidelity and disobedience, were also mentioned by men in the qualitative research. This shows that partner violence is considered by many to be an acceptable form of discipline for female behaviour that contravenes certain gendered expectations, and both men and women make distinctions about the specific circumstances under which it is justifiable.

Reasons for intimate partner violence

When we asked men in the focus group discussions and in-depth interviews why they thought that intimate partner violence occurred, the majority mentioned four main reasons: jealousy, drinking, acceptability as a form of discipline and gender inequality (Figure 12.1). This was also consistent with women's reports of what tended to lead to violence in their relationship. While these factors can contribute to an experience of violence it is important to note that the underlying cause of partner violence is gender inequality. The belief that a man has the right to hit his wife if, for example, she disobeys him, is based on the understanding that she is subordinate within the relationship, or, as one man said, *'men are the only people to make decisions'*.

Figure 12.1. Reasons for intimate partner violence in Kiribati, according to men



One factor that likely contributes to the high rate of intimate partner violence in Kiribati is the intergenerational transmission of violence, as discussed in other chapters. The male perpetrators interviewed in this study were not a representative sample and therefore we cannot make generalisations about the nature of all perpetrators. However, we observed some commonalities among men we spoke to.

Firstly, we found that the majority of men reported that when they were children, their own mother had been beaten by their father. Some also reported that they themselves were beaten. These are confirmed as risk factors in the previous chapter. For example, one perpetrator explained:

> ***'He [father] has hit my mother and I have experienced violence in the home.'***
>
> Male perpetrator, in-depth interview

This finding suggests that men who experience or witness violence as a child are more likely to become perpetrators because they are taught that this is normal behaviour. (Please see Chapters 7 and 11 for more discussion and literature on the intergenerational transmission of violence.)

Effects of intimate partner violence and remorse

In both the focus group discussions and in-depth interviews, almost all men acknowledged the negative effects that violence has on both women and children. The types of effects that men discussed are shown in Figure 12.2. They acknowledged that violence could have broad ranging and serious effects on women's physical health, mental well-being and ability to work and provide for the family. They also acknowledged that intimate partner violence could have serious effects on the children, even if they themselves did not experience violence but witness it between their parents. Discussions on the impact of violence on children focused on physical, behavioural and emotional issues. More detailed discussion of the actual effects on children of witnessing violence can be found in Chapter 7.

When male perpetrators were asked how their wife responded to being beaten, most men reported that their wives usually cry after being beaten, although some reported that their wives left home. Interestingly all male perpetrators reported that they sometimes felt remorseful after beating their wives. It is important to recognise that these feelings of remorse provide a foundation for bringing about behaviour change. Comments such as those above suggest that perpetrators themselves have some understanding that their behaviour is wrong and that it has a negative impact on their family.

Patriarchal family ideology

The qualitative research revealed that family life in Kiribati is based on a strongly patriarchal ideology, which makes women vulnerable to violence. Partner violence is closely connected to the dynamics of the intimate relationship. That is, it is more prevalent within relationships that have a more unequal gender dynamic, or a patriarchal family ideology (Dobash 1996). Smith (1993:263) defines patriarchal family ideology as,

> ***(a) A set of beliefs that legitimizes male power and authority over women in marriage, or in a marriage-like arrangement, and (b) a set of attitudes or norms supportive of violence against wives who violate, or who are perceived as violating, the ideals of familial patriarchy.***

Smith (1990) suggests that the ideology of familial patriarchy usually includes obedience, respect, loyalty, dependency, sexual access, sexual fidelity, and ownership. Smith also found a positive association between the degree to which a woman's husband believed in familial patriarchy and his approval of using violence against women. Similarly, Lenton (1995) found a strong association between patriarchal family ideology and partner violence.

We also found that male perpetrators most often became angry with their wives when, in their eyes, they did not conform to the gendered roles that society imposes on women. For example, men reported getting angry when their wives did not prepare food on time, did not complete the housework, spoke with other men, or went out of the house.

The most common reason that men gave for hitting their wives was disobedience, and almost all said that they hit their wives as a form of discipline. Furthermore, when asked what their wives should do to improve the situation, the overwhelming response was that they should learn to obey and do what the men asked. We see that women's behaviour is blamed for the violence rather than men accepting responsibility for their actions. The assumption is that domestic violence would not occur if women did as they were told. However, although men use such justifications, it is important to remember that, in reality, violence against women is not directly related to women's behaviour. No matter how they behave, a male perpetrator of violence will find an excuse to exert his power and dominance if that is what he wants to do.

The patriarchal nature of family life was highlighted by the responses to the 'attitudes' questions we asked men and women in both the qualitative and quantitative research. We asked male perpetrators the same set of questions on attitudes that we asked women in the survey (discussed in Chapter 5), to explore men's attitudes towards intimate partner violence and whether such behaviour was normative. The first set of questions asked men if they agreed or disagreed with a number of statements that explored ideas about families and what is acceptable or desirable behaviour for men and women in the home. The second set of questions was designed to determine the situations under which it was considered acceptable for a man to hit or mistreat his wife.

Photo: Henriette Jansen

Figure 12.2. Effects of partner violence on women and children, according to men

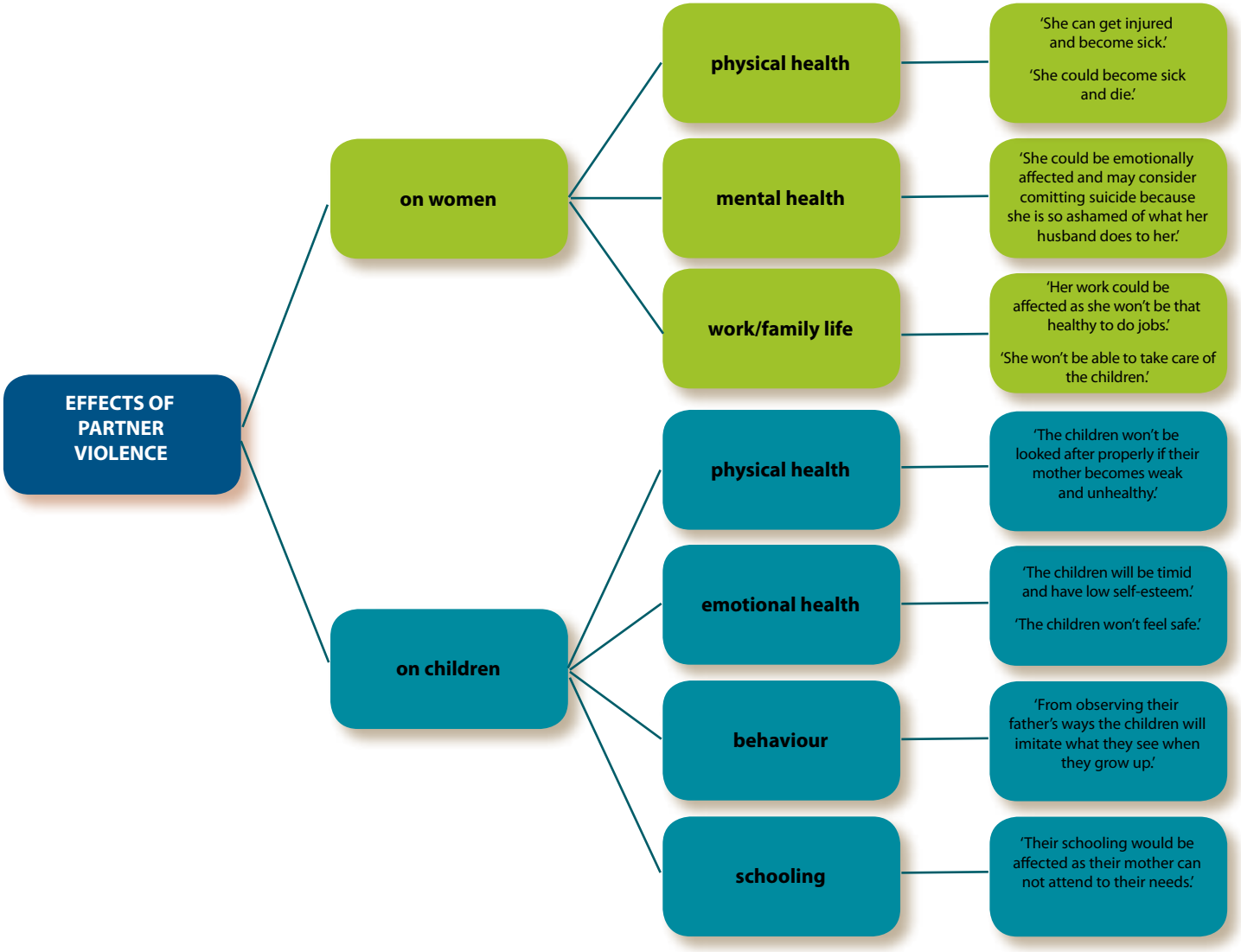


Photo: Henriette Jansen

The majority of male perpetrators said, 'A good wife always obeys her husband even if she disagrees.' As discussed earlier in this chapter, when a wife does not live up to this expectation of obedience, violence is often considered justifiable. For example, the most widely accepted justification for violence among male perpetrators was disobedience on the part of their wives. Almost half the men also thought that a man has good reason to hit his wife if she is unfaithful or he suspects she is unfaithful. This is consistent with women's responses in the survey, which also cited disobedience and infidelity most often as legitimate justifications for a husband beating his wife.

The majority of men interviewed agreed that, 'A man should show his wife who is the boss'. This notion suggests that the gendered nature of the home does not simply reflect a gendered division of labour, but rather that the husband is the 'boss' in the relationship and is expected to *demonstrate* power over his wife. This demonstration of power can take the form of verbal, physical, sexual or economic violence. As Judith Butler (1990) argues, masculinities and femininities are achieved as performative and in order for masculinities to be effectively dominant they have to be continuously demonstrated or 'made to count' (Giddens 1984; Wilcox 2006).

Approximately one-third of men interviewed thought that 'A woman is obliged to have sex with her husband even if she doesn't feel like it.' It is promising to find that the majority of men believe that a woman is not obliged to have sex with her husband if she does not feel like it. Furthermore, most men think that a wife can refuse sex with her husband under various circumstances, such as if she does not want to or is sick, or if he is drunk. In contrast, 76% of women in the survey responded that they believed that a wife was obliged to have sex with her husband even if she didn't feel like it. It is possible that women have internalised this social norm more than men. In fact, it seems that women learn this norm from other female relatives and society in general rather than from their husbands directly. As such, women likely already feel this obligation when they enter into marriage.

Photo: Henriette Jansen

What should we do to prevent partner violence?

Approximately half the men we spoke to had talked to someone else about their family problems. The response from the people they spoke to were mixed. Some told the man that he should stop being violent, while others reinforced his behaviour, blaming his wife.

