

A GUIDE TO BETTER UNDERSTANDING AND USING VIOLENCE AGAINST WOMEN PREVALENCE DATA

Illustrated with a case study on partner violence in the Pacific region



knowVAWdata
know the data: building and using evidence to end violence against women





kNOwVAWdata
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using evidence to end violence
against women

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The guidelines in this publication provide concepts and principles for the process of interpreting, understanding and using violence against women prevalence data that can be applied globally. In order to provide an example of the way in which prevalence data can be used, we have relied upon available data from the Pacific region.

Understanding the acronym

kNOwVAWdata: the acronym and logo have been designed to convey a message of importance for ethically and respectfully measuring the prevalence of intimate partner violence against women. The acronym expresses that in order to implement policies, plans and programmes leading to no more violence against women (NO VAW), we need to KNOW the data.

The logo includes the face of a woman with a tear in her eye. The hand covering her mouth symbolizes the secrecy and silence often surrounding intimate partner violence. The second hand – in the shape of a dove – symbolizes empowerment and the release a woman may experience when she is able to tell her story and be believed.

Measuring VAW, using safe, robust and ethical methods, will allow women to speak about their experience, often for the very first time.

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About the kNOwVAWdata Initiative

kNOwVAWdata is a flagship initiative of the United Nations Population Fund (UNFPA). Demand for data on the prevalence of violence against women (VAW) continues to increase as countries monitor their progress towards meeting Sustainable Development Goal (SDG) 5 for Gender Equality and Women's Empowerment and other commitments such as the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). Yet, due to limited technical capacities, data on VAW prevalence are often unavailable, underused or collected in unethical, unreliable and incomparable ways.

To address this void in ethical, reliable and comparable VAW prevalence data, the kNOwVAWdata Initiative was launched in 2016 by UNFPA Asia and the Pacific Regional Office (APRO) with financial support from the Australian Government Department of Foreign Affairs and Trade (DFAT). With the University of Melbourne and the National Research Organisation for Women's Safety (ANROWS) in Australia as key partners, the kNOwVAWdata Initiative aimed to improve the availability and quality of data to inform more effective policy and programme responses to end VAW, initially across Asia and the Pacific.

The Initiative has, since 2021, scaled up into several additional regions (Arab States, Latin America and the Caribbean, East and Southern Africa, West and Central Africa and East and Central Asia) with the support of the Joint European Union and UN programme, Spotlight Initiative.

For more information about the kNOwVAWdata Initiative, see the kNOwVAWdata website (<https://asiapacific.unfpa.org/en/knowvawdata>) and the kNOwVAWdata Phase 1 report (<https://asiapacific.unfpa.org/en/publications/knowvawdata-phase-i-report>).

About the author

Dr Henrica “Henriette” Jansen has played a crucial role in both setting the foundation for kNOwVAWdata, from her pioneering work in the Pacific through some of the earliest VAW prevalence surveys globally to spearheading the kNOwVAWdata Initiative from inception to implementation. She was Technical Advisor VAW Research and Data, and technical lead of the kNOwVAWdata Initiative, in the UNFPA Asia and the Pacific Regional Office from 2016 to 2021. Dr Jansen's landmark contributions to how governments and civil society measure, regard and respond to gender-based violence constitute a rich legacy, not only for UNFPA but for the wider network of stakeholders involved in this life-saving work. She is, as Devex labelled her, truly the “woman who put gender-based violence data on the map”.¹

1 <https://www.devex.com/news/the-woman-who-put-gender-based-violence-data-on-the-map-93266>

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Acronyms

ANROWS	Australia's National Research Organisation for Women's Safety Limited
APRO	Asia and the Pacific Regional Office
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFAT	Australian Government Department of Foreign Affairs and Trade
FSM	Federated States of Micronesia
IPV	Intimate partner violence
RMI	Republic of Marshall Islands
SDG	Sustainable Development Goal
SPC	Pacific Community
SRQ	Self-reported questionnaire
UN	United Nations
UNFPA	United Nations Population Fund
VAW	Violence against women
WHO	World Health Organization
WUTMI	Women United Together Marshall Islands

Definitions

INCIDENCE

In surveys on violence against women (VAW), the incidence rate refers to the number of times women experience violent events during a specific period, such as in one year or a lifetime. However, in surveys on VAW, the concept of incidence can be confusing when referring to intimate partner violence, where it is often not possible to speak of separate events, because partner violence often manifests as a course of conduct, happening continuously. Discrete counts of events are rarely possible, and it would be difficult to see events that happen as part of a course of conduct as new cases.

INTIMATE PARTNER

An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partner's (1) emotional connectedness, (2) regular contact, (3) ongoing physical contact and sexual behaviour, (4) identity as a couple or (5) familiarity with and knowledge about each other's lives.

The relationship need not involve all these dimensions, and different countries and contexts use different definitions.

Intimate partner relationships can include current or former:

- spouses (married spouses, common-law spouses, civil union spouses and domestic partners)
- boyfriends/girlfriends
- dating partners
- ongoing sexual partners.

INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV) usually consists of a pattern of assaultive and coercive behaviours, including physical, sexual and psychological attacks, as well as economic coercion, by a current or former intimate partner. It can occur within heterosexual or same-sex relationships and does not require sexual relations.

MARITAL RAPE

Sexual intercourse forced on a woman by her husband, knowingly against her will.

Context-specific legal and cultural definitions of rape often differ from the definition given here, and these need to be kept in mind when describing and interpreting survey results.

NON-PARTNERS

In surveys on violence against women, the term “non-partners” is generally used for anyone who is not perceived to be a “partner” according to the way the term “intimate partner” is understood in that country or context.

“Non-partners” can therefore include parents, in-laws and other relatives, friends, neighbours, colleagues, acquaintances and strangers.

PHYSICAL VIOLENCE

“Physical violence” refers to the intentional use of physical force with the potential for causing death, injury or harm.

How it is measured in surveys: Interviewers ask about specific acts, such as slapping, pushing, shoving, biting, hair pulling, kicking, throwing things, choking, burning and the use of, or threats to use, a weapon including a gun, knife or another object.

PREVALENCE

The prevalence of violence against women refers to the proportion of women who have experienced violence as part of the population of women “at risk”. Prevalence rates are thus based on counting people rather than events or incidents.

PSYCHOLOGICAL VIOLENCE

“Psychological violence” (“emotional violence” and/or “controlling behaviours”) refers to any act or omission that damages the self-esteem, identity or development of the individual. It includes, but is not limited to, humiliation, threatening loss of custody of children, forced isolation from family or friends, threatening to harm the individual or someone they care about, repeated yelling or degradation, inducing fear through intimidating words or gestures, controlling behaviour and the destruction of possessions.

SEXUAL VIOLENCE

Sexual violence refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts to traffic, that are directed against a person’s sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work.

How it is measured in surveys: Women are asked about specific acts, usually to distinguish two or three types of sexual violence: (1) that involving forced/coerced intercourse, including intercourse out of fear

of what her intimate partner may do if she refuses; (2) contact sexual violence, for example, unwanted touching, but excluding intercourse – this includes sexual acts that a woman has to do but she finds humiliating or degrading; and (3) non-contact sexual violence, for example, threatened sexual violence, exhibitionism, verbal sexual harassment and the use of sexual text and images on phones and electronic social media.

VIOLENCE AGAINST WOMEN

Violence against women (VAW) is defined by the United Nations 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 private life.”

It encompasses, but is not limited to the following:

- physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence and marital rape
- female genital mutilation and other traditional practices harmful to women
- non-spousal violence and violence related to exploitation
- physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere
- trafficking in women and forced prostitution
- physical, sexual and psychological violence perpetrated or condoned by the state, wherever it occurs.

VIOLENCE EXPERIENCED IN A WOMAN'S LIFETIME

The lifetime prevalence rate shows us the proportion of women who ever experienced one or more acts of violence at any time in their life (most commonly since age 15).

Note that, by definition, this includes women who are also counted in the 12-month prevalence rate.

VIOLENCE EXPERIENCED IN THE LAST 12 MONTHS

The 12-month prevalence rate shows the proportion of women who experienced one or more acts of violence in the 12 months prior to when the VAW prevalence survey was conducted.

Source: Jansen, 2016.

Foreword



Dr Julitta Onabanjo
Technical Division Director
UNFPA

An estimated one in three women around the world has experienced physical or sexual violence, or both, most often by their intimate partners (WHO, 2021). With indications that the severity and frequency of gender-based violence will only increase amid the humanitarian and climate crises facing humanity today – not least the COVID-19 pandemic – it is easy to get discouraged.

Despite the challenges, however, there is good reason for hope.

Innovative and courageous work by tenacious actors, ranging from policymakers to service providers, can help to finally put an end to this violence and help survivors to access necessary support. While we are far from the finish line, the global commitment to ending gender-based violence is unprecedented.

These immense efforts to prevent and respond to gender-based violence are building on and contributing to a global knowledge base of evidence about what works.

Without a baseline on key indicators like how many women experience violence in a country and who is most at risk, we cannot say exactly how much progress has been made.

However, as we learn more about the magnitude and scale of this issue, we also learn how our world needs to change so the full rights of women – including their right to a life of dignity without violence – are upheld. UNFPA is committed to continuing our work to scale up and expand the kNOwVAW data initiative across the world to meet the ever-increasing demands for robust data, that are properly interpreted and effectively used for impact.

Acknowledgements

UNFPA proudly supports this publication, written by Henrica A.F.M. (Henriette) Jansen, as a significant contribution to understanding and providing guidance on how data can be used to provide a depth to our understanding of the experiences of women and girls. In turn, truly evidence based programming can become a reality. The guidelines are applicable globally.

Special thanks go to Alexandra Robinson, Jessica Gardner, Maia Hicks Barmish, Mar Jubero and Seema Vyas for their valuable contributions and suggestions.

The Pacific island country studies used in this publication as a case study on data analysis, presentation, interpretation and use, represented tremendous collective efforts by research teams, interviewers, policymakers and activists in each of the Pacific countries and could not have happened without the thousands of women who were willing to share their deeply personal stories.

Without the generous support from the Australian Government Department of Foreign Affairs and Trade (DFAT), many countries would be left in the dark about women's experiences of violence. DFAT's unwavering commitment to improving the lives of women and girls - in this case, through kNOwVAWdata - is shining a light on this human rights epidemic.

Overview of this guide on understanding and using violence against women prevalence data

This guide is for researchers, activists, policymakers, communication experts and journalists who are interested in gaining a deeper understanding of survey data on violence against women (VAW) and in better using such data for strengthened data-driven policy, programming and advocacy.

Part 1 presents a general overview on VAW data: why we need, collect and monitor prevalence data; basic terminology used in measuring violence; and a short explanation on how it is measured, what prevalence data can tell us and what it can be used for. These concepts and principles are relevant and applicable to prevalence studies wherever in the world they take place.

Part 2 guides the readers through a stepwise exploration of real data, using as a case study quantitative survey data from 11 Pacific island countries that have conducted VAW prevalence surveys between 2000 and 2014. All the surveys examined here used the methodology developed for the World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women. The comparable way in which these studies were conducted, and the way results are presented in the national reports, provides a unique opportunity to examine patterns of violence in marriage – including marital rape – in the culturally diverse Pacific region.

The comparisons consistently show that, despite overall similar prevalence rates of VAW, the underlying patterns of intimate partner violence (IPV) are strikingly different for Melanesia, Micronesia and Polynesia, the three Pacific cultural-geographic subregions. This is an important finding that is not generally recognized or understood.

Melanesian women experience high levels of gendered violence, reflected by high levels of sexual violence and marital rape, which is rooted in gender inequality and men's entitlement over women and their bodies. In contrast, Polynesian women experience relatively low levels of sexual violence in a context of high levels of physical violence. The physical violence in Polynesia seems to a large extent disciplinary in nature, in other words meant to educate a woman about "her place" and "acceptable behaviour". In the Micronesian countries we see mixed patterns of violence and marital rape. We also found that sexual violence amplifies the negative health outcomes associated with partner violence. This is relevant for context-specific interventions, especially since sexual violence is generally hidden.

This stepwise analysis shows the importance of delving deeper into the data to go beyond averages and headline indicators. While this example highlights subregional differences that were previously not noticed or understood (in a regional perspective), this delving deeper is also critical for policy at national and subnational level because it uncovers the nuanced (differences in) patterns and drivers of violence, which has important implications for evidence-based prevention and interventions.

