

# SOMEBODY'S LIFE, EVERYBODY'S BUSINESS!



National Research on Women's Health and Life Experiences in Fiji (2010/2011):  
A survey exploring the prevalence, incidence and attitudes to intimate partner  
violence in Fiji.



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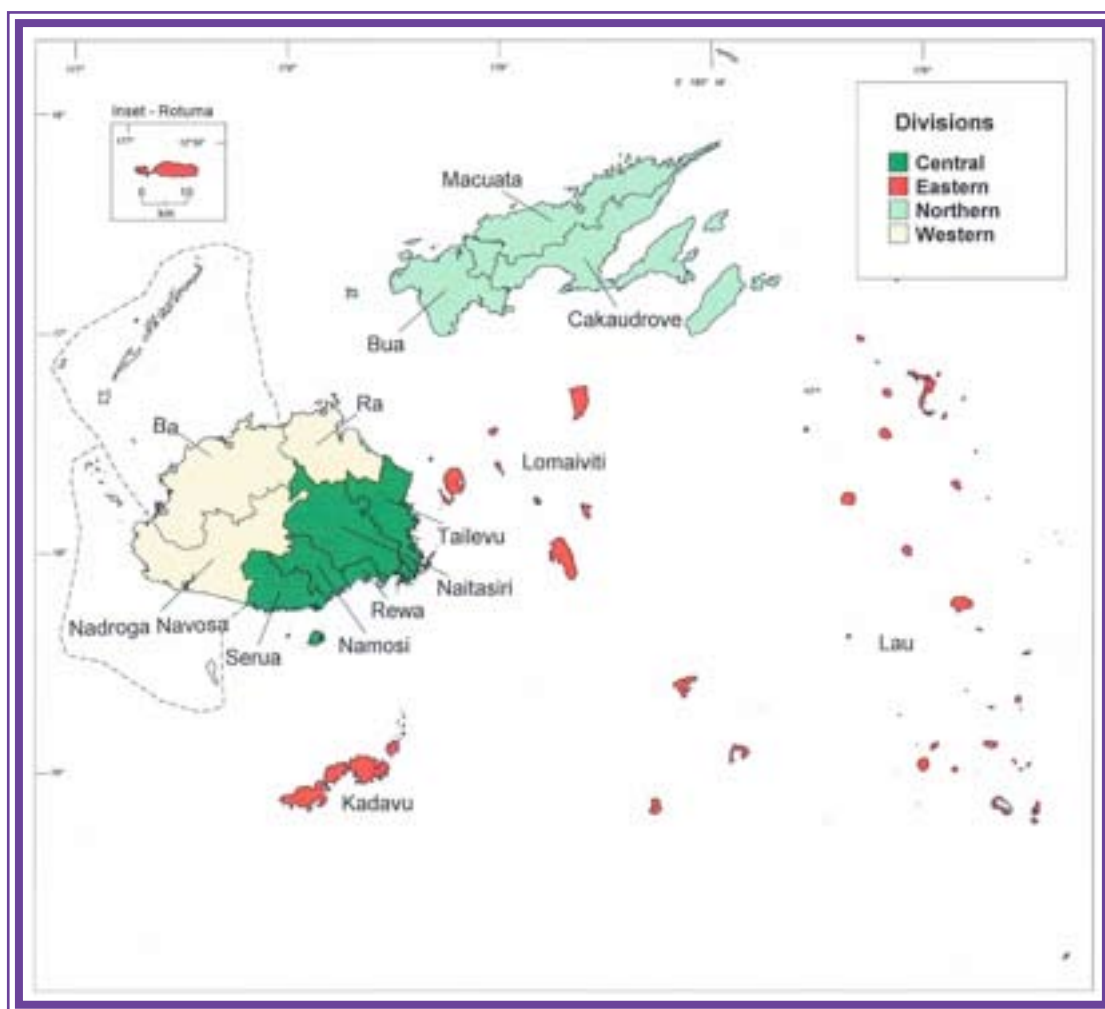
Shamima Ali  
Coordinator,  
Fiji Women's Crisis Centre