Some suggested calling the police. A number of men suggested that couples counseling would be useful in addressing issues of violence within a relationship. One said:

> ***'You have to conduct counseling with that couple to find out what is happening between them.'***
>
> Male perpetrator of violence, in-depth interview

Men also suggested that women who were living with violence needed to be provided with support.

> ***'You have to help her when she's in that situation – being assaulted – if she's your sister or daughter.'***
>
> Male participant, focus group discussion

However other people felt that these things were private family matters and one could not intervene.

> ***'I cannot help her because it is a married couple's matter or fight.'***
>
> Male participant, focus group discussion

The majority of male perpetrators agreed that 'family problems should only be discussed with people in the family.' This attitude needs to be addressed during interventions because if partner violence is still thought of as a family issue then it remains extremely difficult to deal with the issue and for women to seek help.

CHAPTER 13:
RECOMMENDATIONS

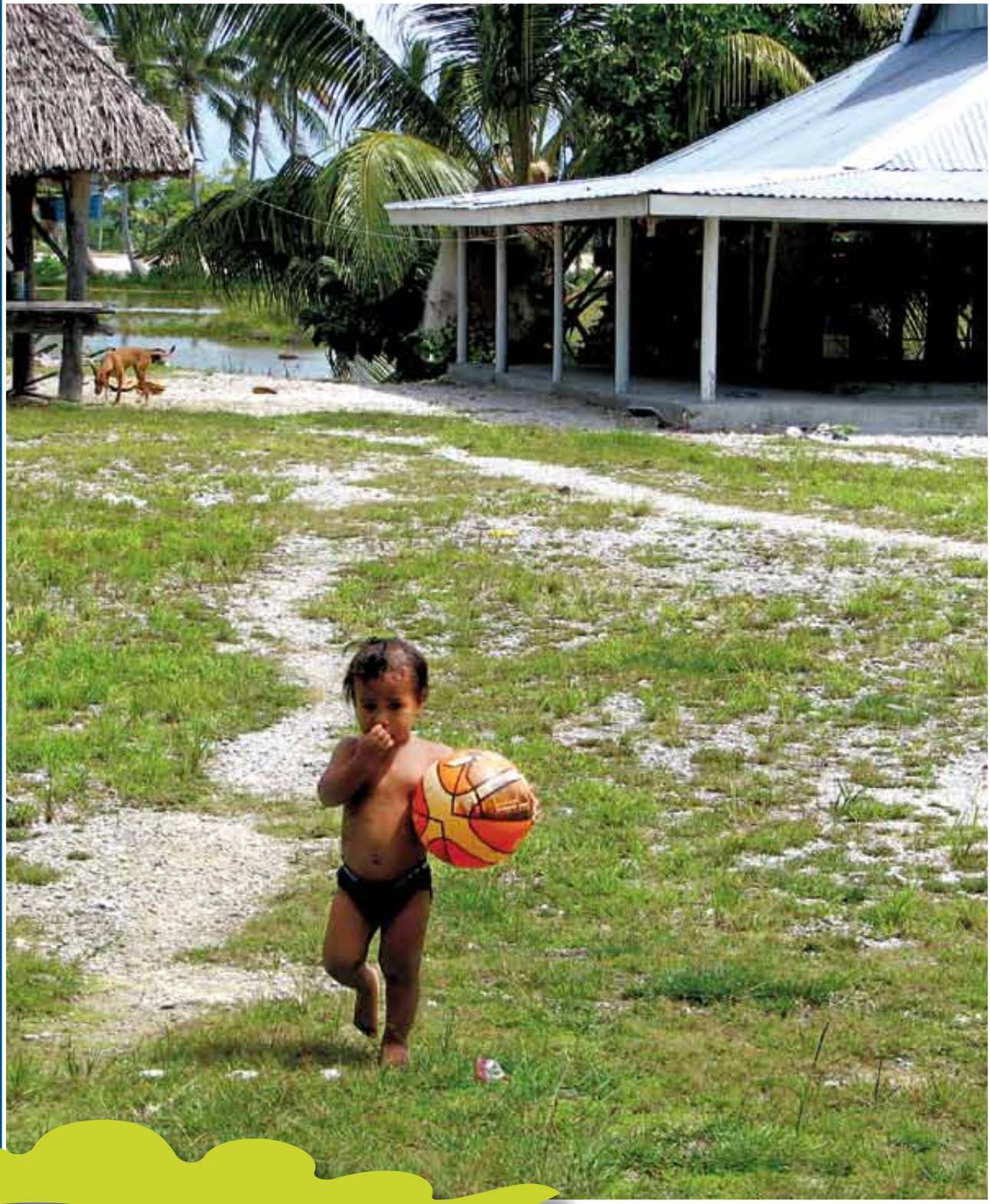


Photo: Henriette Jansen

RECOMMENDATIONS

The findings of the Kiribati Family Health and Support Study provide comprehensive information to guide further action and interventions in Kiribati. This chapter provides a number of concrete recommendations to enable Kiribati to take action to eliminate violence against women.

The views and inputs of Kiribati stakeholders are of high importance as the society is unique and has a long cultural history that needs to be taken into account as the government considers various solutions.

Successful practices in combating violence against women from around the globe can serve as models for Kiribati to adapt to its specific context. These practices include clear policies and laws that make violence illegal; strong enforcement mechanisms; effective and well-trained personnel; the involvement of multiple sectors; and close collaboration with local women's groups, civil society organisations, academics and professionals (UN General Assembly 2006).
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Disseminating study findings and advocating for national action and change

Recommendation 1: Dissemination of key study findings

The study provides evidence that the level of violence against women in Kiribati is one of the highest found in the countries that have completed this research using the WHO methodology. Urgent national and local action is needed to address violence against women, as very few supportive systems and structures, including laws, policies and services, are in place in the country to effectively prevent violence and support the victims.

The main findings must be widely shared to increase national public awareness and understanding of:

- the levels, severity and types of violence evident in Kiribati;
- the causes and consequences of violence against women and children;
- the serious impact of violence on women's physical, mental and reproductive health; and
- the need for multi-sectoral national, regional and local action to address violence against women and children.

Recommendation 2: Focus on the positive aspects of Kiribati culture

Stakeholders and government officials who were part of the research agree that substantial efforts must be made to help people, especially the younger generation, better understand contemporary Kiribati culture and not use culture as a reason or excuse for perpetuating violence against women and children.

Many of the men interviewed, including perpetrators of violence against women and children, used the concept of 'culture' as a convenient excuse for such violence.

The concept of 'culture' has been used extensively, especially by the younger generation, as the basis for condoning violence. If not corrected early, this new interpretation of Kiribati culture and/or tradition can become the norm; it probably already has in some areas. Once this sets in it will have the potential to negate any useful interventions to eliminate violence against women and children. Traditional cultural practices of Kiribati that show the protective nature of Kiribati tradition can be used to combat this wrong use of 'culture' as an excuse to perpetrate violence against women and girls.

Addressing this issue will need a multi-pronged approach, including the following:

- Elders, unamane, chiefs in communities, women and men, should be involved to help document the basic principles of their particular cultures as they applied in the past. The positive principles, practices and behaviour, and their accepted interpretations (those which foster respect for women and girls, condemn violence against women and facilitate equality between women and men) can then form the basis for a common information package on culture and appropriate cultural behaviour and practices for the country.
- In Kiribati, the churches are powerful parts of nearly everyone's life. Churches should be involved in championing positive, empowering cultural practices that are also in keeping with church teachings, and that promote the dignity and rights of women and condemn violence against women.
- The Ministry of Education can play a key role to ensure that positive cultural norms and practices related to women's rights and roles in society become part of the core curriculum in primary and secondary schools and all technical and vocational training institutions.
- Civil society groups and NGOs should be supported to disseminate similar positive messages on culture based on accepted cultural practices and behaviour condemning violence against women.
- All government ministries and departments should be involved in a national approach to put into practice 'positive cultural norms and practices' that empower women and improve women's position.
- All parliamentarians should be champions of positive cultural behaviour and practices related to women's right to a violence-free life.
- The continued support of His Excellency, the President of Kiribati, will be invaluable in terms of having political leadership that directs the agenda at the top political level. He has demonstrated publically his concern for the issue upon the pre-launch of the study findings in December 2008.

Recommendation 3: Strengthen national commitment and action

There is a need for national advocacy targeting key decision-makers, including parliamentarians, high-level government officials, media, and social and religious leaders at national, provincial and local levels to inform them of the main findings of the study and to obtain their support on the issues.

This needs to be done by linking the study's findings to international, regional and national commitments made by the government, and by accepting national responsibility for providing a life free of violence for all citizens and for supporting victims of abuse and discrimination. Kiribati ratified the Convention on the Rights of the Child (CRC) in 1993 and the Convention on the Elimination of all forms of Discrimination Against Women (CEDAW) in 2004, which are international treaties obliging governments to take action in these areas.

Currently in the Ministry of Internal and Social Affairs (MISA) there are committed staff in the Community Development Services Division (CDSD) who have gender expertise, like those in Aia Mwaea Ainen Kiribati (AMAK) and in Social Welfare. However, in order for the government to be able to be more effective in protecting women and children, especially in light of the alarming findings of this study, it has been strongly recommended by Kiribati stakeholders that **a new government body be formed, either within existing government structure or as a new entity, to be solely dedicated to gender, children and human rights issues.** This could take the form of a dedicated ministry or a gender unit within an existing ministry.

In line with current global action in the area of violence against women, support should be obtained from key decision-makers for the development of a national action plan to eliminate violence against women to guide the multi-sectoral work to be undertaken in this area over the next decade.

Recommendation 4: Promote gender equality, observance of women's human rights, compliance with international agreements, and greater participation on the part of women in government

Violence against women is an extreme manifestation of gender inequality, discrimination and power differences between men and women. National effort is therefore required to promote equality between women and men and to uphold women's rights, in line with the various international agreements and commitments made by the Government of Kiribati. Kiribati has ratified two significant treaties: CRC and CEDAW. These should be viewed as a fundamental starting point for promoting gender equality and women's and children's rights. Equality between women and men should be promoted in various settings and at various levels, through national laws and policies, media campaigns, the educational system and community programmes.

There needs to be a greater commitment by both government and civil society to ensure compliance with the terms of CRC and CEDAW. For example, laws relating to marriage and divorce that continue to promote inequality must be changed in order for violence against women to be eliminated. Furthermore, stakeholders suggested that an increase in the number of women in politics, to be achieved through positive discrimination (as recommended by CEDAW), would assist in breaking down the strong tradition of men as leaders/power brokers.

Recommendation 5: Develop and implement a national action plan to eliminate violence against women

Intimate partner violence is the most prevalent form of violence against women in Kiribati and it seriously impacts on the physical, mental and reproductive health of a large proportion of the population. National governments are responsible for the safety, well-being and health of their citizens, and it is crucial that governments commit themselves to reducing violence against women.