We conclude with a reflection on the challenges of only or mainly using quantitative data to understand VAW and IPV cross-culturally. We emphasize the importance of mixed-method studies and collaboration with other disciplines that can deepen understanding, which is crucial for effective context-specific, evidence-based interventions.



PART 1.

Background

collecting data on the prevalence of violence against women

1.1. Violence against women globally and in Asia and the Pacific

Violence against women (VAW) is an expression of persistent, deep-rooted gender inequalities and discrimination. It constitutes a public health crisis and is a violation of their human rights and a barrier to gender equality and development.

As defined by the Committee on the Elimination of Discrimination against Women, VAW is a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on an equal basis with men. It both grows out of, and perpetuates, women's subordinate status and the unequal power relations between women and men (United Nations, 1980).

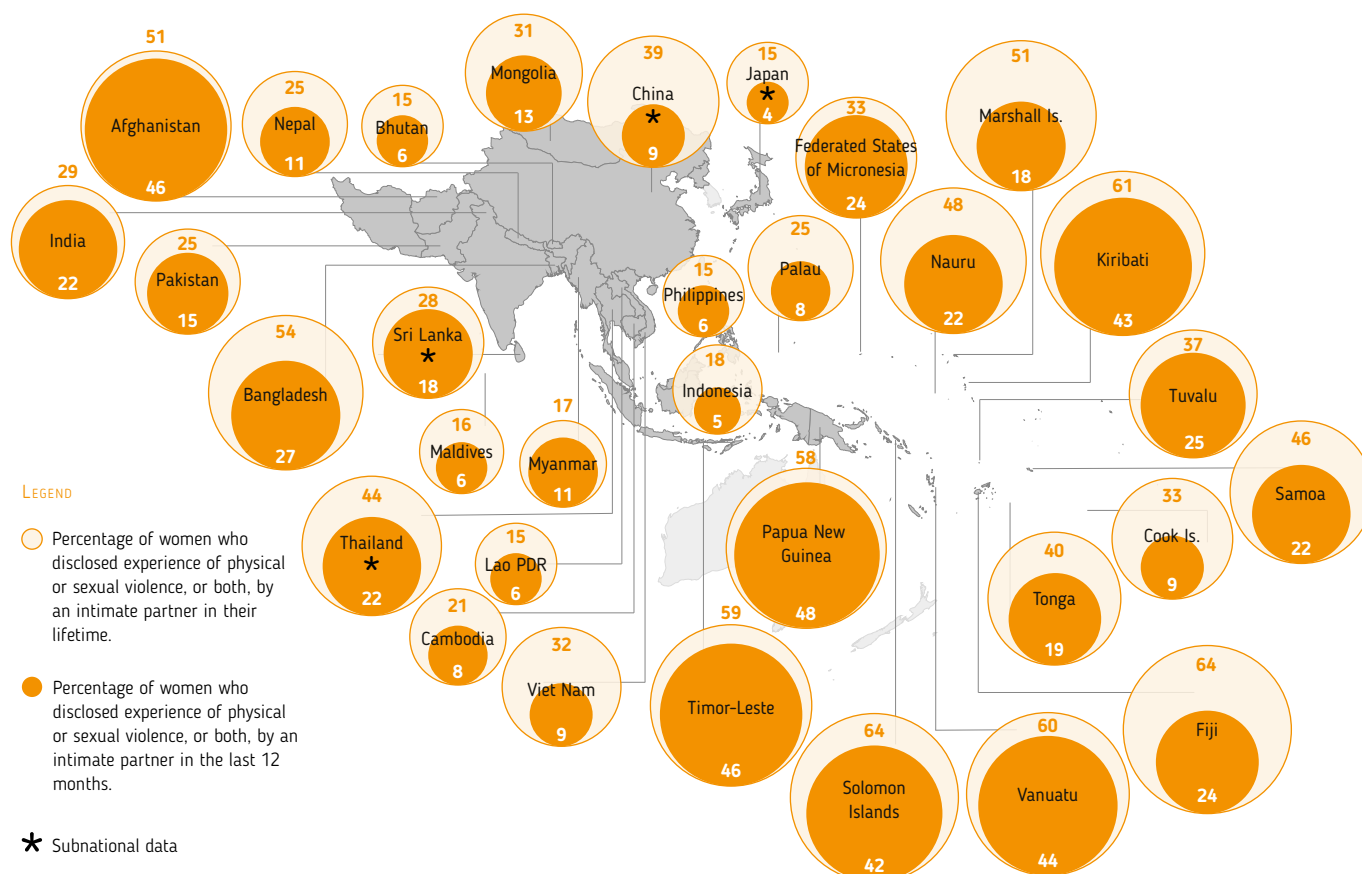
Sadly, one in three women worldwide has experienced physical and/or sexual violence in her lifetime, most often at the hands of an intimate partner, in particular her husband (WHO, 2021). Strikingly, data from surveys conducted in countries across Asia and the Pacific (the region where UNFPA so far has supported the highest number of in-depth VAW prevalence studies that have been conducted in a comparable way), show that 15–64 per cent of women disclosed experiencing physical and/or sexual violence by an intimate partner at some point in their lifetime (UNFPA, 2021).

Figure 1 compares the prevalence of physical and/or sexual violence committed by an intimate partner² in Asia-Pacific countries, illustrating the diversity of the experiences of women in the various subregions, in terms of prevalence and extent. The figure shows the dynamics of violence that can only be appreciated by comparing the relative difference between prevalence over the course of women's lifetime and in the 12 months prior to when VAW prevalence surveys are conducted. This comparison indicates that women who live with violent partners in countries with a greater differential between the outer (lifetime)

² In the comparative analysis here and in Part 2, IPV is mainly used for physical and/or sexual intimate partner violence. Women do experience more forms of violence as part of the complex set of behaviours that constitute violence. In particular psychological violence, including emotional violence, is a very important type of violence that often accompanies physical and/or sexual violence, or is experienced by itself. While we acknowledge its devastating impact on women's lives, in the comparative data presented in this document we have not included psychological violence due to methodological issues around measuring this type of violence in a comparable way.

and inner (12 months prior) circles may have more options that allow them to experience violence less frequently or discontinuously throughout their lives.

Figure 1 Women who experience physical and/or sexual intimate partner violence, 2000–2020



Source: UNFPA, 2020.

Map disclaimer: The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

The impacts of violence permeate beyond emotional and physical trauma to survivors. It can affect their long-term health and well-being, including survivors' educational and earning potential. Further, the burden is experienced across the socio-ecological spectrum, from a family's financial stability through to an economic toll on the health, social services and justice sectors. It can impact women's capacity to care for their family, including children, as well as children's learning abilities. It also increases the likelihood of ongoing cycles of violence both across the lifecycle of girls, adolescents and women as well as across generations. Taken together, VAW is a strain on the whole of society.

1.2. The need for violence against women prevalence data

When countries lack data on the proportion of women who have experienced violence, the burden on them and society as a whole remains a silent one. Studies that were specifically developed to collect prevalence data on VAW across cultures, like the ground-breaking World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women made a practically invisible problem visible and quantifiable. The World Health Organization study - the report of which came out in 2005 - showed that data on VAW could be collected from the population, provided that appropriate techniques and ethical and safety measures were put in place, and support for participants in the studies was available (Garcia-Moreno et al., 2005; Garcia-Moreno et al., 2006; WHO, 2001).

Now, VAW is recognized as a global public policy priority. In 2011, the United Nations Statistical Commission adopted nine standard indicators for measuring VAW. This, with the subsequent adoption by Member States of Target 5.2 of the Sustainable Development Goals - see below - has given rise to a growing call for reliable and comparable VAW prevalence data.



**SUSTAINABLE
DEVELOPMENT GOALS**



**5 GENDER
EQUALITY**

ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Target 5.2

Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

Indicator 5.2.1

Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

Indicator 5.2.2

Proportion of women and girls aged 15 years and older subjected to sexual violence by persons other than an intimate partner in the previous 12 months, by age and place of occurrence.

The 2030 Agenda for Sustainable Development has made monitoring of VAW a must, not a choice.³ Having data at the national level about the prevalence of VAW is the first step to understanding how to end it. Likewise, without responding to the evidence provided by VAW prevalence data, countries cannot achieve the Sustainable Development Goals (SDGs).

Despite growing awareness of the pervasiveness of the problem, as well as causes and consequences of VAW, there are limited high-quality, actionable data on its prevalence. This gap is due to countries' inadequate technical capacities to measure VAW prevalence, meaning they often rely on international experts, of whom there are not enough to meet the current and growing needs. The gap also has to do with lack of resources – both financial and human – to undertake robust national prevalence surveys.

Ethical, reliable and comparable data on VAW prevalence are critical to inform and monitor effective prevention and response efforts tailored to each country and subnational region within them. These data are also integral to a comprehensive approach to ending all forms of violence against women and girls.



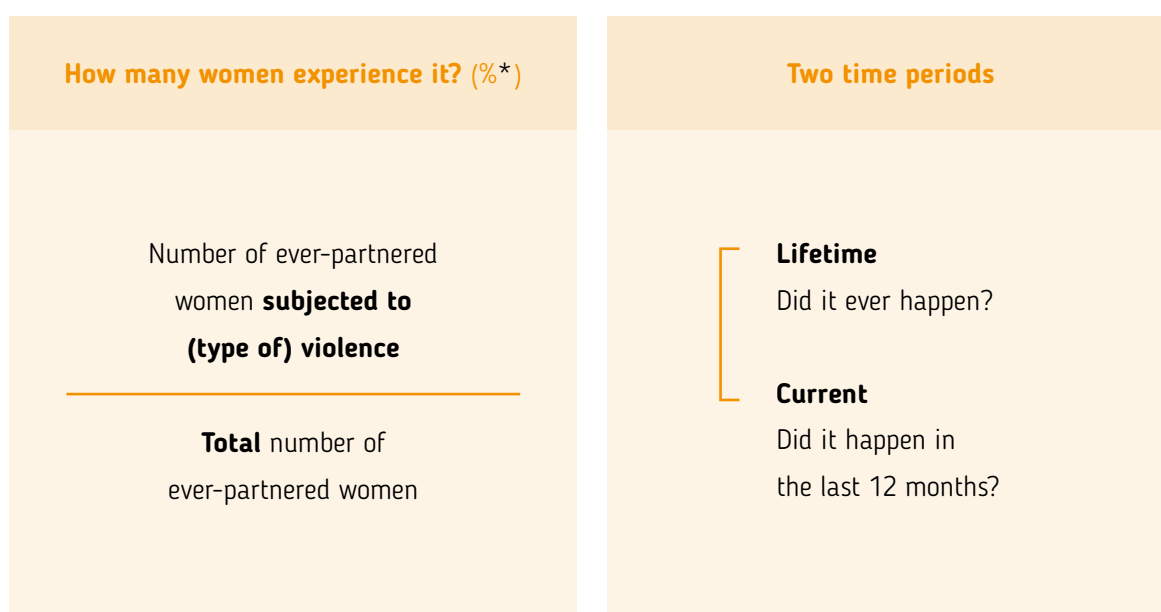
Uzbekistan © UNFPA Eastern Europe & Central Asia / Kamila Yuldasheva

3 <https://www.un.org/sustainabledevelopment/sustainable-development-goals>

1.3. Why population-based prevalence data?

The “prevalence” of VAW refers to the proportion of women who have experienced violence as part of the total population of women at risk. Prevalence estimates of intimate partner violence (IPV) are usually presented as the percentage of women who have ever been in an intimate partnership *and* have experienced violence, among all women in the same age group who have ever been in an intimate partnership, *regardless* of whether they have experienced violence (See Figure 2).

Figure 2 How is violence against women prevalence measured?