## *Map of Fiji*

### **Divisions & Provinces**

map showing divisional and provincial boundaries



# Abbreviations

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ADB	Asian Development Bank
AOG	Assemblies of God Church
ABC	Australian Broadcasting Corporation
AusAID	Australian Agency for International Development (integrated into the Australian CSW Commission on the Status of Women (United Nations))
DEVAW	United Nations Declaration on the Elimination of Violence Against Women
DVRO	Domestic Violence Restraining Order
EVAW	Elimination of violence against women
FBOS	Fiji Islands Bureau of Statistics
FWCC	Fiji Women's Crisis Centre
FWRM	Fiji Women's Rights Movement
ILO	International Labour Organization
MDGs	Millennium Development Goals
MOH	Fiji Islands Ministry of Health
MOW	Fiji Islands Ministry of Women
N	Number (refers to the denominator in statistical tables)
P value	A measure of statistical significance (see Annex 6)
RRRT	Regional Rights Resource Team of the SPC
SRQ-20	Self reporting questionnaire (a tool used to assess emotional distress, see WHO 1994)
SDA	Seventh Day Adventist Church
SES	Socio-economic status (in this report, this refers to 3 clusters based on an assets index, see Annex 4)
SPC	Secretariat of the Pacific Community
UN	United Nations
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USP	University of the South Pacific
VWC	Vanuatu Women's Centre
WHO	World Health Organisation

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# Executive Summary





This report presents findings from a national survey on violence against women and girls conducted by the Fiji Women's Crisis Centre (FWCC). The survey was undertaken in cooperation with the Fiji Islands Bureau of Statistics in 2011. It provides reliable data on the prevalence of physical, sexual, emotional and economic violence against women by husbands/intimate partners, and on physical and sexual assault of women and girls by others (non-partners), including rape, attempted rape and child sexual assault. It provides detailed information on the impacts of men's violence, including on women's physical, mental and reproductive health, women's work and ability to earn an income, their participation in organisations, and the short-term and long-term effects on children. It also provides data on women's attitudes to gender based violence and women's human rights, how women cope with violence, and the risk factors associated with gender based violence.

## Methodology

FWCC replicated the survey approach developed by the World Health Organisation (WHO) for its *Multi-country Study on Women's Health and Domestic Violence Against Women* (Chapter 2 and Annex 2). The WHO questionnaire is a well-tested and validated instrument, based on extensive learning about ethical research on violence against women. The WHO methodology has been used in several other Pacific countries including Samoa, the Solomon Islands, Kiribati, Vanuatu and Tonga. Studies using the WHO approach are currently underway in several other countries including Nauru, the Federated States of Micronesia, Marshall Islands, Cook Islands, and Palau. The use of the WHO methodology has been recommended in order to enhance credibility, comparability and the sharing of experience and expertise in the region.

Technical assistance was provided by the Fiji Islands Bureau of Statistics (FBOS), including the design of the survey sample, training of interviewers and data processors, and monitoring of data processing. Random sampling techniques were used to select rural and urban enumeration areas in each Division, and to select households in each enumeration area. The sample was nationally representative and included enumeration areas from all provinces and major islands in each of Fiji's 4 Divisions. In each household, one woman was randomly selected to be interviewed, among all the women living in the household aged between 18 and 64.

The total number of households included in the sample was 3538. From these, 3389 household interviews were completed and 3193 interviews with individual women. This is a very high response rate. All members of the research team received 3 weeks training before the survey. WHO ethical and safety guidelines and quality control procedures were followed throughout the design and implementation of the study.

## Summary of findings

### Prevalence and nature of violence against women and girls

#### ***Violence by husbands and partners***

Fiji's rates of violence against women and girls are among the very highest in the world: 64% of women who have ever been in an intimate relationship have experienced physical and/or sexual violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today. This includes 61% who were physically attacked and 34% who were sexually abused in their lifetime. Rates of emotional abuse are also high: 58% of ever-partnered women experienced emotional violence in their lifetime, and 29% in the previous 12 months before the survey. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many suffered from all 3 forms of abuse simultaneously (see Chapter 4).



In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to 4 or more types of control. For example, 39% of women (2 in 5) have to ask permission from their husbands before seeking health care for themselves and for 57% their husband or partner insists on knowing where they are at all times. Women living with intimate partner violence are also subjected to economic abuse: more than 1 in 4 ever-partnered women (28%) had husbands/partners who either took their savings or refused to give them money.

Some individuals, organisations and sections of the media continue to trivialise the problem and many people in Fiji believe that violence happens rarely, or that it is minor. These myths are exploded by the findings in this report, which describe a terrible reality for many women living with violence. This includes severe and repeated attacks akin to torture, coupled with humiliating emotional abuse and high levels of coercive control. The high proportion of women who have experienced very severe physical attacks is alarming: 44% or more than 2 in 5 ever-partnered women have been punched, kicked, dragged, beaten up, choked, burned, threatened with a weapon, or actually had a weapon used against them.

Fiji has an image of itself as a society that values family, children and community. Yet 15% of women have been beaten during pregnancy, and one-third of these were punched or kicked in the abdomen by their husband or partner. The global prevalence for physical and/or sexual intimate partner violence over a woman's lifetime is 30%, compared with 64% in Fiji.