Kiribati needs to develop and implement a time-bound and fully costed national action plan to eliminate violence against women. It should include clear results to be achieved, indicators, strategies to achieve these results, assigned responsibilities for each of the strategies, as well as a timeframe, a budget, and a monitoring and evaluation mechanism. It should be based on consultation among a wide range of governmental and non-governmental actors, including appropriate stakeholder organisations, such as women's organisations, NGOs, legal experts, experts on violence against women, the donor community and others. This national strategy will guide and coordinate the multi-sectoral activities to address violence against women for the next decade and will be used to identify and coordinate donor support for this area.

The study shows that violence against women and children is a multi-sectoral issue that requires multi-sectoral action. Women and children experiencing violence have multiple needs and no single provider or profession is adequate to address them fully. A collaborative and integrated approach that includes the health sector, social services, religious leaders/organisations, the judiciary, police, and village level community structures, as well as national media, is required. Currently there is little coordination between the institutions with which abuse victims interact, such as those providing health care or

counseling services, child welfare agencies, and law enforcement agencies. Improved working relations and communication between these organisations, including donor organisations supporting activities in this area, is needed in order to achieve better sharing of knowledge, agreement on prevention goals, and coordination of action. It is therefore recommended that a national taskforce or committee be established to coordinate the multi-sectoral effort.

Recommendation 6: Ensure that women play a key role in decision-making related to addressing violence against women

It is essential that women and organisations working with and for women are actively engaged in the planning, development and implementation of programmes and activities aiming to eliminate violence against women. The active involvement of women at this level is not only empowering but also begins the process of challenging traditional views and community attitudes towards them.

Increasing the number of women involved in decision-making through affirmative action and temporary measures can assist in addressing the strong cultural norms that perpetuate violence against women.

Increasing women's knowledge of the rule of law and their human rights will greatly assist them in making informed decisions on how to advocate on behalf of women.

Recommendation 7: Address the relationship between violence against women and violence against children

Two of the most significant findings of the study concerned the co-occurrence of intimate partner violence and child abuse and the intergenerational transmission of violence. This association between violence against women and violence against children has also been noted in other countries. We must take the relationship between violence against women and violence against children into account when creating support services and developing prevention strategies. It is vital that a collaborative and integrated approach is adopted to ensure the future security, safety and well-being of both women and children.

Recommendation 8: Conduct more research on violence against women and enhance capacity for collection and analysis of data to monitor such violence

This study is the first major step in collecting the data necessary to identify the issues, set priorities, guide programme design, and monitor progress. In the future, more research and data collection, analysis and use of data will be needed to review the effectiveness of interventions in order to improve the design and implementation of the various programmes. The health care sector, legal sector and community support services, and all those sectors working with victims of violence, should also keep accurate records and statistics and analyse the resulting data to improve the country's information base on violence against women and children. In addition, there should be clear procedures on data collection and data sharing as data confidentiality is an issue of great concern in this area. Research on perpetrators and violence against men and boys are other areas that need further work.

Recommendation 9: Engage men and boys

Working with men and boys to change their attitudes and behaviour is an important part of any solution to the problem of violence against women. This means encouraging men and boys to examine their assumptions about gender roles and masculinity through sensitisation, training and long-term behavioural change programmes. For example, the Pacific Male Advocacy Network Programme that has been successfully piloted in Vanuatu, Tonga, Cook Islands and Fiji Islands encourages

men to become 'agents for change' and positive, non-violent role models in their communities, by teaching other men about gender roles, gender equality and masculinity and by advocating non-violent behaviour. This Pacific model is relevant to the Kiribati context and has been endorsed by leaders in Kiribati's parliament as a vital solution for eliminating violence against women in Kiribati.

It is also important to support treatment programmes for male perpetrators of violence.

The analysis of risk and protective factors for intimate partner violence found that partners' characteristics are much more significant than women's characteristics in contributing to intimate partner violence. Therefore, we need to target relevant characteristics and ideas of masculinity.

Increasing awareness among men of human rights and the law as they relate to domestic violence would greatly assist in promoting understanding and behaviour change in men across Kiribati.

Promoting primary prevention

Recommendation 10: Develop, implement and evaluate programmes to prevent violence against women

Although very limited activities have been implemented and some structures are in place in Kiribati to address violence against women and child abuse, these have mainly focused on providing support for victims *after* the event. While these activities are important and need to be substantially strengthened, more attention should also be given to *preventing* violence.

Some examples of successful primary prevention activities in other parts of the world include:

- early childhood and family-based approaches
- school-based violence prevention programmes
- integration of gender equality, women's and children's rights and violence prevention into the school curriculum
- interventions to reduce alcohol and substance abuse
- public information and awareness campaigns on violence against women and child abuse for different target groups
- promotion and support for gender equality awareness programmes within various youth and women's organisations, NGOs, men's groups, workplaces, uniformed and public services etc.
- national media/public awareness campaigns promoting women's rights, especially the right to a life free of violence
- community-based prevention and family-based awareness and prevention activities

Stakeholders suggested that issues relating to violence could be integrated into the school curriculum and that school nurses could also incorporate work on violence against women and children into their health promotion programmes. Public health nurses could also include violence in family planning counseling. Furthermore, the issue could be addressed in communities through health/welfare groups. More work is required to identify what other primary prevention strategies would be relevant and effective in the Kiribati context.

There is a need for intervention in early childhood development settings to ensure that parents understand the impact that domestic violence may have on their own parenting methods and their child's safety, development and well-being.

The development of multimedia and public awareness activities is also required to challenge

women's subordination and eliminate barriers that prevent victims from seeking help. A special effort should be made to encourage men to speak out against violence and challenge its acceptability, providing alternative role models of masculine behaviour.

Recommendation 11: Strengthen the prevention of sexual abuse of girls

The high level of sexual abuse of girls reported in Kiribati is of great concern. Given the profound health and other consequences of such abuse, efforts to combat sexual violence should have a much higher priority in public health planning and programming as well as in other sectors such as judiciary, education and social services. The health, education and legal sectors (in schools and in health centres and hospitals) need to develop the capacity to identify and deal with sexual abuse, particularly of children. This requires, for example, training teachers and doctors to recognise behavioural and clinical symptoms, and the development of protocols and legal processes for action if abuse is suspected. Schools should also provide preventative programmes and counseling.

Supporting women living with violence

Recommendation 12: Strengthen and expand formal support systems for women living with violence

According to the study, only a small number of abused women seek help and support from formal services or institutions. This reflects a lack of availability of such services, particularly in outer islands, highlighting the need for more accessible support services where women can safely disclose their experiences of violence. Therefore, formal support services with trained professional staff need to be expanded and strengthened throughout the country, including in the outer islands, to enable women to safely disclose their experiences of violence and receive the support and care they need. NGOs working with women should also play a role in this effort.

The needs of victims are complex. A woman in crisis needs physical safety, emotional support, and assistance in resolving issues such as child support, custody, and employment. If she chooses to press charges against her abuser, she also needs help negotiating police and court procedures. Often, what she needs most is a safe, supportive environment in which to explore her options and decide what to do next.

Recommendation 13: Establish an effective multi-sectoral referral system between medical institutions and other support services such as NGOs, counseling, social and legal services and police assistance

A core staff working in health, social and legal services should receive training on gender sensitisation and violence against women and be encouraged to make appropriate referrals to other relevant services. Some medical staff reported informally referring victims to the Social Welfare Division of MISA or the Crisis Centre. However, there is no formal system with specific procedures and safety and confidentiality guidelines, despite the critical need. In particular, the need for a formal mechanism for referral to the police was noted as extremely urgent. It is of note that MISA has begun the referral network for South Tarawa and the outer islands with initial training for its social workers and some community and church-based workers. However, this needs to be expanded and strengthened to enable a sustainable service. A free hotline for survivors, supported by MISA, will formally link services and be spearheaded by the Social Welfare Division.

Recommendation 14: Strengthen informal support systems for women living with violence.

According to the study, women most often seek support from their friends and family, partly due to the lack of formal support structures. Such networks should be strengthened so that when women do reach out to family and friends, they are better able to respond in a sympathetic, supportive and safe manner. Members of the media should be trained to sensitively and appropriately report on violence against women. Information should be disseminated through the media to highlight the extent of violence against women, explain its various aspects, reduce the social stigma surrounding it and encourage the role of friends, neighbours and relatives in preventing and managing it.

While the provision of shelters is common practice in many countries, in the Kiribati context it may be difficult to keep the location of a women's shelter secret. It is therefore recommended that models that build on existing sources of informal support be explored. This could include sensitising local leaders, including women, religious leaders and other respected local people, and encouraging them to become involved in providing support for the victims of violence and empowering women.

A solution currently being rolled out by MISA is the formation of communal referral networks for survivors of violence on each populated outer island. These are spearheaded by MISA social workers and composed of island/urban councils, local police personnel, local health practitioners, school principals, local civil society members, and church leaders. This model, if supported and well organised, can be a sustainable informal network for survivors in rural areas where few or no formal services exist.

Strengthen the health sector's response

This research clearly shows that violence against women and children is a serious public health issue, impacting significantly on their physical, mental and reproductive health. Recognising violence against women as a public health issue is a vital first step in addressing this problem. The study showed that women who have experienced violence visit health centres more often, are hospitalised more often, and undergo more surgery than women who have not experienced violence. However, the findings also show that women rarely inform health service providers of the violence they have experienced.

A focus group discussion with health care professionals in South Tarawa found that they regularly encountered cases of domestic violence and child abuse in their work. Often the police brought victims to the hospital for examination and sometimes women came in on their own.

There are currently no policies or protocols in place to guide health care workers in dealing with these cases. Medical reports are completed upon request and sometimes used as evidence in court if a case is prosecuted, although this practice needs to be substantially strengthened by ensuring that the forms are used for all cases and used consistently.
Health professionals reported that in their day-to-day work cases of violence against women and children were extremely challenging as they lacked the guidelines and capacity to effectively deal with them. When asked what was needed to best address these issues they responded with the following suggestions:

- Include violence against women and children in the national health policy.
- Develop a more effective system for dealing with cases, including specialised, trained staff whose fundamental role is providing care for abused women and children.

- Establish a formal referral system that health professionals can use to report cases to the police, the Social Welfare Division and counseling services.
- Develop policy and protocols for dealing with cases of violence against women and child abuse.
- Provide training and sensitisation for all medical personnel on how to deal with these cases, including counseling skills.
- Incorporate modules on violence against women and child abuse into curricula for medical and nursing students. This would help to ensure that all medical staff have some basic specialised training on these issues.
- Assist the health department to develop procedures to collect data from clinics and the main hospital on South Tarawa on violence against women and child abuse.