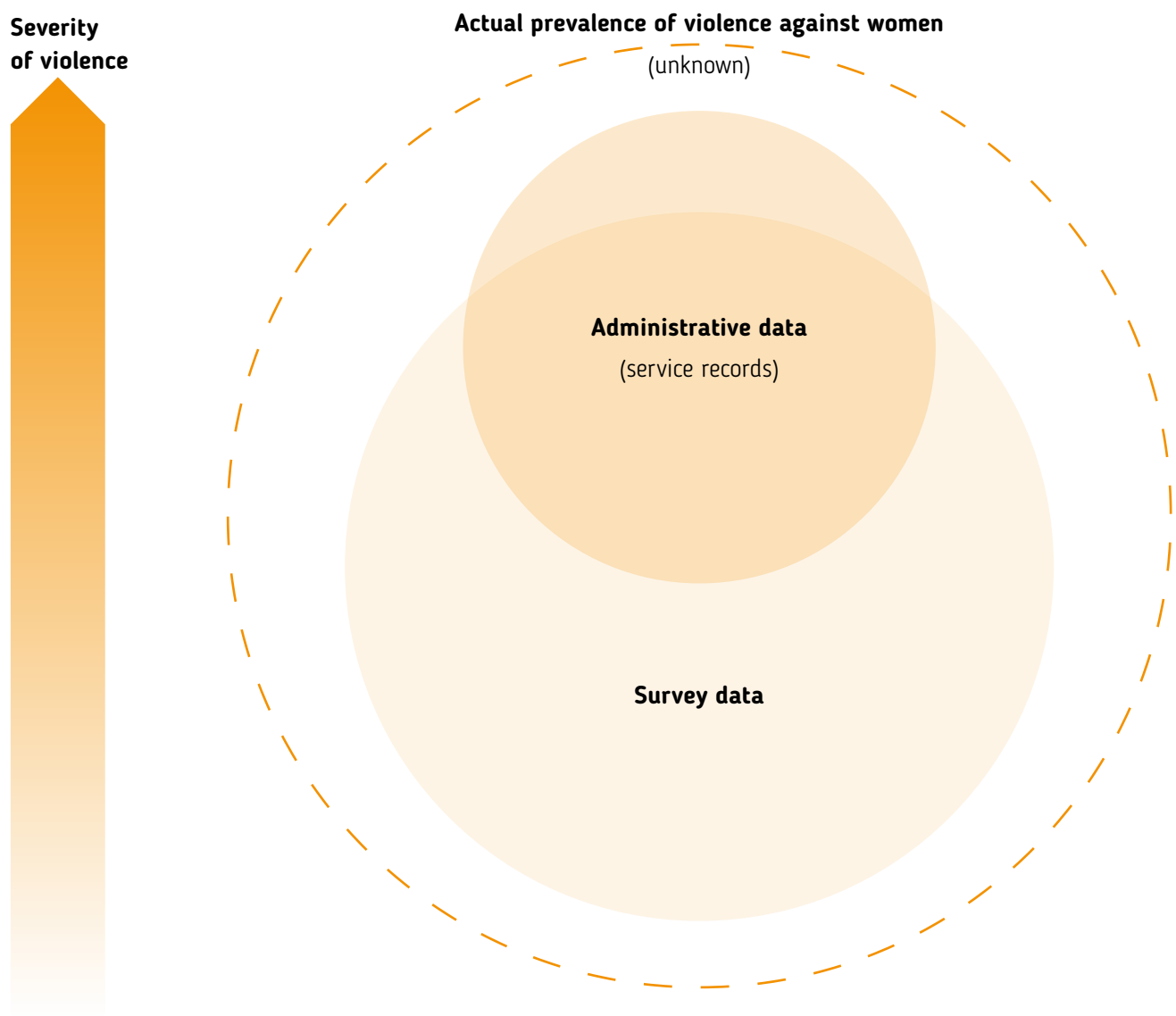


* PROPORTION OR PERCENTAGE OF THE POPULATION OF INTEREST

It should be noted that information and statistics on VAW are available from a variety of sources. Two of the most common categories are administrative data – such as records kept by health and social services, legal aid services and police – and population-based surveys. The only way to measure prevalence is through population-based surveys. Surveys collect data through rigorous methods, sampling from a subset of the population to find out what is happening in the entire population.

It is important to realize that administrative data cannot provide an estimate of the prevalence of VAW taking place within a population. For many reasons – such as stigma, shame, economic and emotional dependence, fear and social barriers or availability of services – most women who experience violence do not seek help at all or only seek it when their situation becomes unbearable. Therefore, the data from these administrative sources – even when properly collected, presented and interpreted – only represent the very tip of the iceberg. This is illustrated in Figure 3.

Figure 3 Administrative data (service records) versus population-based survey data on experience of violence against women: how well do they represent prevalence of violence against women in a population?



Source: Jansen, 2020

1.4. Measuring types of violence in surveys

Surveys are the only way to collect data on the prevalence of VAW and thus to estimate the magnitude of the problem in the population. There are two major approaches to collecting population-based data on VAW using surveys. The first involves “dedicated” surveys specifically designed to gather detailed information on different types of VAW. The second includes a set of questions or a short module on VAW added to a large-scale survey designed to generate information on broader issues, such as poverty, crime or reproductive health (Jansen, 2016).

Women in the surveys should not be asked about rape or violence directly, but they are being asked by specially trained and sensitized interviewers whether their partners had performed specific behavioural acts. Examples of the most commonly used behavioural acts for physical and sexual violence are presented in the list of definitions used in measurement of VAW – in the beginning of this publication – an example of such a question within a structured questionnaire is shown in the example below.

Example of a set of behavioural questions to measure physical partner violence, used in a structured questionnaire in a violence against women survey

		(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 and D. 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?			(D) Did this happen before the past 12 months? If YES: would you say that this has happened once, a few times or many times?			
		Yes	No	Yes	No	One	Few	Many	No	One	Few	Many
705	Has he or any other partner ever...											
	a) Slapped you or thrown something at you that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
	b) Pushed you or shoved you or pulled your hair?	1	2	1	2	1	2	3	0	1	2	3
	c) Hit you with his fist or with something else that could hurt you?	1	2	1	2	1	2	3	0	1	2	3
	d) Kicked you, dragged you or beaten you up?	1	2	1	2	1	2	3	0	1	2	3
	e) Choked or burnt you on purpose?	1	2	1	2	1	2	3	0	1	2	3
	f) Threatened with or actually used a gun, knife or other weapon against you?	1	2	1	2	1	2	3	0	1	2	3

For each act, women are asked if they have ever experienced it at some point in their lifetime and, if so, if they experienced that specific act in the past 12 months. When a woman has experienced at least one of these acts, she is counted as having experienced IPV, which in this publication refers to physical and/or sexual partner violence. We acknowledge that psychological violence can be an even more impactful experience in women’s lives, but in the context of the comparable analysis in Part 2 it is not included.

What makes violence against women data ethical, reliable and comparable?

Intimate partner violence is a phenomenon that is often hidden and stigmatized in societies, so its measurement is sensitive to the technical and soft skills of the interviewers and the context of the interview (Jansen et al., 2004, Jansen, 2017). Undertaking research on violence against women (VAW) can make women more vulnerable if not conducted properly. For example, respondents can be retraumatized or put at risk of more violence because of their participation in a survey. Protecting survey respondents' safety and confidentiality, as well as providing support where needed, is fundamental to ethical data-collection.

Reliability means that the study findings can be reproduced, meaning that the study methodology is able to produce consistent results. This requires the use of well-designed tools that are comparable, tested and validated in different contexts. It also involves adequate and appropriate sampling methods, as well as rigorous and comparable analysis. Above all, quality data depend on research teams and interviewers who have received specialized training on best practice methods to ensure that respondents disclose sensitive information, feel valued and are kept safe.

Given the risk involved, VAW prevalence data and reports must not sit on a shelf but instead should be effectively used to inform programming that stops women from experiencing violence.

Countries equipped with ethical, reliable, national-level data have actionable evidence to end VAW and can also compare their rates of VAW to other countries regionally and globally. Reliable and comparable VAW survey data establish baselines from which countries can monitor change over time, including their progress towards achieving Sustainable Development Goal 5 and SDG indicators 5.2.1 and 5.2.2 on ending violence against women.

1.5. What can violence against women prevalence data tell us?

Surveys of VAW prevalence can yield important insights about issues such as:

- × What proportion of all women have ever or recently experienced violence
- × Where violence occurs in a country
- × Who the perpetrators of violence are
- × What forms of violence women are subjected to
- × How frequently women experience violence
- × How many women experience violence during pregnancy
- × How women's health is impacted by violence
- × How children are affected by violence against their mother
- × How women respond to this violence, including whether they seek help from services
- × What women know about their rights, as well as their attitudes towards violence
- × What the risk and protective factors associated with violence are
- × Whether violence prevalence is changing over time
- × The costs associated with violence.

Making VAW elimination a priority for policymakers and VAW service providers depends on evidence like this.

To achieve appropriate insights concerning these issues, complex analysis is often needed, preferably conducted in standardized robust ways.

Following tabulation, such data will need to be interpreted and understood. Mixed-method studies that combine qualitative and quantitative methods in one study are essential to get an even deeper understanding, and strengthens the interpretation of survey statistics.

Types of data and data-collection methods commonly used in violence against women research

QUANTITATIVE DATA

Quantitative data are data that can be **counted or measured in numerical values** (e.g. how many, how much or how often). Height in feet or metres, age in years and prevalence of violence as proportion of women are examples of quantitative data. In violence against women studies, quantitative data are collected through structured questionnaires used in surveys. Results are generally presented in tables and graphs.

QUALITATIVE DATA

Qualitative data are information that **cannot be counted, measured or easily expressed using numbers**. Qualitative research methods are used in sociology, anthropology, political science, psychology and social work, among others. In violence against women research, such data are generally collected from documents, case studies, in-depth interviews and focus groups, often through audio and video recordings. Results are generally presented as descriptions and conceptual findings.

MIXED-METHODS STUDY

A mixed-methods study **combines quantitative and qualitative data-collection and analysis** in one study. Individually, these approaches can answer different questions, so combining them can provide more in-depth understanding of findings.

The process of analysis, interpretation and use should take place in a participatory process with stakeholders. Results and data should be translated into information that can be communicated, disseminated and used in policies and programmes, including related national budgets and financing decisions.



The [violence against women] prevalence studies conducted in the Pacific have led to changes in legislation. Following the surveys, there has been the development of Family Protection Acts, which have changed the definition of violence in those countries.

Heather Brown

consultant, violence against women programming, Pacific region
2018 kNOwVAWdata course participant



Finding data on violence against women

Those interested in looking into data on violence against women (VAW), conducting secondary analysis or using it for research or policymaking, often need guidance on where to start. There are several options for accessing VAW data and statistics.

Reports that present the methods and findings of a statistical study on the prevalence of VAW are usually quite detailed and provide a good starting point for those seeking to understand and use the data. An online search should lead to any published reports and materials associated with studies done to generate official statistics. Online repositories that provide collections of relevant resources are an effective way to locate data:

- × The UNFPA Asia Pacific kNOwVAWdata web page⁴ and the kNOwVAWdata Knowledge Hub⁵ have collated national reports from studies across Asia and the Pacific, together with valuable guidance and tools for current and future users of VAW statistics.
- × UN Women Global Database on Violence against Women⁶ collates national statistics, together with laws, policies and a wide range of information. The database is easily searchable by country, region or type of resource. It contains nearly 6,000 resources at the time of writing.

Researchers who want to look more closely into the data also have some options. The data custodian – typically the agency that led the study and holds the data on behalf of the country or area – might provide researchers with access to microdata under strict conditions.

4 <https://asiapacific.unfpa.org/en/knowvawdata>

5 <https://knowvawdata.com/knowledge-hub/>

6 <https://evaw-global-database.unwomen.org/en/search>

These conditions are essential to protect the anonymity of the women involved in the study and are an essential part of a safe and ethical approach. Usually, a researcher will need to apply for access to the data, providing their credentials and explaining the reason for their request. For example, the Demographic and Health Survey Program, which has a module on VAW that many countries use to generate prevalence data, provides a range of resources to support more detailed research.⁷

Regional and global databases collate and present data, often providing useful visualizations of rates and trends that support comparison within and between countries. Some valuable resources include:

- × WHO Global Database on the Prevalence of Violence Against Women⁸
- × UNFPA Geospatial Dashboard on Intimate Partner Violence⁹

Those new to VAW data and statistics, or who want to increase their skills, can benefit from a range of guides and training. The kNOwVAWdata resources¹⁰ explain key terminology, survey methods, data sources, indicators and more. The initiative has developed a comprehensive course¹¹ in partnership with the University of Melbourne, which is offered each year and has been developed in both online and face-to-face formats. The course materials¹² can be provided on request for adaptation and use in other settings.

For those wanting to understand, access and use administrative (reported) data on VAW – something quite different to statistics on prevalence – UN Women has published useful global technical guidance¹³ on this topic.

7 <https://dhsprogram.com/data/>

8 <https://srhr.org/vaw-data>

9 <https://www.unfpa.org/geospatial-dashboard-intimate-partner-violence>

10 <https://knowvawdata.com/resources/>

11 <https://knowvawdata.com/course/>

12 <https://asiapacific.unfpa.org/en/resources/use-and-adaptation-knowvawdata-course-curriculum-facilitator-guidebook>

13 <https://www.unwomen.org/en/digital-library/publications/2022/05/global-technical-guidance-for-collection-and-use-of-administrative-data-on-violence-against-women>

1.6. Using violence against women prevalence data for action

Prevalence survey data should be collected with women at the centre and should add value. It is essential that the findings are actionable. Part of conducting ethical research on gender-based violence is meeting the obligation to ensure the findings are understood and put to effective use.



Researchers and donors have an ethical obligation to help ensure that their findings are properly interpreted and used to advance policy and intervention development.

WHO 2001

Such findings can have many purposes: to educate, to advocate, to motivate new and changed legislation and policies, to target programmes, to monitor impact, and to support further research.

The case study that follows in Part 2 of this guide, serves as an example of how prevalence data can be reanalysed and examined for a better understanding of certain forms of gender-based violence to better inform context and culture specific policy.

The following real-life examples of how statistics on VAW have been used serve as further inspiration on the various ways to use data for action.

Purpose 1. Educate and raise awareness

Prevalence data provide evidence that is used to educate and raise awareness about gender-based violence. The data prompt the need for training programmes and are used during training as an education tool.

For example, disaggregated and detailed data reveal that women experiencing violence often tell no one about their experience of violence, and only a small proportion of cases are reported to authorities. Many surveys also provide statistics on reasons why survivors seek help or not, whether they received help and how satisfied they were with any support received. These findings are useful to target education where it is needed, for example, training police officers and other front-line workers.

For decades, the Fiji Women's Crisis Centre has been training police officers to be sensitive to gender-based violence and respond effectively. The data play a role in building an understanding of the types of violence, how many women and girls experience violence and why most experiences are never reported. This helps police officers understand the dynamics of family violence and their role in its elimination.



The Crisis Centre and the Police Force go back a long way. The first time I did training for the police was for the recruits at Nasova in 1986... police are major stakeholders in this work on ending violence against women.

Shamima Ali

Fiji Women's Crisis Centre Coordinator ¹⁴

14 Fiji News. 3 November 2020. 36 officers undergo five-day training with FWCC.
<https://www.fijitimes.com/36-officers-undergo-five-day-training-with-fwcc/>

Purpose 2. Advocate for change

Civil society organizations, particularly those providing support and services to survivors of VAW, typically have a clear understanding of gender-based violence and its impacts on individuals, families and society. In ethically conducted prevalence studies, these organizations play an important role. In countries like Fiji, the Marshall Islands and Vanuatu, they even led the survey. Playing such a role can be ideal as civil society organizations are at the centre of advocating for change and well-placed to use statistics to make their case.

In an interview with the World Bank, Kathryn Relang, former Executive Director of Women United Together Marshall Islands (WUTMI) – the organization that undertook the national prevalence study in the Marshall Islands in 2014 – spoke about the study and its use for advocacy and awareness raising:



...we worked really hard to pass legislation for domestic violence prevention and protection while I was working with WUTMI. We also undertook a national study on violence against women, and along with the passage of the legislation, that was a really big accomplishment. Around the time we were campaigning for the law to change, a woman was brutally murdered by her husband. It was heartbreaking and I think it impacted a lot of people, especially parliament members, which ensured the legislation was passed. But, of course, it also took a lot of education and awareness. A lot of people referred to the legislation as WUTMI's Law because we were leading the campaign on the front lines.¹⁵

Kathryn Relang
former Executive Director of Women United
Together Marshall Islands (WUTMI)

15 <https://www.worldbank.org/en/news/feature/2020/03/08/kathryn-relang>



Bangladesh © UNFPA Asia and the Pacific / Ferdous Alka

Purpose 3. Policies and programmes

In 2018, the Government of New Zealand made sweeping changes to legislation on family violence. This included a new Domestic Violence Victim's Protection Act, legislation that gives any employee affected by domestic violence the right to get paid domestic violence leave or ask for short-term flexible work arrangements due to their experiences with violence.

The law was part of a package of policy action being taken in New Zealand to address high rates of domestic violence. Statistics have been at the heart of this action. Cabinet papers and discussions around formulating the laws were informed by statistics on the rates of family violence and its gendered nature. A publication that explains the changes and the reasons for them starts with "Key Statistics", including that New Zealand has the highest reported rate of IPV in the developed world.¹⁶

16 New Zealand Ministry for Justice: A new Family Violence Act. <https://www.justice.govt.nz/justice-sector-policy/key-initiatives/addressing-family-violence-and-sexual-violence/a-new-family-violence-act/>
Safer Sooner: Strengthening New Zealand's Family Violence Laws.
<https://www.justice.govt.nz/assets/Documents/Publications/safer-sooner-report.pdf>



Embera community, Colombia © UNFPA América Latina y El Caribe / Daniel Baldotto

Purpose 4. Reporting on commitments

The Cook Islands made use of its national survey on VAW in its most recent report to the Committee on the Elimination of Discrimination against Women in 2017. Meeting its obligations to report on its commitment to human rights Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the government's report mentions the important role that the VAW prevalence survey has played and quotes some of the findings. The report also highlights the action being taken to address high rates of violence, including legislative change to ensure the definition of sexual violence includes marital rape.^{17, 18}

17 <https://www.un.org/womenwatch/daw/cedaw/reporting.htm>

18 United Nations Convention on the Elimination of All Forms of Discrimination against Women. 2017. Cook Islands CEDAW/C/COK/2-3. https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=CEDAW/C/COK/2-3&Lang=en



Purpose 5. Research and further analysis

Prevalence data are used as inputs to other research. This could be through secondary analysis of the data, like the case study on marital rape in the Pacific (Part 2 of this guide), by combining the data with other quantitative and qualitative data sources, or through identifying gaps in knowledge that motivate new research.

As an example, the Samoa Family Health and Safety Study has been used by hundreds of researchers since it was first conducted in 2000 and published in 2006. It has been used in explorations of gender dynamics in Samoa, in research on national law and justice systems and to examine attitudes towards violence. There has been research about the measures themselves and data needs in the future.¹⁹

Prevalence surveys provide data at a point in time and remain relevant despite time passing. They provide a perpetual source of information on a topic that is central to sustainable development. This highlights the importance of proper interpretation, wide dissemination and effective communication, so that the survey results remain accessible.

19 <https://scholar.google.com/scholar?hl=en&q=samoa+family+health+and+safety+study>



PART 2.

Case study

patterns of violence against women
in the Pacific and implications
for context-specific policy

The second part of this guide on VAW data-collection and use presents a case study illustrating the value of deeper analysis of national and regional prevalence data beyond the composite indicators as used for the SDGs. Using data from Pacific VAW prevalence studies, we will demonstrate that it is critical to understand what prevalence can and cannot tell us; that for deeper understanding it is essential to further analyse the components that make up overall prevalence, while to the extent possible also using additional relevant (qualitative) data from other sources. The power of such deeper analysis is that it will provide a more nuanced and context-specific description of the problem and its drivers, which makes prevalence data much more useful for the development of relevant and cultural/context-specific policy, and interventions addressing prevention and response.

Short history of measuring and understanding violence against women in the Pacific

- × Studies were done in the Pacific over the last 20 years, using the same methodology and of good quality; this enables comparisons across countries.
- × In 2012, when comparing data for Samoa, the Solomon Islands, Kiribati Tonga, Vanuatu and Fiji we observed subregional differences in patterns for the first time. These remarkable patterns were presented at the Commission on the Status of Women in New York in 2013.
- × In 2014, five more country study reports were published, which resulted in the Pacific being the one region in the world where, at the time, most surveys were done with almost the same method.
- × Since 2015, with the adoption of the SDGs, measuring and monitoring intimate partner violence and sexual violence (as part of Goal 5) have been high on the public agenda, and in 2016–2017 a proposal was initiated for comprehensive comparable analysis of all available Pacific island survey data involving local partners.
- × Around the same time, the opportunity arose to contribute a book chapter to the second volume on Marital Rape by editors M. Gabriela Torres and Kersti Yllö for which the author conducted secondary analysis using existing reports.²⁰ This book chapter on sexual violence in marriage in the Pacific²¹ was written in the context of the kNOwVAWdata Initiative, phase 1.
- × Part 2 of the present publication is adapted from the previously mentioned book chapter as a case study on data interpretation and use, with the purpose to make the content of the book chapter more accessible for gender-based violence practitioners, policymakers, service providers, government and civil society organizations.

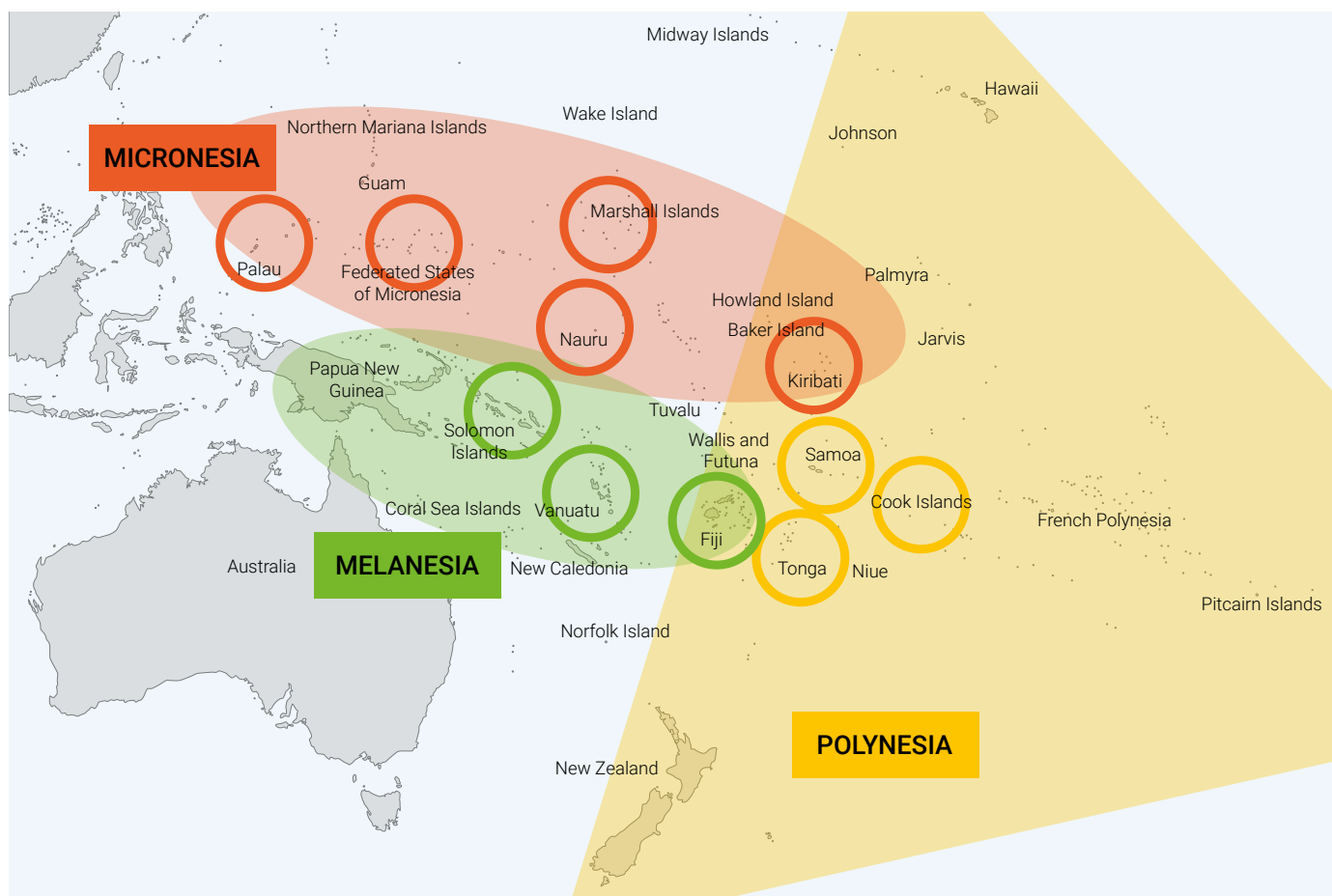
²⁰ With secondary analysis, published data are used and the original microdata are not reanalysed. Therefore, it was not possible to correct for some differences between the older and more recent studies, such as the age ranges of respondents, nor was there much opportunity to engage local researchers in the data analysis to understand their interpretations of findings.