Recommendation 15: Build capacity of health workers in the area of violence against women

Currently in Kiribati, health care providers and health institutions such as hospitals are unprepared and ill-equipped to deal with women experiencing violence. Caring for women suffering violence is not yet part of a health care worker's professional profile and they are thus reluctant to take on this role. They are not yet sensitised to violence-related issues, nor have they been trained to appropriately care for women living with violence, including treatment of injuries and crisis intervention. Furthermore, providers' attitudes toward such violence are shaped by prevailing cultural norms, which do not see violence against women as an important health issue, and often place blame for violence on women rather than their aggressors. For the health sector to play a much needed role in the prevention and treatment of violence against women, health care providers need to be made more aware of relevant issues, including why violence is a public health concern and why it is important for the health sector to respond.

It has become clear that providers must examine their own attitudes and beliefs about gender, power, abuse, and sexuality before they can develop new professional knowledge and skills for dealing with victims. Training should also help reframe the provider's role from 'fixing' the problem and dispensing advice, to providing support.

The incorporation of modules on violence against women into curricula for medical and nursing students would help to ensure that all medical staff have some basic specialised training on violence issues.

Recommendation 16: Develop protocols and guidelines for the health system outlining how staff should deal with cases of violence and ensure that they become expected practice throughout the health care system

Currently there are no official protocols or norms for health professionals dealing with cases of violence, including sexual violence, making it difficult for staff to know what action to take.

Specific protocols for various forms of violence – based on international best practices – should be developed to ensure that the appropriate steps are followed and that the victims receive the best available medical and psycho-social care and referral. The collection, handling and safe keeping of forensic evidence should also be addressed, as well as data collection and sharing. Medical legal forms should be completed for all cases of violence against women and child abuse that present to the hospital, even if the police do not request it.

Recommendation 17: Establish recording systems in the health sector to contribute to the body of data on violence against women and to inform future policies and programmes

Currently, there are no records of how many cases of violence against women pass through the health sector, although such statistics are important for

informing policy and programme development. Medical legal forms could be an extremely useful source of statistical information on violence against women if they were consistently used in all cases. Even if these forms are not used to prosecute cases, the basic information could be entered into a secure computer database if special safety and confidentiality measures are taken, such as excluding names and other identifying factors to protect confidentiality, and following specific guidelines for handling and storing confidential data.

Recommendation 18: Use reproductive health services as entry points for identifying victims of violence and for delivering referral and support services

This research showed that there is widespread availability and use of reproductive health services (including antenatal and postnatal care), which gives these services a potential advantage for identifying women in abusive relationships and other victims of violence and offering them referrals or support services. This is further reinforced by the results that show that severe physical violence during pregnancy is not uncommon, and that there are significant associations between partner violence and miscarriages and other reproductive health problems. Unless providers are able to address violence, they will be unable to promote women's sexual and reproductive health effectively.

The use of screening, either through routine questions or upon suspicion that the woman might be a victim of violence, could be very useful. Making procedural changes such as adding prompts for providers on medical charts (e.g. stickers asking about abuse, or a stamp that prompts providers to screen) or including appropriate questions on intake forms and interview schedules could encourage attention to domestic violence. However, screening should only take place when the health care provider is trained to deal with it and when there are sufficient resources and services available to women who do report violence upon screening.

Recommendation 19: Strengthen the mental health care system

The study shows that violence against women and girls has a severe impact on their overall mental health status and increases the risk of suicidal thoughts and tendencies. Currently in Kiribati there is a lack of trained professionals to deal with mental health issues. The findings show that violence against women must be recognised as a serious part of any mental health policy and programme and greater effort is required to ensure that women have access to mental health services.

Legal response

Recommendation 20: Develop and implement a legal framework for effectively addressing violence against women

There is need for review of laws that are related to violence against women in order to ascertain which areas need improvement.

Many key informants interviewed identified the first step in addressing violence against women as the establishment of a Family Violence Act or other relevant, comprehensive legislation to effectively deal with various forms of such violence. However, a number of stakeholders noted that this might not be a realistic first step and that it may be more practical to work on changes to the existing penal code to address violence against women more effectively.

The Regional Rights Resource Team (RRRT), together with MISA, is currently reviewing legislation that affects the protection and rights of women and children. MISA will prepare a submission for Cabinet on strengthening legislation to help start the process of legislative reform. This

should include a clear and unambiguous definition of domestic violence with a legal definition of rape, including marital rape, and sexual abuse within marriage. As RRRT is planning substantial work towards legal reform and capacity building in the area of violence against women in Kiribati, its expertise and advice will be essential.

In Kiribati the emphasis is still on family reunification rather than holding the perpetrator accountable and preventing further abuse. This places the lives of women and children lives at risk, particularly since domestic violence tends to escalate over time. Relevant legislation therefore needs to redefine and transform the societal concept of violence and human rights. It should send a clear message that domestic abuse and any form of violence against women and children constitutes 'violence', and that the state has a responsibility and interest in preventing it and protecting those affected by it.

Recommendation 21: Sensitise law enforcement and judiciary personnel on issues relating to violence against women and build their capacity to effectively serve victims of violence

As the study findings indicate, very few women suffering violence actually report it to the police. Changing laws will not be enough to prevent violence against women and children and protect victims. Laws are often enforced by male judges, prosecutors, and police officers, many of whom do not understand the causes and consequences of violence against women and share the same victim-blaming attitudes as society at large. Thus, as well as passing relevant laws, it is crucial to sensitise police officers, lawyers, judges and other members of the legal system on the nature, extent, causes and consequences of violence against women and children and build their capacity to implement the new legal provisions.

Work should continue to enhance the capacity of the Family Violence Unit and community policing as well as the Sexual Assault Unit to deal effectively and sensitively with cases of violence against women and children.

Training on violence against women and children has recently been included in the training of police recruits. However, stakeholders suggested that this training module be expanded. Training and sensitisation are also needed for police officers already on the force as well as ongoing refresher training to ensure that all police officers are aware of the police department's domestic violence policy and of the legal framework for laying charges in cases of violence against women and children. Training of police should be accompanied by strategies that increase accessibility and reduce barriers to seeking help from the police by women and communities. One of these strategies could be the involvement of specially trained female police officers.

Training and sensitisation are also needed for those who work with survivors and perpetrators in the courts. From the magistrate down to the court clerk and registrars, sensitive treatment of survivors and a greater understanding of gender-based violence and its causes and effects can assist the judiciary to serve survivors in a more appropriate way.

Photo: Henriette Jansen

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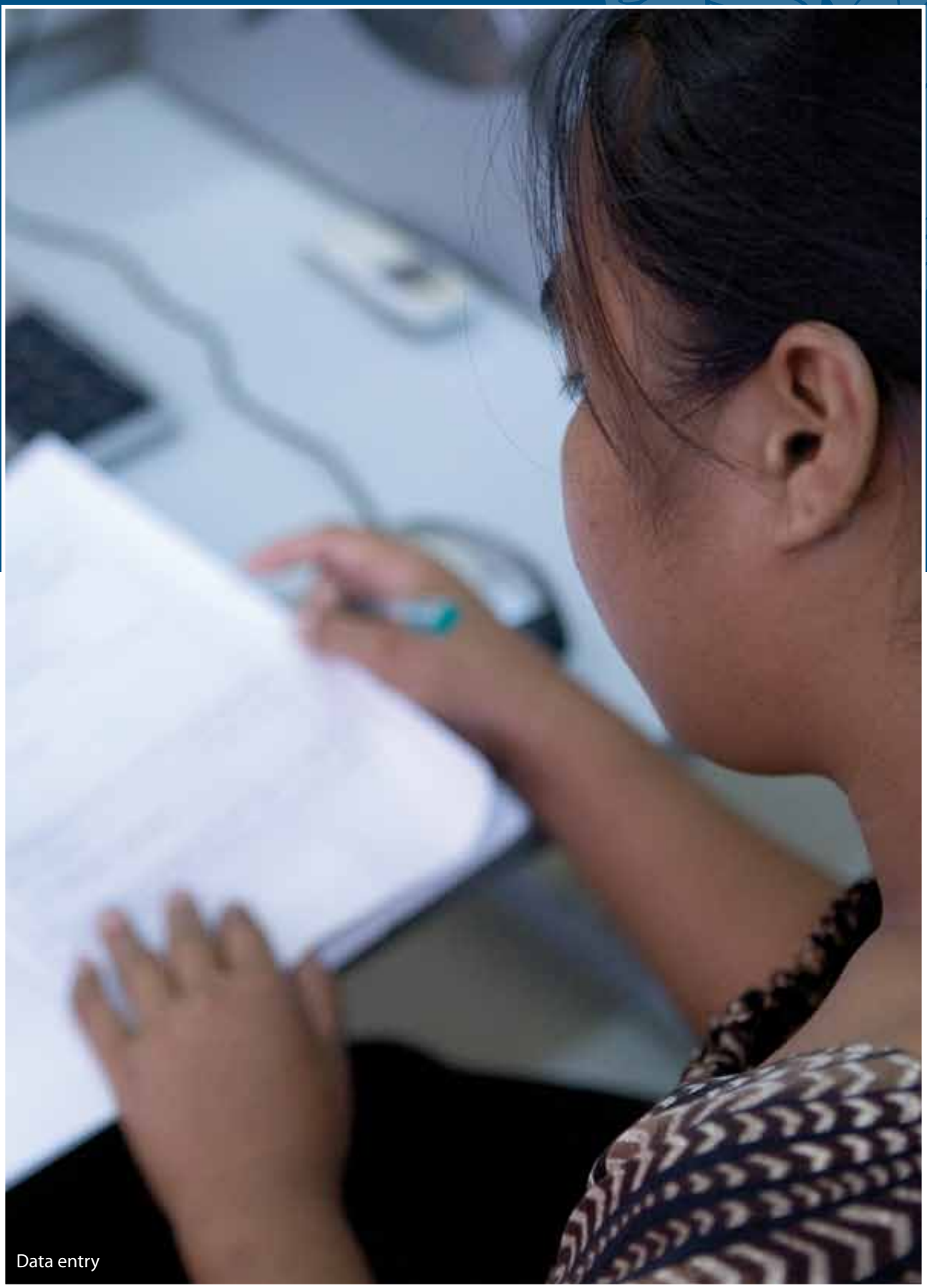

Photo: Chris Palethorpe

Data entry

ANNEX 1: QUESTIONNAIRE

World Health Organization

WHO Multi-country Study on Women's Health and Life Experiences

QUESTIONNAIRE
Version 10, 2003

(Rev. 26 January 2005)

Department of Gender, Women and Health
Family and Community Health
World Health Organization
Geneva

Survey on women's health and life experiences in KIRIBATI

ADMINISTRATION FORM
HOUSEHOLD SELECTION FORM
HOUSEHOLD QUESTIONNAIRE

Study conducted by
MINISTRY OF INTERNAL AND SOCIAL AFFAIRS AND THE NATIONAL STATISTICS OFFICE, MINISTRY OF FINANCE AND EXTERNAL TRADE

ADMINISTRATION FORM

IDENTIFICATION	
COUNTRY CODE STRATUM (0-10) ENUMERATION AREA (EA) ..... HOUSEHOLD NUMBER ..... NAME OF HOUSEHOLD HEAD : _____	KIR [ ][ ] [ ][ ] [ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE INTERVIEWERS NAME RESULT***	_____ _____ _____	_____ _____ _____	_____ _____ _____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ] INTERVIEWER [ ][ ] 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 dwelling12 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	 **⇒Need to return** **⇒Need to return**	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 LANGUAGE INTERVIEW CONDUCTED IN 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

HOUSEHOLD SELECTION FORM

	Hello, my name is _____ . I am calling on behalf of MISA. We are conducting a survey in the KIRIBATI 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 domestic servants, 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?	MALE ..... 1 FEMALE ..... 2 BOTH 3

	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	RESIDENCE	AGE	ELIGIBLE
3 LINE NUM.	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
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 DOMESTIC SERVANT
02 WIFE (PARTNER)	07 MOTHER-IN-LAW	13 LODGER
03 DAUGHTER	08 SISTER	14 FRIEND
04 DAUGHTER-IN-LAW	09 SISTER-IN-LAW	98 OTHER NOT RELATIVE:
05 GRANDDAUGHTER	10 OTHER RELATIVE	_____
	11 ADOPTED/FOSTER/STEP DAUGHTER	

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:

- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE 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. 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 15–49 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	
	QUESTIONS 1-6: COUNTRY-SPECIFIC SOCIOECONOMIC INDICATORS, TO BE ADAPTED IN EACH COUNTRY		
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/PIPED WATER IN RESIDENCE .....01 OUTSIDE TAP (PIPED WATER) WITH HH.....02 PUBLIC TAP .....03 WELL-WATER, WITH HOUSEHOLD.....04 OUTSIDE/PUBLIC WELL .....05 SPRING WATER .....06 RIVER/STREAM/POND/LAKE/DAM .....08 RAINWATER.....09 TANKER/TRUCK/WATER VENDOR.....10 OTHER: _____...96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET .....01 SHARED FLUSH TOILET .....02 VENTILATED IMPROVED PIT LATRINE .....03 TRADITIONAL PIT TOILET/LATRINE .....04 RIVER/CANAL/SEA .....05 NO FACILITY/BUSH/FIELD/BEACH .....06 OTHER: _____...96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
3	What are the main materials used in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS.....1 RUDIMENTARY ROOF (PLASTIC/CARTON)....2 TILED OR CONCRETE ROOF.....3 CORRUGATED IRON .....4 OTHER: _____.....6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
4	Does your household have: a) Electricity b) A radio c) A television d) A telephone e) A refrigerator	YES NO DK a) ELECTRICITY 1 2 8 b) RADIO 1 2 8 c) TELEVISION 1 2 8 d) TELEPHONE 1 2 8 e) REFRIGERATOR 1 2 8	
5	Does any member of your household own: a) A bicycle? b) A motorcycle? c) A car/ outboard motor boat	YES NO DK a) BICYCLE 1 2 8 b) MOTORCYCLE 1 2 8 c) CAR / OBM 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 KIRIBATI

WOMAN'S QUESTIONNAIRE

Study conducted by
The Ministry of Internal and Social Affairs and the National Statistics Office, Ministry of Finance and External Trade

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is *. I work for MISA. We are conducting a survey in Kiribati to learn about women's health and life experiences. You have been chosen by chance (as in a lottery/raffle) 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 Kiribati.

Do you have any questions?

(The interview takes approximately * 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:

_____

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>. *INSERT NAME OF COMMUNITY/VILLAGE/NEIGHBOURHOOD ABOVE AND IN QUESTIONS BELOW.* *IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.*		
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 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 neighbourhood 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 were you on your last birthday? (MORE OR LESS)	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.....1 ANGLICAN/PROTESTANT/METHODIST .2 SEVENTH DAY ADVENTIST (SDA) .....3 JEHOVAH'S WITNESS .....4 BAHAI .....5 OTHER _____.....6 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	

109	Can you read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
110	Have you ever attended school?	YES ..... 1 NO ..... **2** DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒112**
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL.	PRIMARY _____ year ..... 1 SECONDARY _____ year ..... 2 HIGHER _____ 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/NEIGHBOURHOOD ..... 1 ANOTHER RURAL AREA/VILLAGE ..... 2 ANOTHER TOWN/CITY ..... 3 ANOTHER COUNTRY ..... 4 ANOTHER NEIGHBOURHOOD 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 count on members of 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	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 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 partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED ..... 1 SEPARATED/BROKEN UP ..... 2 WIDOWED/PARTNER DIED ..... **3** DON'T KNOW/DON'T REMEMBER ..... 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 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 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 REMEMBER ..... 8 REFUSED/NO ANSWER 9	

125	IF CURRENTLY WITH PARTNER: Do you currently live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives during your last relationship?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 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 MARRIAGE ..... B RELIGIOUS MARRIAGE ..... C CUSTOMARY MARRIAGE ..... D OTHER: _____	**⇒S.2**
130	In what year was the (first) ceremony performed? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR ..... [ ][ ][ ][ ] DON'T KNOW ..... 9998 REFUSED/NO ANSWER 9999	
131	Did you yourself choose your current/most recent husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your current/most recent husband for you?	BOTH CHOSE ..... **1** RESPONDENT CHOSE ..... **2** RESPONDENT'S FAMILY CHOSE ..... 3 PARTNER CHOSE ..... 4 PARTNER'S FAMILY CHOSE ..... 5 OTHER: _____ ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	**⇒133*** **⇒133***
132	Before the marriage with your current /most recent husband, were you asked whether you wanted to marry him or not?	YES ..... 1 NO ..... 2 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?	EXCELLENT ..... 1 GOOD ..... 2 FAIR ..... 3 POOR ..... 4 VERY POOR ..... 5 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
SI 201 a	Do you have any physical or intellectual disability?	NO PROBLEM ..... A PHYSICAL DISABILITY _____ .... B INTELECTUAL DISABILITY_____ .... C OTHER _____ X	
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	

			YES	NO	DK
206	In the <u>past 4 weeks</u> have you had:				
	a) Dizziness	a) DIZZINESS	1	2	8
	b) Vaginal discharge	b) VAGINAL DISCHARGE	1	2	8

			NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES
207	In the <u>past 4 weeks</u>, have you taken medication:					
	a) To help you calm down or sleep?	a) FOR SLEEP	1	2	3	4
	b) To relieve pain?	b) FOR PAIN	1	2	3	4
	c) To help you not feel sad or depressed?	c) FOR SADNESS	1	2	3	4
	FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?					

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 months?	NIGHTS IN HOSPITAL ..... [ ][ ] NONE ..... 00 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER 99	

213 a	Have you ever heard of HIV or AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
213 b	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	
213 c	Many people in (COUNTRY) 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>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, 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? 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 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**
217	On the days that you drank 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	
218	In the <u>past 12 months</u>, have you experienced any of the following problems, related to your drinking? 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	

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** NO..... **2** MAYBE/NOT SURE ..... **3** DON'T KNOW/DON'T REMEMBER..... **8** REFUSED/NO ANSWER..... **9**	**⇒304** **⇒310** **⇒310** **⇒310** **⇒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** DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	**⇒ 308**
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').	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** NO..... **2** MAYBE..... **3**	**⇒ A** **⇒ B** **⇒ B**

DO EITHER A OR B: **IF PREGNANT NOW ==>** **IF NOT PREGNANT NOW ==>** **VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.**	**A. [301] ____ + [309 a+b+c] _____ + 1 =** **[308a] _____+ [308b] ____ + [2x308c] ____ = ___** **B. [301] ____ + [309 a+b+c] _____ =** **[308a] _____+ [308b] ____ + [2x308c] ____ = ___**

311	Have you ever used anything, or tried in any way, to delay or avoid getting pregnant?	YES ..... 1 NO ..... **2** NEVER HAD INTERCOURSE ..... **3** DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	 **⇒315** **⇒S.5**
312	Are you currently 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 currently using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS ..... 01 INJECTABLES ..... 02 IMPLANTS (NORPLANT) ..... 03 IUD ..... 04 DIAPHRAGM/FOAM/JELLY..... 05 CALENDAR/MUCUS METHOD ..... 06 FEMALE STERILIZATION..... 07 CONDOMS ..... **08** MALE STERILIZATION ..... **09** WITHDRAWAL ..... **10** HERBS..... 11 OTHER:_____.. 96 DON'T KNOW/DON'T REMEMBER..... 98 REFUSED/NO ANSWER..... 99	 **⇒315** **⇒315** **⇒315**
314	Does your **current** 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 current/most recent 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**	 **⇒S4** **⇒S4** **⇒S4**
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 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 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 current/most recent 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 current/most recent 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 current/most recent partner to use a condom?	YES ..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

319	Has your current/most recent 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 (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 last pregnancy. 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 AUXILIARY NURSE..... 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 consume any alcoholic drinks?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
413	During this pregnancy, did you smoke any cigarettes or use tobacco?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
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 5 and 12 years? How many? (include 5-year-old and 12-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 5-12 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 5-12 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?	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	
421	Of these children (ages 5-12 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 5-12 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 5-12 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 5-12 YEARS.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	

SECTION 5 CURRENT OR MOST RECENT 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.6

501	I would now like you to tell me a little about your current/most recent husband/partner. How old was your husband/partner on his last birthday? 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.	PRIMARY _____ year .....1 SECONDARY _____ 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 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	PROFESSIONAL: _____01 SEMI-SKILLED: _____02 UNSKILLED/MANUAL: _____ . 03 MILITARY/POLICE: _____.04 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	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	**⇒KIR511a**
510	In the past 12 months (In the last 12 months of your last relationship), 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 DAYS .....1 WEEKLY .....2 ONCE A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
511	In the past 12 months (In the last 12 months 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.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
KIR 511a	How often does/did your husband/partner drink KAVA? 6. Every day or nearly every day 7. Once or twice a week 8. 1–3 times a month 9. Occasionally, less than once a month 10. Never FOR KIRIBATI ONLY	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	**⇒512**
KIR 511 b	In the past 12 months (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, weekly, once a month, less than once a month, or never? FOR KIRIBATI ONLY	MOST DAYS .....1 WEEKLY .....2 ONCE A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	
KIR 511 c	In the past 12 months (In the last 12 months of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking kava? c) Money problems d) Family problems y) Any other problems, specify. FOR KIRIBATI ONLY	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use drugs? 1. 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 WEEK .....2 1 – 3 TIMES IN A MONTH .....3 LESS THAN ONCE A MONTH .....4 NEVER .....5 IN THE PAST, NOT NOW .....6 DON'T KNOW /DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	

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 past 12 months (In the last 12 months 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 current/most recent 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 current/most recent 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

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 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 who 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 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 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, others outside of the family should intervene	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 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

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

SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. sheet, Box A	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) [ ] ⇓	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) [ ] ⇒	⇒S 10
(s7mar)	*(1)*	*(2)*	

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:

		YES	NO	DK
a) Things that have happened to him in the day	a) HIS DAY	1	2	8
b) Things that happen to you during the day	b) YOUR DAY	1	2	8
c) Your worries or feelings	c) YOUR WORRIES	1	2	8
d) His worries or feelings	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:

		YES	NO	DK
a) Tries to keep you from seeing your friends	a) SEEING FRIENDS	1	2	8
b) Tries to restrict contact with your family of birth	b) CONTACT FAMILY	1	2	8
c) Insists on knowing where you are at all times	c) WANTS TO KNOW	1	2	8
d) Ignores you and treats you indifferently	d) IGNORES YOU	1	2	8
e) Gets angry if you speak with another man	e) GETS ANGRY	1	2	8
f) Is often suspicious that you are unfaithful	f) SUSPICIOUS	1	2	8
g) Expects you to ask his permission before seeking health care for yourself	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 current husband/partner, or any other partner ever….