²¹ Jansen, Henrica A.F.M. 2020. "Prevalence and patterns of sexual violence in marriage in the Pacific Region. Quantitative data in cross-cultural comparisons." In *Sexual Violence in Intimacy. Implications for Research and Policy in Global Health*, edited by M. Gabriela Torres, and Kersti Yllö. 173– 199. London and New York: Routledge; Taylor & Francis Group.

2.1. Pacific geographical context

The Pacific region is one of the most expansive regions on the planet, comprising enormous variation in racial, ethnic and linguistic diversity. The Pacific region can be characterized by smallness, remoteness, developing status and a judicial pluralism in which customary and traditional law coexist with formal legal systems. Melanesia, Micronesia and Polynesia are three distinct subregions of the Pacific region, and also part of Oceania. These subregions were divided based on their historical, geographical and cultural similarities (Figure 4 indicates the three subregions and, within the subregions, the island countries included in this analysis).

Figure 4 Subregions of the Pacific islands (indicated with shading) and the countries included in this analysis (indicated with circles).



Map disclaimer: The designations employed and the presentation of the material on the map do not imply the expression of any opinion whatsoever on the part of UNFPA concerning the legal status of any country, territory, city or area or its authorities, or concerning the delimitation of its frontiers or boundaries.

2.2. How did we explore violence and marital rape data in the Pacific?

For this analysis, we use information from the reports of the 11 Pacific island countries that conducted VAW prevalence surveys between 2000 and 2014; these surveys used the methodology developed for the World Health Organization Multi-country Study on Women's Health and Domestic Violence against Women.

Background and Methodology

- × In surveys, intimate partner violence is measured by asking women about behavioural acts representing physical, sexual and emotional violence.
- × Marital rape is rarely looked at as its own phenomenon.
- × The understanding of cultural meaning of marital rape by researchers and by those who experience it is complex: often seen as “not really rape”.
- × Pacific Region is one of the first regions in the world with high coverage of VAW surveys, all conducted with the same methodology (WHO Multi-country Study on Women's Health and Domestic Violence against Women).
- × We explored patterns for 11 individual countries and the three Pacific subregions by analyzing quantitative data from violence against women (VAW) prevalence surveys between 2000 and 2014.



The 11 countries are in Melanesia – Fiji, the Solomon Islands and Vanuatu; in Micronesia – Kiribati, the Republic of Marshall Islands (RMI), the Federated States of Micronesia (FSM), Nauru and Palau; and in Polynesia – the Cook Islands, Samoa and Tonga. See Annex 1 for details on year of study, implementing agency and supporting agency.

As we saw in Part 1, indicators on Intimate Partner Violence and Sexual Violence (including the gender-based violence indicators under SDG Goal 5) are monitored using data from surveys where we measure different types of violence and combine them into composite overall prevalence rates.

Such surveys also produce data on sexual partner violence or marital rape, which is not commonly looked at as its own phenomenon. For our comparative analysis we decided to pay special attention to marital rape.

The concept “rape in marriage” is complex and varies depending on the cultural context and over time. In many contexts and places marital rape is not legally recognized, and marriage is still often seen as permanent, irrevocable consent: once entered into a marriage, any sexual interaction that occurs within that relationship is automatically consensual.

Most of the Pacific island studies used mixed methods and some qualitative testimonials have been included in this publication to reinforce, illustrate or help interpret the quantitative data (see box on page 24).

We will look at the quantitative data using graphs (figures). Within each figure, the data are displayed alphabetically by country name, grouped into subregions Melanesia, Micronesia and Polynesia, with the countries always in the same order. Not all figures include all countries because not all reports contain the same level of detail or analysis.



2.3. Prevalence and patterns of women's experience of violence, by partners and others

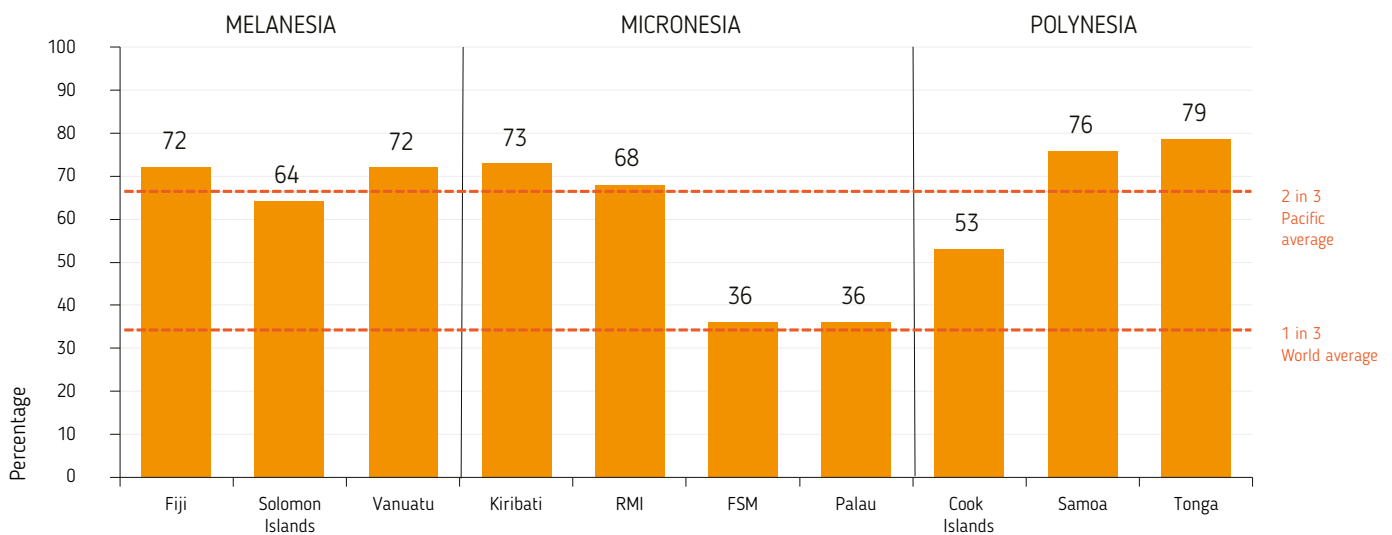
Overall physical and/or sexual violence by partners and others, combined

Reports and documents (e.g. from Amnesty International, donors and others) often mention the alarming levels of VAW or gender-based violence in the Pacific. While many of these reports refer to lifetime IPV, meaning prevalence rates of physical and/or sexual violence by a partner specifically, sometimes the rates combine violence by both partners and non-partners. We will explain how this oversimplifies complex nuances in the patterns of violence.



Figure 5 shows that lifetime prevalence rates of physical and/or sexual violence **by a partner and/or a non-partner** for women in all Pacific countries are above the global average of one in three women experiencing violence. Indeed, 36–79 per cent of women experienced such violence in their lifetime. In most countries, two out of three women reported experience of violence as is shown by the fact that in seven out of 10 countries at least 64 per cent of women reported such violence in their lifetime. The lowest prevalence rates are in Palau and the Federated States of Micronesia, where 36 per cent of women have experienced physical and/or sexual violence by a partner and/or a non-partner in their lifetime.²²

Figure 5 Proportion of women who have experienced physical and/or sexual violence by anyone (i.e., by a partner in lifetime and/or by a non-partner since age 15).



* 15 - 49: Fiji, Kiribati, Tonga, Samoa, Solomon Islands, Vanuatu

** 15 - 64: Cook Islands, FSM, Palau, RMI

While this overall picture shows that the women in all Pacific subregions experience higher than average prevalence rates of physical and/or sexual violence in their lifetime, presenting the data this way – combining partner and non-partner violence – gives **the false impression that women’s experiences in these subregions are rather similar.**

Below we will explore stepwise some of the patterns for subtypes of violence and perpetrators, demonstrating how diverse the subregions are.

²² We need to point out that physical and sexual violence by others than partners in these surveys is measured by asking about violent acts experienced since age 15 (rather than in their entire lifetime). This avoids conflation with other types of violence incurred in childhood, including among children fighting. For comparability with IPV, it also ensures a much better alignment with the reference period that we look at for IPV: most women have not known their intimate partner before age 15.

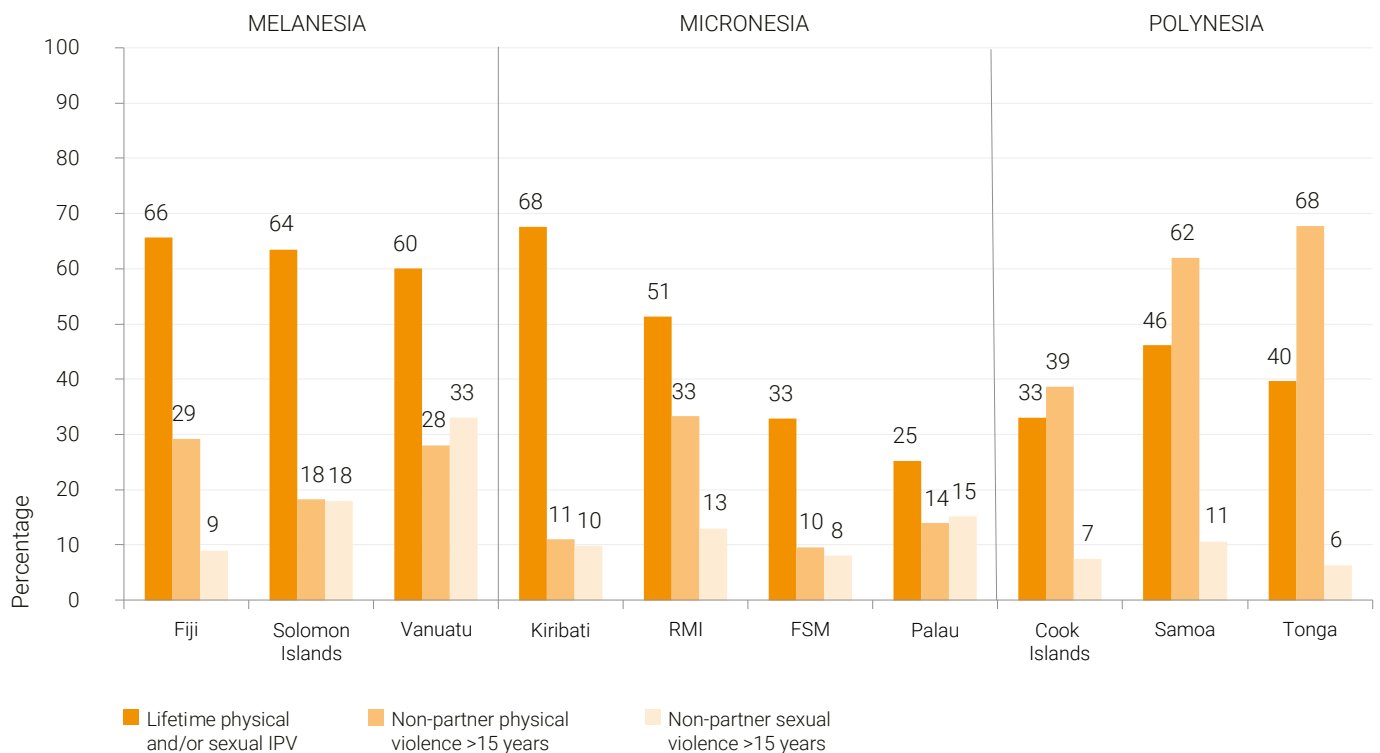
Comparing partner and non-partner violence

We present the same data, but now disaggregated by perpetrators: partners and non-partners.

Comparing the lifetime prevalence rates of physical and/or sexual partner violence with that by non-partners shows striking differences between countries. We also see clusters of certain patterns within subregions. Figure 6 shows these differences and patterns.