	A) (**If YES continue with B. If NO skip to next item**)		B) Has this happened in the past 12 months? (**If YES ask C only. If NO ask D only**)		C) In the past 12 months would you say that this has happened once, a few times or many times? (**after answering C, go to next item**)			D) Before the past 12 months 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) 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 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 he or any other partner ever….	A) (**If YES continue with B. If NO skip to next item**) YES NO	B) Has this happened in the past 12 months? (**If YES ask C only. If NO ask D only**) YES NO	C) In the past 12 months 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) Before the past 12 months 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 or actually used a gun, knife or other weapon against you?	1 2	1 2	1 2 3	1 2 3
		IF NO to all in Column A, go to 706			

705g	Was the behaviour you just talked, (mention acts reported in 705), by your current or most recent husband or 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 in the past 12 months? (**If YES ask C only. If NO ask D only**) YES NO	C) In the past 12 months 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) Before the past 12 months would you say that this has happened once, a few times or many times? One Few Many
	a) Did your current husband/partner or any other partner 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 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
		IF NO to all in Column A, go to 707			

706d	Was the behaviour you just talked about, (mention acts reported in 706), by your current or most recent husband or 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

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

CHECK : *(s7preg)* **Ref. sheet, Box B** *(s7prnum)* *(s7prcur)*	**EVER BEEN PREGNANT (option P)** *(1)* **[ ]** ⇓ **NUMBER OF PREGNANCIES (option T) [ ][ ]** ⇓ **CURRENTLY PREGNANT? (option S) YES….1** **NO…. 2** ⇓	**NEVER PREGNANT** *(2)* **[ ] ⇒**	**⇒ S8**

709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit, kicked or beaten 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**	 **⇒ S8** **⇒ S8** **⇒ S8**
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 last 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 punched or kicked in the abdomen while you were pregnant?	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 most recent pregnancy in which you were beaten, was the person who has slapped, hit or beaten you 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	 **⇒ S8** **⇒ S8**
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	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) [ ] ⇓	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) [ ] ⇒	
(S8phsex)	*(1)*	*(2)*	⇒SKIR10

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 ever 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	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 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 in the past 12 months?	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 acts, no matter how long ago it happened.

MARK ALL

PROBE: Any other injury?

	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened in the past 12 months? 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			
OTHER (specify): _____ X	1	2	8

804 a	In your life, did you ever 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 in the past 12 months?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER 9	
805 a	In your life, were you ever 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 in the past 12 months?	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

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).

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..

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 ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON.....A WHEN MAN DRUNK.....B MONEY PROBLEMS.....C DIFFICULTIES AT HIS WORK.....D WHEN HE IS UNEMPLOYED.....E NO FOOD AT HOME.....F PROBLEMS WITH HIS OR HER FAMILY.....G SHE IS PREGNANT.....H HE IS JEALOUS OF HER.....I SHE REFUSES SEX.....J SHE IS DISOBEDIENT.....K SHE HAS A DISABILITY.....L 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, several times or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SEVERAL TIMES.....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, several times or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SEVERAL TIMES.....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, several times or most of the time?	NEVER.....**1** ONCE OR TWICE.....2 SEVERAL TIMES.....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, 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	
906	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	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 OTHER (specify): _____ X	

CHECK: **(Ref. sheet, Box B, option R)** ***(s9child)***	**CHILDREN LIVING [ ]** ⇓ *(1)*	**NO CHILDREN ALIVE [ ] ⇒** *(2)*	**⇒ 908**

SI 907a	In what way, if any, has your husband/partner's behaviour towards you (the violence) affected the way you parent your children? MARK ALL THAT APPLY PROBE: Any other ways?	N/A NO CHILDREN ..... A NO AFFECT ..... B SHOUT/YELL AT CHILDREN MORE ..... C HIT THE CHILDREN ..... D TOO SICK/HURT TO LOOK AFTER CHILDREN PROPERLY (I.E. NOT FEED PROPERLY) ..... E IGNORES THE CHILDREN ..... F SHELTER/PROTECT CHILDREN FROM VIOLENCE ..... 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 CHILDREN ..... G NEIGHBOURS ..... H POLICE ..... I DOCTOR/HEALTH WORKER ..... J PRIEST ..... K COUNSELLOR ..... L NGO/WOMEN'S ORGANIZATION ..... M LOCAL LEADER ..... N OTHER (specify):_____X	

909	Did anyone ever try to help you? IF YES, Who helped you? 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 CHILDREN..... G NEIGHBOURS ..... H POLICE .....I DOCTOR/HEALTH WORKER ..... J PRIEST..... K COUNSELLOR.....L NGO/WOMEN'S ORGANIZATION..... M LOCAL LEADER..... N OTHER (specify): _____X	

910a			YES	NO	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? YES	NO
	Did you ever go to any of the following for help? READ EACH ONE					
	a) Police	a) POLICE	1	2		
	b) Hospital or health centre	b) HOSPITAL/ HEALTH CENTRE	1	2	1	2
	c) Social services	c) SOCIAL SERVICES	1	2	1	2
	d) Legal advice centre	d) LEGAL ADVICE CENTRE	1	2	1	2
					1	2
	e) Court	e) COURT	1	2		
	f) Shelter	f) SHELTER	1	2	1	2
	g) Local leader	g) LOCAL LEADER	1	2	1	2
	h) Women's organization (i.e. CCC)	h) WOMEN'S ORGANIZATION: _____	1	2	1	2
					1	2
	j) Priest/Religious leader	j) PRIEST, RELIGIOUS LEADER	1	2		
					1	2
	x) Anywhere else? Where?	x) ELSEWHERE (specify) :_____ _____	1	2		
					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
(s9check)	*(1)*	*(2)*	

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 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 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 FAMILY..... B HER MOTHER ..... C HIS MOTHER..... D HEALTH CENTRE..... E POLICE ..... F PRIEST/RELIGIOUS LEADER..... G LOCAL LEADER/CHIEF ..... 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 ..... [ ][ ] NEVER..... **00** N.A. (NOT LIVING TOGETHER) ..... **97** DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER..... 99	**⇒919** **⇒ S KIR 10**
915	What were the reasons why you left the last time? MARK ALL MENTIONED	NO PARTICULAR INCIDENT ..... A ENCOURAGED BY FRIENDS/FAMILY..... B COULD NOT ENDURE MORE ..... C BADLY INJURED..... D HE THREATENED OR TRIED TO KILL HER..... E HE THREATENED OR HIT CHILDREN..... F SAW THAT CHILDREN SUFFERING..... G THROWN OUT OF THE HOME..... H AFRAID SHE WOULD KILL HIM..... I ENCOURAGED BY ORGANIZATION: _____ ..... J AFRAID HE WOULD KILL HER ..... K OTHER (specify): _____ X	
916	Where did you go the last time? MARK ONE	HER RELATIVES ..... 01 HIS RELATIVES..... 02 HER FRIENDS/NEIGHBOURS..... 03 HOTEL/LODGINGS..... 04 STREET ..... 05 CHURCH ..... 06 SHELTER..... 07 OTHER (specify): _____ ...96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER..... 99	
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 PARTNER **3**	**⇒SKIR10**

CHECK: (Ref. sheet, Box B, option R) *(s9child)*	CHILDREN LIVING [ ] ⇓ *(1)*	NO CHILDREN ALIVE [ ] ⇒ *(2)*	⇒ 918
SI 917a	The last time that you left, did you take any of the children with you? Did you take all of them, 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**
SI 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	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR) ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E HE ASKED HER TO GO BACK ..... F FAMILY SAID TO RETURN ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J COULD NOT STAY THERE (WHERE SHE WENT) ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L OTHER (specify): _____ X	**FOR ALL OPTIONS GO TO S KIR 10**
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B DIDN'T WANT TO BRING SHAME ON FAMILY ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E DIDN'T WANT TO BE SINGLE ..... F FAMILY SAID TO STAY ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J NOWHERE TO GO ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L OTHER (specify): _____ X	

KIR SECTION 10 PARTNER'S TREATMENT OF CHILDREN

CHECK: (Ref. sheet, Box B, option R) *(sKIR10child)*	CHILDREN LIVING [ ] ⇓ *(1)*	NO CHILDREN ALIVE [ ] ⇒ *(2)*	⇒S10

I would now like to ask you a few questions about how your most recent husband/partner or any other partner treats your children. We ask these questions so that we can find out information to help children in Kiribati. I remind you again that you do not have to answer any questions that you do not want to, and if you request assistance to protect your children we will do whatever we can to help. In very serious cases we may be required to get other people involved but as far as possible we will do this with your agreement.

KIR 1001	The next questions are about things that your current partner, or any other partner may have done to your child/children? As far as you know, has your current husband/partner, or any other partner ever	YES	NO
	a) Done things to scare or intimidate your child/children on purpose (e.g. by the was he looked at them, by yelling, smashing things or threatening them)	1	2
	b) Slapped, pushed, shoved them or thrown something at them that could hurt them?	1	2
	c) Hit them with his fist, kicked them, or beaten them up, or done anything else that could hurt them?	1	2
	d) Shaken, choked, burnt them on purpose or used a gun, knife or other weapon against them?	1	2
	e) Touched your child/children sexually or made them do something sexual that they did not want to?	1	2
		IF NO to all in go to **S10**	
KIR 1002	Was the behaviour you just talked about, (mention acts reported in 920a), by your current or most recent husband or 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	
KIR 1003	Has the child/children ever been injured as a result of these acts by (any of) your husband/partner(s).	YES .....1 NO.....**2** DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER 9	**⇒ S10**
KIR 1004	Did the child/children ever 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	**⇒ S10**
KIR 1005	What were the reasons that made you take the child/children to receive health care for this injury (these injuries)? **MARK ALL MENTIONED AND GO TO 913**	ENCOURAGED BY FRIENDS/FAMILY.....A WANTED TO CHECK THEY WERE OK .....B CHILD BADLY INJURED .....C HE THREATENED OR TRIED TO KILL THE CHILD.....D SAW THAT CHILDREN SUFFERING .....E OTHER (specify): _____ _____.....X	**FOR ALL OPTIONS GO TO S10**
KIR 1006	What were the reasons that you did not take the child to receive medical care? 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 BE BLAMED .....D BELIEVED THEY WOULD NOT HELP.....E AFRAID CHILDREN WOULD BE TAKEN AWAY.....F BRING BAD NAME TO FAMILY .....G NO HEALTH CARE EASILY ACCESSIBLE .....H OTHER (specify): _____ _____. X	

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

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?