Comparing the levels of IPV (Figure 6) shows much more variation than for partner and non-partner violence combined (Figure 5). In the three Melanesian countries, at least 60 per cent of women report IPV, while in the Polynesian countries the prevalence of IPV is 33–46 per cent. The Micronesian region has both the lowest IPV prevalence of all Pacific islands (Palau, 25 per cent) and the highest (Kiribati, 68 per cent).

Figure 6 Comparison of prevalence of different forms of partner and non-partner violence against women.



This breakdown by type of violence and by perpetrator shows that violence by partners and by non-partners is not correlated, and alludes to rather distinct and consistent patterns for each of the subregions: Melanesian women experience extremely high prevalence rates of IPV and relatively high prevalence rates of physical and sexual violence by non-partners. In Micronesia, the prevalence rates of IPV vary but are always higher than any form of non-partner violence, which on average is not as high as in Melanesia. In other words, both Melanesian and Micronesian women are more at risk of violence from their partners than from anybody else. In contrast, women in Polynesian countries are surprisingly more likely to have experienced physical violence by non-partners – often parents, relatives and teachers – than IPV. The latter pattern has rarely been seen anywhere in the world. Rates of sexual violence by non-partners are consistently lower in Polynesia than in the rest of the Pacific.

This initial comparison seems to suggest that VAW in Melanesia – especially because of the high levels of sexual violence – may be particularly deeply rooted in gender inequality. In other words, men feel entitled to women because they own them, or “for fun” or showing women who is boss – typical examples of harmful forms of expressing manhood. In contrast, relatively few women in Polynesia experience sexual violence by non-partners, whereas many experience physical violence by non-partners that possibly could be more disciplinary in nature, with the purpose to “educate” about acceptable behaviours or to correct or punish disobedience. For effective context-specific interventions, it is extremely important to explore and understand these differences in more depth.

As a next step we will unpack IPV into its physical and sexual violence components.



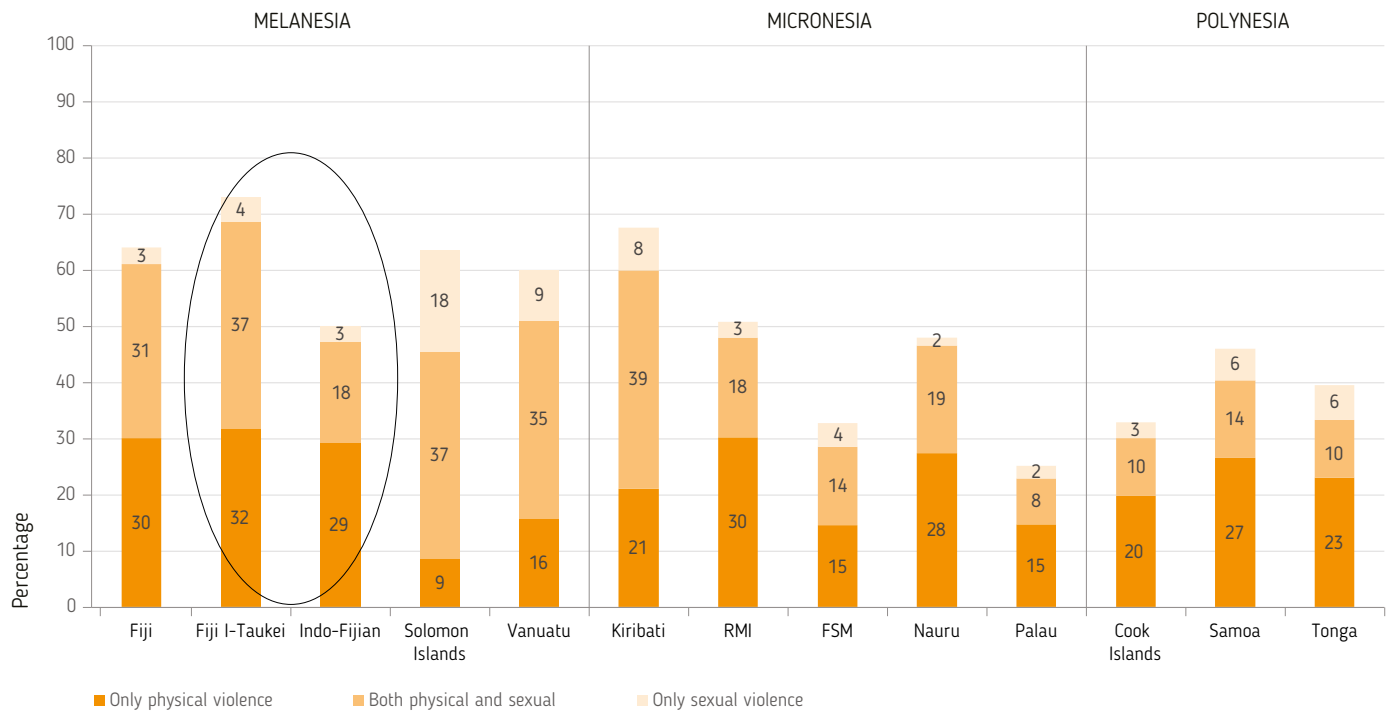
2.4. Marital rape as a component of physical and/or sexual intimate partner violence

To understand the proportion of women who experience marital rape as a component of IPV, we present the lifetime prevalence rates for IPV broken down by experience of only sexual violence, only physical violence and both types of violence (Figure 7). The proportion of the total prevalence of partner violence that includes sexual violence consists of the proportion of those women experiencing only sexual violence and those experiencing both physical and sexual violence combined.

In Polynesia and Micronesia, except for Kiribati and the Federated States of Micronesia, of all women who experienced IPV in their lifetime, less than half experienced sexual violence. In Melanesia, however, most women who experienced IPV in their lifetime were subjected to sexual violence, mostly in combination with physical violence. While it is rather rare for women to experience only sexual violence without also experiencing physical violence, Vanuatu and the Solomon Islands – both in Melanesia – have the highest proportion of women who experience sexual violence only, within the Pacific. These patterns mirror what we saw earlier for sexual and physical violence by non-partners; for Melanesian women, much of the partner violence is sexual while for Polynesian women, sexual violence is a much smaller component of IPV, which is mainly physical. Micronesian countries show a mixture of patterns, with Kiribati women standing out as their experience closely resembles those of Melanesian women.



Figure 7 Proportion of women who experienced only physical, both physical and sexual, and only sexual violence by an intimate partner in their lifetime.



Interestingly, in the national report for Fiji, this information is also disaggregated for the two main ethnic groups (i-Taukei and Indo-Fijian).²³ This strikingly shows that national data can hide very diverse experiences. In Fiji, the i-Taukei (indigenous) women were about 50 per cent more likely to experience physical partner violence than the Indo-Fijian women and twice as likely to experience sexual partner violence (the oval in Figure 7 marks the findings for the two ethnic groups in Fiji). This shows that it is important to understand subnational nuances to develop effective and targeted policies and programmes.

²³ Approximately 60 per cent of Fiji’s population are indigenous people (i-Taukei) and 38 per cent are of Indian descent. Fijian women face high levels of intersectional discrimination. Stereotypes regarding the roles, responsibilities and identities of women, deriving from customary, religious and social values, have a significant impact on the lives of Fijian women, in both Indigenous and Indo-Fijian communities (source: Pacific Women 2018).

2.5. Patterns of marital sexual violence in the Pacific

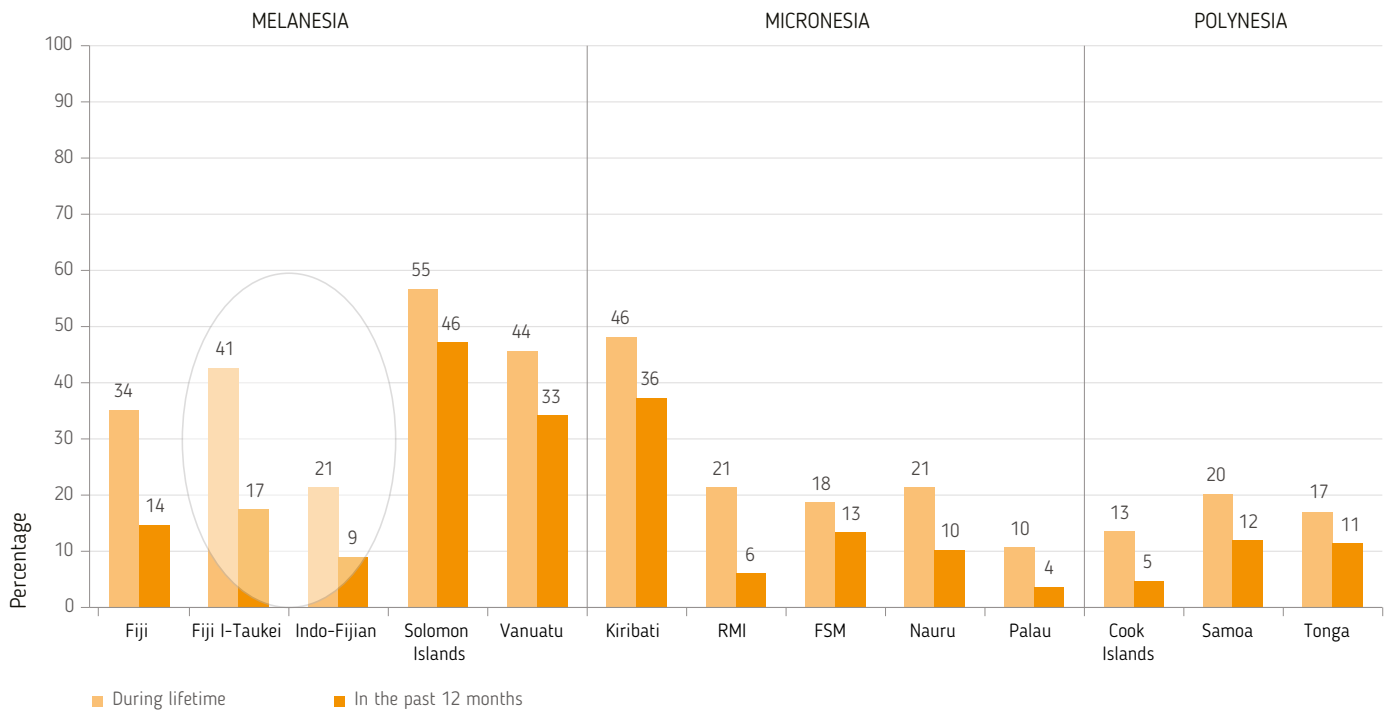
We established consistent subregionally-clustered patterns for the experience of sexual violence by partners and how this parallels sexually violent experiences by non-partners. Moreover, across the Pacific region, in almost every country more women experience sexual partner violence than sexual violence by non-partners in their lifetime except for Nauru and Palau. We will now further explore the patterns of sexual partner violence as its own phenomenon.

Prevalence of sexual intimate partner violence in lifetime and in the last 12 months

Figure 8 shows the prevalence rates for sexual partner violence in lifetime and in the last 12 months. Within the Pacific, the prevalence of sexual violence by an intimate partner is highest in Melanesia: 55 per cent of ever-partnered women in the Solomon Islands experienced sexual partner violence in their lifetime, 44 per cent in Vanuatu, and 34 per cent in Fiji. As mentioned, in Fiji, the i-Taukei women are twice as likely to experience sexual violence (41 per cent) than Indo-Fijian women (21 per cent) in their lifetime; a similar relative difference is also seen for current violence. With the exception of Kiribati, the prevalence of intimate partner sexual violence in Micronesia and Polynesia is much lower, ranging from 10 per cent of ever-partnered women in Palau to 21 per cent in the Republic of Marshall Islands and Nauru.



Figure 8 Proportion of women who experienced sexual partner violence in their lifetime and in the past 12 months.



Remarkably, in the countries where more women experience sexual partner violence in their lifetime, relatively more women also experience current sexual violence (Vanuatu, the Solomon Islands and Kiribati). This suggests that in these countries, once marital rape starts, it continues over many years.