IF YES:
Who did this to you?

PROBE:
How about a relative?
How about someone at school or work?
How about a friend or neighbour?
A stranger or anyone else?

NO ONE ..... **A** ⇒ **1002**

b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times

	Once or twice	A 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

1002 a

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?

IF YES:
Who did this to you?

PROBE:
How about a relative?
How about someone at school or work?
How about a friend or neighbour?
A stranger or anyone else?

NO ONE ..... **A** ⇒ **1003**

b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times

	Once or twice	A 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

1003 a	Before the age of 15 years, do you remember if any-one in your family ever touched you sexually, or made you do something sexual that you didn't want to? IF YES: Who did this to you? IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you? IF YES: Who did this to you?	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/ (BROTHER, ETC) _____ ... 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		[ ][ ]	[ ][ ] DK = 98	1	2	3

1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) ..... [ ][ ] 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.

1101 Please tell me if you own any of the following, either by yourself or with someone else:

FOR EACH, PROBE: Do you own this on your own, or do you own it with others?

		YES Own by self	YES Own with others	NO Don't own
a) Land	a) LAND	1	2	3
b) Your house	b) HOUSE	1	2	3
c) A company or business	c) COMPANY	1	2	3
d) Large animals (cows, horses, etc.)	d) LARGE ANIMALS	1	2	3
e) Small animals (chickens, pigs, goats, etc.)	e) SMALL ANIMALS	1	2	3
f) Produce or crops from certain fields or trees	f) PRODUCE	1	2	3
g) Large household items (TV, bed, cooker)	g) HOUSEHOLD ITEMS	1	2	3
h) Jewellery, gold or other valuables	h) JEWELLERY	1	2	3
j) Motor car	j) MOTOR CAR	1	2	3
k) Savings in the bank?	k) SAVINGS IN BANK	1	2	3
x) Other property, specify	x) OTHER PROPERTY: _____			

1102 a) Do you earn money by yourself?

IF YES: What exactly do you do to earn money?

ASK ALL. SPECIFY:

NO ..... **A** ⇒ ***s11mar**

		YES	NO
b) Job	b) JOB: _____..	1	2
c) Selling things, trading	c) SELLING/TRADING: _____ ...	1	2
x) Any other activity, specify	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) 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 TWICE..... 2 SEVERAL 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 or many times?	NEVER ..... 1 ONCE OR TWICE..... 2 SEVERAL 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	

SECTION 12 COMPLETION OF INTERVIEW			
1201	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. 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, before you were 15 years old. 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. 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).	CARD GIVEN FOR COMPLETION.....1 CARD NOT GIVEN FOR COMPLETION.....2	
1202	We have now finished the interview. Do you have any comments, or is there anything else you would like to add? _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____		
1203	I have asked you about many difficult things. How has talking about these things made you feel? WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT _____ _____ _____ _____ _____ _____ _____	GOOD/BETTER.....1 BAD/WORSE.....2 SAME/ NO DIFFERENCE . 3	
1204	Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification? COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS	YES ..... 1 NO..... 2	

FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about their health and experiences of violence.

From what you have told us, I can tell that you have had some very difficult times in your life. No one has the right to treat someone else in that way. However, from what you have told me I can see also that you are strong, and have survived through some difficult circumstances.

Here is a list of organizations that provide support, legal advice and counselling services to women in KIRIBATI. Please do contact them if you would like to talk over your situation with anyone. Their services are free, and they will keep anything that you say private. You can go whenever you feel ready to, either soon or later on.

FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE

I would like to thank you very much for helping us. I appreciate the time that you have taken. I realize that these questions may have been difficult for you to answer, but it is only by hearing from women themselves that we can really understand about women's health and experiences in life.

In case you ever hear of another woman who needs help, here is a list of organizations that provide support, legal advice and counselling services to women in KIRIBATI. Please do contact them if you or any of your friends or relatives need help. Their services are free, and they will keep anything that anyone says to them private.

1205	RECORD TIME OF END OF INTERVIEW:	Hour [ ][ ] (24 h) Minutes [ ][ ]
1206	ASK THE RESPONDENT. How long did you think the interview lasted ?	Hours [ ] Minutes [ ][ ]

INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW

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 currently 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	[ ] Currently married and/or living with man **(K)** [ ] Currently with regular sexual partner (dating relationship) **(L)** [ ] Previously married/previously lived with man *(no current sexual relationship)* **(M1)** [ ] 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**	[ ] 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 707)	[ ] Yes	[ ] No
(V) Respondent has been victim of sexual violence (Question 708)	[ ] Yes	[ ] No

ANNEX 2: KEY INFORMANT INTERVIEWS

- Catholic Crisis Centre (CCC)
- Alcoholics Anonymous and Family Recovery (AAFR)
- Attorney General's Office
- Aia Maea Ainen Kiribati (AMAK)
- Reitan Aine Kiribati (RAK), Kiribati Protestant Church women NGO
- Community Policing Unit, Kiribati Police Services
- Chairperson, Kiribati Counsellors Association (KCA)
- Permanent Secretary, Ministry of Health
- Acting Director, Community Development Services Division
- FASO: Family Assistance and Sexual Offense Unit, Kiribati Police Services
- Clerk, Betio Town Council
- Clerk to High Court
- Centre Director, University of the South Pacific, Kiribati Campus
- Member of Parliament, Nikunau Island
- Caretakers at Marakei maneaba
- Chief Lands Officer, Department of Lands
- Assistant Social Worker, Abaiang Island Council
- Clerk to Island Council, Marakei Island
- CEDAW Officer, MISA
- Trainer, Alcoholics Anonymous and Family Recovery

ANNEX 3: IN-DEPTH INTERVIEW GUIDES

Sample semi-structured interview for women known to have experienced partner violence

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Identification code for tape _____ Date of interview _____

Introduction

Thank you for coming. I am from MISA. We are conducting research on violence against women. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women in situations like your own.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself. Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Tell me about your husband. How did you first meet?
   When did you get married?
   What does he do?

3. When did your problems with your husband start?
   How long has this continued for?
   Are there times when this has improved, or got worse?

4. Has your husband/partner treatment had an effect on your physical well-being? In what sort of ways?
   How has it affected your feelings about yourself?
   Do you think that it is having an effect on your children. In what ways?
   Has it affected your ability to provide for the family or go to work?
   Has it affected the way you treat your children?
   Has it made it difficult for you to meet friends or relatives? How?

5. Can you explain to me what your husband or partner does to your children when he thinks they need discipline or when he is angry with them?
   Have you ever seen injuries on your children which you know or suspect have been caused by your husband/partner's treatment of them? What kind of injuries?
   Do you feel you are ever able to intervene? And what do you do?

6. Have you ever discussed your problems with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

7. Looking back at your situation, what advice would you give another woman who has just started to have these sorts of problems with her husband?

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women.

From the woman's responses, mention the woman's strengths.

Give details of follow-up counselling support available both immediately and later.

Give more general information about services available in the community.

Sample semi-structured interview for women known to have experienced child abuse

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from MISA. We are conducting research on violence against women and children. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women and children who have experienced things like you have.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself. Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Tell me about your childhood.
   Did you live with your parent? Both parents? Were your parents divorced?
   Do you have any brothers or sisters? Are they older or younger?
   How long did you go to school for?

3. Did you ever experience any physical or sexual abuse when you were under the age of 15?
   Can you please share some of your experiences?
   How old were you when it first started? How long did it go on for?
   Who did these things to you?
   How often did the incidents occur?
   Do you know if any of your siblings also went through something similar?

4. Has it had a great effect on your physical well-being? In what sort of ways?
   How has it affected your feelings about yourself?
   Did it affected your ability to go to school and do work?

5. Did you ever discuss your problems with others? Who did you tell? Why? How did they respond?
   If you did not tell anyone, why not?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

6. Looking back at your situation, what advice would you give another girl who has just started to go through what you went through

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women and girls

From the woman's responses, mention the woman's strengths. Give details of follow-up counseling support available both immediately and later. Give more general information about services available in the community.

Sample semi-structured interview for women known to have experienced stranger violence

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from MISA. We are conducting research on violence against women. We have invited you here to learn about your experiences, and to seek your advice about how we can best help women in this country.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Your answers will be used to draw Government attention to the problems faced by women, and to develop better services for women. Again, I would like to assure you that everything that you say will be kept secret.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself. Did you go to school?
   Where do you live now?
   Do you have children?
   How do you normally spend your days?
   What things do you like to do?

2. Could you please tell me about any physical or sexual violence you have experienced in your life.
   When did this happen?
   Who did these things to you?

3. Has it had a great effect on your physical well-being? In what sort of ways?
   How has it affected your feelings about yourself?
   Has it affected your ability to provide for the family or go to work?

4. Have you ever discussed what happened with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

5. Looking back at your situation, what advice would you give another woman who has experienced something similar to you?

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address violence against women.

From the woman's responses, mention the woman's strengths.

Give details of follow-up counseling support available both immediately and later.

Give more general information about services available in the community.

Sample semi-structured interview for male perpetrators of violence

Identification code for tape _____ Date of interview _____

Introduction

Thank for coming. I am from MISA. We are conducting research on family issues. We have invited you here to learn about your experiences.

All of the information that you choose to provide is voluntary, and will be kept strictly secret. You are free to stop the interview at any point, or to not answer any of the questions that we ask. I will not write down your name.

Do you agree to be interviewed? *Record response* *Yes / No*

If you don't mind, I would like to tape our discussion. This is to help me record what you say. The tape will not be played to anyone, and once I have taken notes from the tape, it will be destroyed. If you would prefer that we do not tape the interview, I can take notes instead.

Do I have your permission to record our conversation? *Record response* *Yes / No*

Thank you.

Comments, to be completed after interview

Questionnaire guideline

1. Can you please tell me a little about yourself?
   Where do you live now?
   Do you have children?
   How do you normally spend your days? Do you work?
   What things do you like to do?

2. Please tell me a little about your own childhood?
   Did you go to school?
   Were your parents together?
   Did your father ever hit your mother? Did you ever experience violence as a child?