Cook Islands © UNFPA



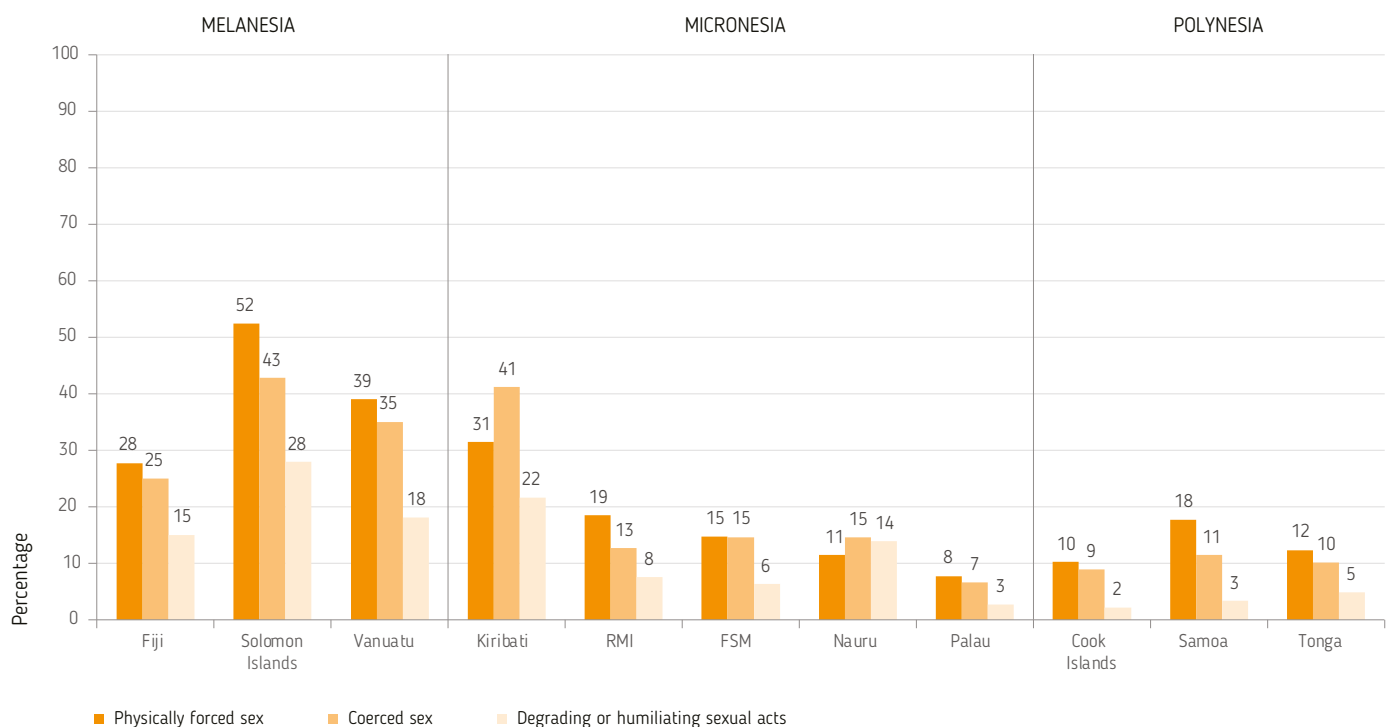
Life with my first husband was never good. I can't remember a good time with him. Once he forced me to have sex with him in front of the children. He didn't care.

Woman in Cook Islands

Patterns of different specific acts of sexual violence by intimate partners

Since overall prevalence rates can hide differences in acts, frequency and severity of violence, we will now explore these more detailed characteristics of sexual violence. As mentioned, intimate partner sexual violence is measured by asking about specific acts, including forced sexual intercourse, coerced sex and being forced to perform degrading or humiliating sexual acts. Across Melanesia and Polynesia, the sexually violent act experienced by most women is (physically) forced sex. In Micronesia, however, coerced sex (sex out of fear) is experienced at similar rates or higher than (physically) forced sex. In countries where the prevalence of sexual violence was generally high (Vanuatu, the Solomon Islands and Kiribati), humiliating or degrading sexual acts were also relatively more common (Figure 9). We see again patterns consistent with our earlier hypothesis that sexual violence is perpetrated in the context of gender inequality and harmful manifestations of masculine behaviour in Melanesian countries, and may have a different meaning to sexual violence in Polynesia and parts of Micronesia. This could further indicate that different harmful gendered and social norms drive sexual violence in Polynesia and parts of Micronesia.

Figure 9 Proportion of women who experienced specific acts of sexual partner violence in their lifetime.



We have also explored the frequency of sexual violence for the countries where this data was available, and found that in countries where marital rape is more prevalent, women experience this violence more frequently, consistent with previously observed patterns (data not shown).

Consent

The notion of consent – which is often used in our modern concepts of rape – is often not helpful when discussing marital rape in the Pacific context, as most women have little choice or few options to refuse sex, as can be seen from these testimonials:



Solomon Islands © UNFPA / Henriette Jansen



My husband is always angry when he sees me putting on something new or even just dressing up. When I came back from town one day, he was waiting for me. He brought a cane knife and started to beat me with it. I tried to protect my face with my hands, and I ended up getting cuts all along my arm, shoulders and hand. I didn't know what to do. The pain was excruciating. After he beat me, he forced himself upon me sexually.

Woman in Tonga



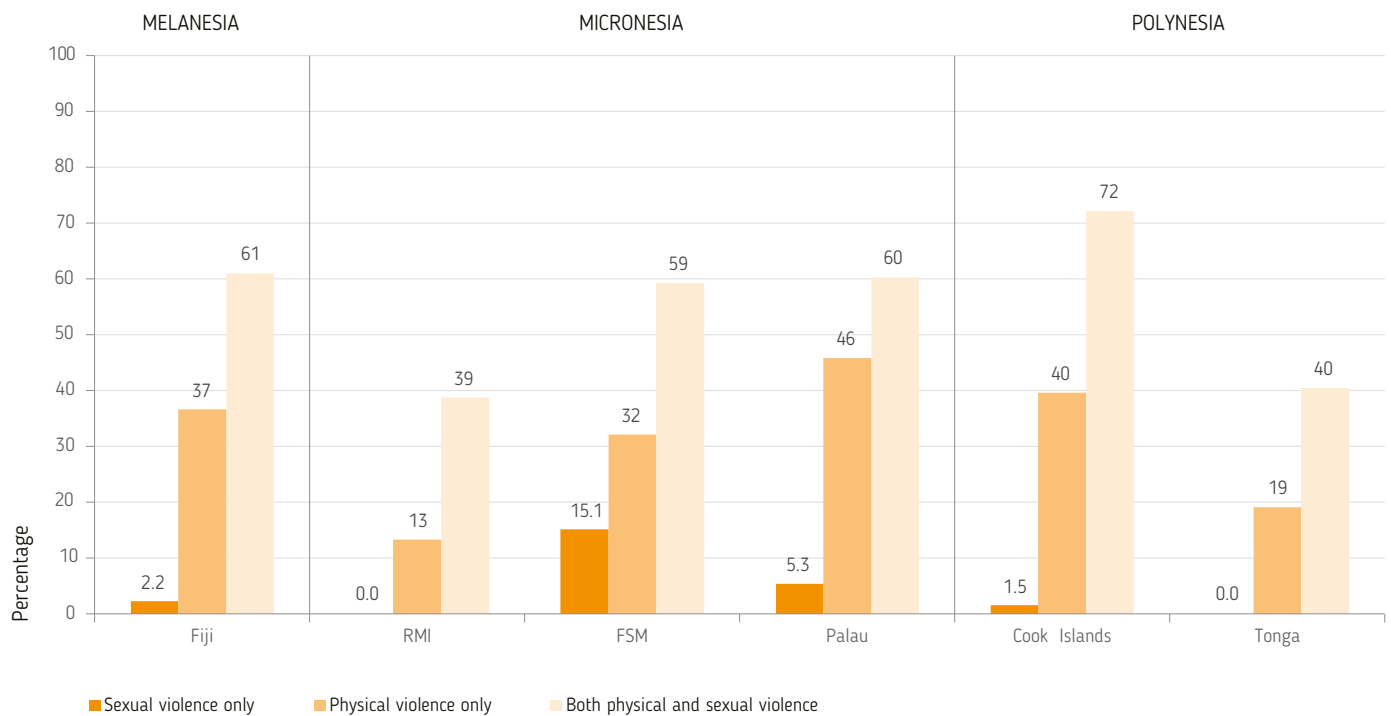
I don't know what's wrong with him because if he came back then he would just bash me, and after he hit me then he would want to have sex with me. Imagine you are a human being, you had just badly beaten a woman then you expect that after you did that, she would be happy?"

Woman in Solomon Islands

2.6. Associations between intimate partner violence and health outcomes

Sexual violence in marriage causes not only individual suffering but also has health impacts, even if the violence is not mentioned or recognized as such. In the Pacific surveys, women who experienced physical and/or sexual partner violence were asked about injuries as a direct consequence of this violence.

Figure 10 Proportion of women reporting injuries as a result of partner violence among women who have experienced physical violence only, sexual violence only, or both types of violence.



Among the women who experienced only sexual violence, injuries were rare. Among women who experienced only physical violence, 13–46 per cent experienced injuries. Among women who experienced both physical and sexual violence, the percentage with injuries was consistently much higher, 39–72 per cent (Figure 10). This is evidence that women who experience both types of violence are much more likely to experience severe forms of violence, as shown by the injuries.

To measure mental health impact, questions on mental health status were asked in the interview before the violence questions. To measure mental health, the SRQ-20 (Self-Reported Questionnaire) was used, which includes a set of 20 questions developed as a screening tool for emotional distress. Each question asked about whether she had experienced a specific problem or symptom in the past four weeks. The SRQ score for an individual consisted of the total of questions answered with “yes” (maximum 20). A higher score indicates more risk for mental health issues.

Associations between violence and mental health were examined by comparing the SRQ score for women with and without partner violence. We extracted health data from the country reports when they were disaggregated for women who reported no violence, experience of physical violence only, sexual violence only and both types of violence. This was available for three countries (Figure 11).

Figure 11 Mean SRQ score among ever partnered women who have never experienced partner violence, and among women who have experienced sexual violence only, physical violence only, or both types of violence.

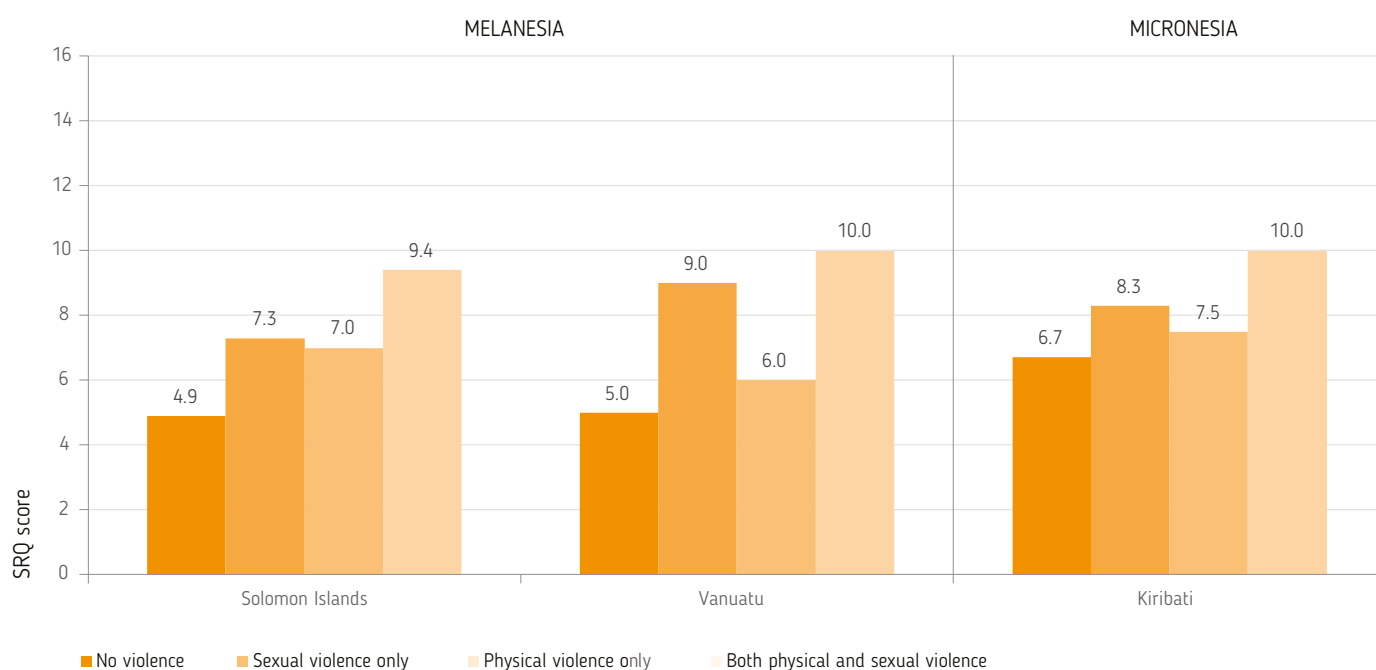


Figure 11 shows that, for these three countries, women who experienced only sexual partner violence consistently suffer from more mental health impacts than women who only experienced physical partner violence, while women who experienced both physical and sexual partner violence have the worst mental health outcomes.

To summarize the findings on associations between sexual violence and health: when women experience both sexual partner violence and physical partner violence, they risk having the most severe physical and mental health outcomes, much more than when physical partner violence or sexual partner violence is experienced alone. Sexual violence is particularly associated with mental health impact, which may not be evident if sexual violence is hidden. The implications are important for targeting health services and other interventions, such as psychosocial support, according to the nature and patterns of violence in each context.

2.7. Discussion, conclusions and final reflections

Discussion

In survey research, IPV is generally quantified as a complex indicator combining different types of partner violence. Marital rape, which is a form of IPV, is rarely examined or understood as its own phenomenon. The conceptualization of marriage and of rape is highly variable depending on the cultural context (Yllö and Torres, 2016). Attempts to measure experiences of marital rape must be sensitive to capturing a wide variety of experiences and understandings.

Even if we do use survey data to consider marital rape in its own right and in the context of IPV – as is done in this case study – the understanding of the relevance or cultural meaning of marital rape by researchers and by those who experience it is complex. This is especially so because of the widely held perception that sexual violence in intimate relationships is not really rape. In many places it is not legally recognized, and many cultures still see a marriage licence as permanent, irrevocable consent: once entered into an established sexual relationship, any/all sexual interaction that occurs within that relationship is automatically consensual and cannot be seen as unlawful (Yllö and Torres, 2016).

Having said that, the Pacific VAW surveys give us a unique chance to explore marital rape in survey data as it is possibly the first region in the world to have a high coverage of VAW surveys, all conducted with the same methodology. This provides an exceptional opportunity to draw comparable quantitative data on sexual violence in marriage from the existing reports. We explored marital sexual violence in the context of the other types of violence, both inside and outside of marriage, that women are experiencing. We also attempted to find a specific effect of marital sexual violence, compared to other partner violence, on negative health outcomes. We explored these patterns for the individual countries and the three Pacific subregions.

Note that we have not presented data on attitudes because the quantitative survey data on attitudes show inconsistent associations with the prevalence of IPV and marital rape. We believe this is not surprising because when measuring attitudes in surveys using structured questions, we may unintentionally be measuring differences in community norms, cultural meaning, normalization, justification and stigma. This challenges the usefulness of attitude data from surveys particularly in cross-cultural comparison, more so when there is no supporting qualitative data.

Strengths and weaknesses of this analysis

- ✘ The strength of this work is that all country studies used a methodology validated by the World Health Organization with the same questionnaire, training methods and quality control. This methodology has been used cross-culturally since the early 2000s and is considered “best practice”. The author was involved in all Pacific island studies in this report.
- ✘ It is imperative to realize that the findings reflect what women and girls were willing to disclose to the interviewers. We know that stigma, shame and comfort to reveal personal experiences differ between contexts and cultures, and over time. We can be sure that the reality of violence is worse than captured in any survey. This is exacerbated by the fact that the nature of a household survey results in exclusion of the most severe cases: those who live in institutions; who fled their violent homes; who are incapacitated, possibly due to results of violence; who are locked up; or those too afraid to open doors. This should be fully recognized when interpreting prevalence data.
- ✘ It should also be noted that in this analysis we have not included other types of violence such as psychological/emotional violence; experiences which have often worse impact on women than physical or sexual violence.



Key findings of this exploration and implications for culturally-specific interventions

This case study reveals immensely fascinating patterns within and between countries and subregions.

It shows that overall composite prevalence rates give a very limited story and even can be misleading. Teasing out quantitative data on IPV and marital rape can make a real contribution to deeper understandings of what is happening in women's lives. The key findings follow:

- × While there is a general notion that women in the Pacific experience high levels of IPV, the analysis shows that similar overall prevalence rates hide widely different underlying patterns of types of violence, severity and frequency; and that across the Pacific, patterns of violence are clustered in the sense that women's experiences within subregions are more similar than between subregions.
- × Melanesian women (the Solomon Islands, Vanuatu and the indigenous women of Fiji), experience relatively high levels of sexual violence, both inside and outside of marriage/partnership.
- × Polynesian women (Samoa, Tonga and the Cook Islands) experience relatively low levels of sexual violence, in a context of high levels of physical violence, both inside and outside marriage.
- × Women in the Micronesian Islands have a more diverse experience of violence and marital rape, falling in between the patterns of Polynesia and Melanesia; in particular, Kiribati presents a pattern that resembles that of Melanesia.
- × The data on associations with health outcomes show that injuries are more strongly related with physical partner violence, and mental health outcomes more with sexual violence. Women who experience sexual violence in combination with physical violence by partners are consistently more likely to suffer severe health outcomes, evidence for the fact that sexual violence amplifies negative health outcomes.

Summary of findings

Patterns of violence are strikingly different by subregion:

- × **Melanesia:** high levels of gendered violence, reflected by high levels of sexual violence and marital rape, which is rooted in gender inequality.
- × **Polynesia:** relatively low levels of sexual violence in a context of high levels of physical violence. The physical violence in Polynesia seems to a large extent disciplinary in nature.
- × **Micronesia:** mixed patterns of violence and marital rape.

The most striking finding from this analysis is the enormous variations in subregional patterns and the nature/meaning of marital rape. The exploration revealed that in Melanesia large proportions of women experienced sexual violence; with data consistently pointing towards its gendered nature: violence as manifestation of gender subordination and entitlement and notions of masculinities tied to male dominance. In contrast, in Polynesia, we found much smaller proportions of women reporting sexual violence in a context of high levels of physical violence, both by partners and non-partners suggesting that the violence is meant as a form of “discipline” or a “correction” for a “just cause”.²⁴ The data suggest that sexual violence within marriage is mirrored in non-partner sexual violence in the same context, which gives a hint towards the framework of cultural conditions that enable such violence and may point to where to invest in programmatic response.

Understanding these patterns has already caused revolutionary changes in how colleagues in the Pacific now communicate and respond to VAW in a way that is context specific, locally relevant and strategic.

²⁴ Whereas, in principle, men disciplining women could be a manifestation of gender subordination, other (quantitative and qualitative) data sources – especially for Polynesian contexts – showed that men and women were both using physical violence to solve conflicts and to chastise each other, regardless of sex and age.

In countries where the rates of sexual violence as part of IPV and non-partner violence are high, policies and interventions could consider addressing this through sexual and reproductive health services for women, including rape care, while prevention interventions should focus on gender equality and changing gender norms. In contrast, in countries where non-partner violence and IPV are mainly physical and disciplinary in nature it will be more relevant to have policies and interventions against physical punishments in schools and at home, while prevention could be addressed through norm-changing interventions engaging both men and women. Additional evidence can help inform further interventions, e.g. in contexts where poverty stress triggers conflicts in households, poverty reduction strategies could be considered to alleviate some of the physical violence triggered by poverty stress.

In this context, the data from Fiji is thought-provoking because the two main ethnic groups present very different patterns of violence, but this variation gets lost in the country's national indicators. This shows how important it is to look at disaggregations and intersections to understand local meaning and properly inform policies and interventions.

As already hinted to above, the findings also have implications for health services. For example, if women with severe outcomes are screened for domestic violence, the experience of marital rape, which is more hidden, should be part of the screening. This will be especially relevant in the subregions and countries with high levels of IPV and marital rape: Melanesia and Kiribati.

The comparative exploration in this case study generated new insights and analysis, which motivated and still motivates more interest and engagement to direct the design of more nuanced, targeted and truly context-specific interventions to respond to and prevent violence. It cannot be understated that the Pacific VAW prevalence studies – including through the participatory and collaborative way they were implemented involving relevant stakeholders – already revolutionized responses to violence against women and girls across the region, among others leading to the proliferation of legislative reform and donor investment.

Final reflections on what quantitative and qualitative data can teach us on marital rape

In this case study, which is meant to advance our understanding of IPV and marital rape in the Pacific, we used high-quality, comparable survey data, and the evidence that can be derived from these data.

Quantitative data are very powerful and meaningful and have effectively influenced policies and programmes in this age of evidence-based policy developments. “Counting makes visible” is what we hear constantly. While quantitative data can advance our understanding of the magnitude and patterns of VAW, including sexual violence in marriage, they are not the panacea, and it is notoriously difficult to collect this sensitive information.

At the same time, international organizations, donors and global agendas with quantitative indicators require quantitative data. This dichotomy puts the organizations that are both trying to meet the needs of women, but also see the risk and limitations of these recent tendencies, in a tight spot. The reliance on, for example, precise prevalence rates is not always justified or helpful. As we have seen, they can hide a diverse reality. While it is important to help organizations collect and use data, we should also push the conversation around what the data can and cannot tell us. One of the stories data can never tell us is women’s lived experiences; to truly understand this, we need to include mixed methods, and we need to involve anthropologists. Data are not only quantitative, they are also qualitative.

Therefore, we must advocate and constantly remind ourselves and others that quantitative data, indicators, measurements and standards cannot be equated with objective realities. Marital rape is an undisputed reality, but with different indicators, operational definitions and methods we will find different numbers for the same reality, and similar numbers for different realities for that matter, as we saw in the case study. Indicators and operational definitions are at least in part the result of “political” and practical choices, negotiations and social practices.

Qualitative, ethnographic data could and should leverage their affective power as well as the ability to describe local reality or lived experience in a way that mitigates their inability to represent a population.

If we use qualitative data hand-in-hand with quantitative survey data, we can gain a much broader understanding of issues at stake and will be much better able to develop evidence-based, culturally-specific interventions.

ANNEX 1.**Violence against
women prevalence
surveys in the
Pacific region
conducted with
the World Health
Organization
methodology**

Country	Year	Implementing agency	Supporting agency	Reference (report)
MELANESIA				
FIJI	2010	Fiji Women's Crisis Centre	Australian Department of Foreign Affairs and Trade (DFAT)	Fiji Women's Crisis Centre (2013)
SOLOMON ISLANDS	2008	Government (National Statistics Office)	Secretariat of the Pacific Community (SPC), UNFPA, DFAT	Secretariat of the Pacific Community (2009)
VANUATU	2011	Vanuatu Women's Centre, Vanuatu National Statistics Office	DFAT, New Zealand Aid	Vanuatu Women's Centre, and Vanuatu National Statistics Office (2011)
MICRONESIA				
KIRIBATI	2008	Government (Ministry of Internal and Social Affairs)	SPC, UNFPA, DFAT	Secretariat of the Pacific Community (2010)
MARSHALL ISLANDS, REPUBLIC OF	2012	Government (Ministry of Internal Affairs)	UNFPA, DFAT	Republic of Marshall Islands Ministry of Internal Affairs (2014)
MICRONESIA, FEDERATED STATES OF	2014	Government (Department of Health and Social Affairs)	UNFPA, DFAT	The Federated States of Micronesia Department of Health and Social Affairs (2014)
NAURU	2013	Government (Ministry of Home Affairs)	UNFPA, DFAT	Nauru Ministry of Home Affairs (2014)
PALAU	2013	Government (Ministry of Health)	UNFPA, DFAT	Palau Ministry of Health (2014)
POLYNESIA				
COOK ISLANDS	2012	Government (Te Marae Ora/Ministry of Health)	UNFPA, DFAT	Te Marae Ora/Ministry of Health, Cook Islands (2014)
SAMOA	2000	Government (Ministry of Women Affairs)	SPC, UNFPA, WHO	Garcia-Moreno et al. (2005)
TONGA	2009	Ma'a Fafine mo e Famili Inc.	DFAT	Ma'a Fafine mo e Famili (2012)

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