3. Tell me about your wife. How did you first meet?
   When did you get married?
   What does she do?

4. Have you and your wife ever faced problems in your relationship? What type of problems?
   Do you and your wife argue much?
   Do you ever get angry with you wife? What makes you angry at her?
   When did these problems start?

5. Have you ever hit your wife?
   For what reasons do you hit your wife?
   What does your wife do when you hit her?
   Do you use hitting as a form of discipline or punishment if your wife behaves in a way that you don't like?
   Do you ever feel remorseful after hitting your wife or do you normally think it is because she has done something to deserve it?

6. Do you think your behaviour affects your wife's health and well-being? In what ways?
   Do you think your relationship problems affect your children? In what ways?
   What do you think your wife should do to improve the situation?

7. Have you ever discussed your relationship problems with others? How did they respond?
   Was there more that you would have liked them to do?
   What sort of things would have helped?

8. Now 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.

a) A good wife obeys her husband even if she disagrees
b) Family problems should only be discussed with people in the family
c) It is important for a man to show his wife/partner who is the boss
d) A woman should be able to choose her own friends even if her husband disapproves
e) It's a wife's obligation to have sex with her husband even if she doesn't feel like it

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

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

Wrap up

Thank you for sharing this with me. I appreciate that we have asked very difficult questions, and thank you for being so open. What you have told us is very important, and will help us in our work to address family issues.

ANNEX 4: FOCUS GROUP DISCUSSION GUIDES

Focus group guide

Identification code for tape: _____ Date: _____

Location: High density / low density / rural Sex: M / F

Number of participants: _____ Marital status: Married / Single

Age range of participants: 15–20 / 20–35 / 35–49

Introduction

Thank you for coming. We are from MISA. We are conducting research on family problems and their possible solutions. We have invited you here today to discuss this issue with you. Your responses will be used to help develop materials and services to assist women experiencing violence.

All of our discussions will be kept strictly secret. We will be producing a report on our findings, but will not quote anything you say by name.

If you don't mind, we would like to tape our discussion. This is to help us record what has been said. The tape will not be played to anyone. Once notes have been taken from the tape, it will be destroyed.

Is everyone happy to participate in this discussion? *Record response Yes / No*
Is there anyone who would like to leave now? *Record if someone leaves*

Thank you.

We hope that you will all feel free to discuss your opinions openly. There are no right or wrong answers - and we would like to hear your honest opinions about the issue. All of your responses will remain confidential.

Notes on background of participants and comments on discussion

To be completed after interview

Focus group discussion guide

1. Warm up

Tell me something about yourself, your family, your work, the things you like to do.
What worries you these days?
What are the biggest problems facing women today?

2. Story completion

Story 1

'Serah is 36 yrs old and lives with her partner (David) who is 50 yrs old. Serah has three children by her first marriage (their father died), however these children live with Serah's parents as David will not support them. Sarah and David have a three-year-old daughter. David works full-time as a mechanic and makes good money but refuses to give Sarah any of it and each week he wastes most of his money getting drunk at the local pub. Serah works as a cleaner six days a week to pay for their rent and food and for her children's school fees. Serah often goes without food when the money is short and will walk for over an hour to get to work to save money on bus fares. David regularly tells Serah that she is lazy and ugly and that she is not fit to be a mother. He shouts and yells at her a lot when he is drunk and will often lock her out of the house at night so she ends up having to sleep on the doorstep. Serah suffers frequently from bad headaches and has lost a lot of weight recently. She feels sad all the time and wants to leave David but knows that he will not let her take their daughter with her.'

- Do you think problems like this are common in your community?
- What might be the causes of the problems Serah is facing?
- In what ways do these problems affect Serah?
- Will it affect her children? In what ways?
- Is the way David treating Serah acceptable in your community? Why?
- If you were a close friend of Serah, what would you advise her to do? Why?
- What might happen to Serah if she took these actions?

Story 2

'Margaret is 25 years old and lives with her husband Michael and their five children. Margaret believes very much in the sanctity of marriage. Her husband gets drunk a couple of times a week and every time he is drunk he becomes violent towards Margaret and the children. One time he dragged her across the floor by her hair and kicked her in the stomach and ribs when she is lying on the ground. He frequently demands sex when he is drunk and forces her to have sex.

Margaret is very sad and finds that she cries a lot. She has a lot of health problems and has started thinking of ways to end her life. The children are often present when Margaret is beaten up by Michael and at times the eldest child has also been injured when she has tried to intervene. Margaret has tried to seek help from both her own family and from Michael's family but they have told her that she belongs to Michael and she must put up with it.'

- Do you think problems like this are common in your community?
- What might be the causes of the problems Margaret is facing?
- In what ways do these problems affect Mary?
- Will it affect her children? In what ways?
- Is the way Michael treating Margaret acceptable in your community?
- If you were Margaret's neighbour and you knew what was happening, what would you do? What if you were her sister or aunt? At what point would you feel that you should intervene?

Story 3

'Helen is 21 years old. She lives with her grandmother and aunty and she has a seven-year-old son. Helen's father died when she was three years old and her mother remarried. From the time that Helen's stepfather moved into their house, he started doing things to Helen that she did not like. She remembers that at first he use to just watch her as she was taking a bath in the stream. However he soon began touching her on her private parts and when she was nine years old he raped her for the first time. He continued to rape her until she became pregnant when she was 14 years old. Helen tried to tell her mother what her stepfather was doing but Helen's mother had called her liar and told her that she was a 'trouble-maker'. It was only when Helen became pregnant and she told her grandmother what was happening, that the sexual abuse finally stopped. Helen never reported the abuse to the police as she as ashamed, but her grandmother did demand compensation from the stepfather's family. Helen has had a couple of boyfriends since her son was born, however these relationships have been abusive and Helen now finds it very difficult to trust men.'

- Do you think problems like this are common in your community?
- Why do you think this happens in your community?
- Is what Helen's stepfather did to her acceptable in your community? Why?
- Why do you think Helen's mother didn't believe her? Is this common?

Story 4

Mary is 29 years old and her partner (Joe) is 33 years old. They have 4 children under the age of 6 years with the youngest being 3 months old. Joe is unemployed so the family's main income comes from Mary taking watermelon and pineapple to the market to sell. Mary does not like leaving the children in Joe's care when she is at the market, however sometimes she has no choice. Mary does not like the way Joe disciplines the children. He will often use a stick to hit the children when they have been naughty and Mary has also seen Joe throw the children across the room when he is angry and he frequently slaps them and punches them. At times the children have been hurt by Joe's treatment and have had bruising and marks on their bodies from where he has hit them. When this has happened, Mary has not taken the children to the clinic to be checked as she is afraid that Joe will find out that she has done this. Mary does not like seeing her children being hurt like this but she also knows that Joe only wants what is best for their children and it is his job as a father to discipline them.

- Do you think that this way of treating (disciplining) children is common in your community?
- Do you think children should be treated like this?
- Why do you think parents treat their children like this?
- Do you think that the children will be affected by this treatment? In what ways?
- Is the way that Joe is treating his children acceptable in your community?
- If you were Mary and Joe's neighbour and you knew that this was happening and saw the children being hurt by Joe's treatment, what would you do?
- What do you think Mary should do when Joe starts treating the children like this?

Conclusion

Thank you everyone for coming and making some very useful contributions. We really appreciate the time you have given today. We will use the information you have shared to help address violence against women and children in the community.

ANNEX 5: SAMPLE WEIGHTING

Weights calculations - persons

The derivation of the person weights took into consideration two key elements:

- The probability of selection of the females who participated in the survey
- The best estimate of females in scope for the survey for each island

For (a), the probability of selection was based on the various stages of selection, which included:

South Tarawa

a) Probability of the EA being selected
b) Probability of the household being selected
c) Probability of the female being selected

Outer islands

d) Probability of the island being selected
e) Probability of the household being selected
f) Probability of the female being selected

For (b), a best guess estimate of the number of females in scope of the survey was derived using information from the survey only. These estimates where then compared to estimates using population projections derived from counts from the 2000 and 2005 censuses. Given there were significant differences between the two counts, it was decided to use the population projection figures to adjust weights to more appropriately reflect the total number of females in scope of the survey for Kiribati. The justification for this is because it was considered that the estimate of total number of females in scope coming from the survey would be more likely to contain errors because:

- Households tend not to account for all members of a household as rigorously in a sample survey, as opposed to a census.
- There was more likelihood of inter-island travel taking place at the time of the FHSS, as opposed to when the two most recent censuses took place.

South Tarawa weights

The weights for South Tarawa were derived by initially computing the probability of selection of all females selected in the survey as follows:

Pr(select female) = Pr(EA selected) * Pr(H'hold selected) * Pr(Female selected)

The initial weight for each female was then derived as:

Wt(female) = 1 / Pr(select female)

The sum of these weights then provided a best guess estimate of the number of females in scope of the survey, based on the survey alone. This figure was slightly modified to account for households which either i) refused, ii) were not at home, or iii) had language problems.

Given the projected number of females for each island was considered a more appropriate estimate of the true value of females in scope of the survey, the final weights were then adjusted to account for this.

Outer island weights

As with South Tarawa, the weights for the Outer Islands were derived by initially computing the probability of selection of all females selected in the survey as follows:

Pr(select female) = Pr(Island selected) * Pr(H'hold selected) * Pr(Female selected)

The initial weight for each female was then derived as:

Wt(female) = 1 / Pr(select female)

The weights were once again slightly modified to account for households which either i) refused, ii) were not at home, or iii) had language problems. These weights were then adjusted to account for the fact that the projected populations were considered a more reliable estimate of the true number of females in scope of the survey. This provided the survey with an appropriate weight for the island.

To generate an appropriate weight for the stratum, and hence national level, an adjustment needed to be made to account for those islands not selected in the survey. To accommodate this, the following factor at the stratum level was applied to the island weights to generate a final weight for national tables:

$$\text{Factor} = \frac{\text{(estimate of eligible females in all islands in stratum)}}{\text{(estimate of eligible females in selected islands in stratum)}}$$

Weights calculations - households

It is anticipated that the weights for households will only be used in the production of table that produces estimates of the "household size", "sex of household head" and "socio-economic status" by region and whether or not the interview was completed.

South Tarawa weights

The household weights for South Tarawa were derived by initially computing the probability of selecting a household given the EA was selected, and taking the inverse. An adjustment was then made to account for households that either i) refused, ii) were not at home, or iii) had language problems. Finally an adjustment was then made to account for the fact that only 77 out of 101 EAs were selected.

Outer island weights

The household weights for the outer islands were derived by initially computing the probability of selecting a household from each of the villages within the island, and taking the inverse. An adjustment was then made to account for households that either i) refused, ii) were not at home, or iii) had language problems. Finally an adjustment was then made at the stratum level to account for the fact that not all islands were selected within each stratum.

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