The complex web of control, intimidation, humiliation and multiple forms of violence needs to be recognised by all service providers who aim to prevent violence and assist women living with violence. Coercive control by husbands and partners prevents women and girls from finding out about their legal and human rights and the services available to help them. It prevents them from reporting the violence to authorities and getting the help they need from health services and other agencies for their injuries and trauma. It also prevents women from telling their family and friends about the violence.

### ***Physical and sexual violence against women and girls by non-partners***

There are also high rates of non-partner violence against women and girls: overall, 31% were subjected to physical and/or sexual assault since the age of 15 by someone other than their husbands and partners. This includes 27% who were physically abused and 9% who were sexually abused. Among those who were sexually abused, 3.5% were raped and 6.8% were attempted rapes; some women have suffered from both rape and attempted rape since age 15. However the most prevalent form of sexual violence is child sexual abuse: 16% of all women were sexually abused when they were children under the age of 15 (see Chapter 5).

The majority of perpetrators of rape, attempted rape and child sexual assault were people known by their victims. The largest groups of perpetrators are male family members, boyfriends and male friends of the family. For those sexually abused over the age of 15, about 1 in 3 (30%-36%) were subjected to multiple attacks; for child sexual assault 2 in 5 (41%) were repeatedly abused. The majority of girls subjected to child sexual assault (95%) had one perpetrator, whereas 1 in 3 of those sexually abused over the age of 15 had more than one attacker (32% of those raped and 39% for attempted rapes). For physical assault over the age of 15, the major perpetrators were male family members and teachers, followed by female family members.

For 29% of women, their first sexual experience was either forced or coerced, including 5% who were forced and 24% who were coerced. All the findings on sexual assault are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will also be subjected to intimate partner violence. Overall, 71% of women were subjected to physical and/or sexual violence by anyone in their lifetime – including partners and/or non-partners.

**How women cope with the violence**

Women show enormous resilience and strength in the face of repeated and serious violence and abuse. The findings demonstrate that they try to cope with the violence themselves before telling anyone about it. Only about half of the women living with violence (53%) have ever told anyone about it; when they do tell someone, they usually turn first to family members or friends. Forty percent (40%) of women who experienced violence have left home temporarily at least once due to the violence, but many have not disclosed the true reason for leaving. Only 24% have ever gone to an agency or formal authority for help, and the police and health services are usually the first agencies that women go to (see Chapter 10).

Given these findings, it is not surprising that almost 3 in 5 women (58%) believe that people outside the family should not intervene if a man mistreats his wife. These entrenched community attitudes are a serious disincentive to women disclosing violence and taking steps to deal with it (see Chapter 6).

When women do take the very difficult step of asking for help or leaving home, the evidence shows that the majority do so because the violence is extremely serious, they cannot endure any more, or because they are badly injured (see Chapter 10). Service-providers, traditional and church leaders, families and friends need to take note of these findings by not condoning, excusing or tolerating the violence. When women do ask for help or leave home, it means that the problem has reached crisis point. Requests for help need to be taken seriously; service-providers, families and friends need to respond appropriately to ensure that women's rights, health, access to resources and life are protected.

**Health, social and economic impacts of violence against women and girls**

The findings demonstrate costly impacts from Fiji's very high levels of violence against women and girls. These include:

- severe short-term and long-term impacts on the physical, reproductive and mental health of individual women (see Chapter 7);
- short-term and long-term impacts on children (see Chapter 8); and
- economic and social costs to families, communities and the nation (see Chapters 7-11).

Intimate partner violence against women imposes a high burden of injury on women and the economy: 43 women are injured, 1 is permanently disabled, and 71 lose consciousness every day in Fiji; 16 women are injured badly enough every day to need health care. However, the findings also show that women under-estimate the impacts of violence on their health and well-being (an important coping strategy for many women); only about 1 in 10 tell a health worker the true cause of their injury, and many do not get the health care they need.

With 30% of ever-partnered women injured due to domestic violence in their lifetime, and a significantly increased risk of emotional distress symptoms including suicidal thoughts and actions, domestic violence is undoubtedly one of the biggest risks to women's physical health and mental well-being in Fiji. Injuries and emotional distress have a severe impact on women's physical health, their ability to care for their families, earn an income, and engage in social and economic development. The findings also show that women living with domestic violence have higher rates of miscarriage and an increased likelihood of unwanted pregnancies, which also brings damaging health impacts and social and economic costs to the community.



Domestic violence has negative impacts on children's emotional well-being; it is associated with increased aggressive behaviour in some children, and increased timidity and social withdrawal in others. Children whose mothers are subjected to intimate partner violence are significantly more likely to fail or repeat at school. These impacts affect both boys and girls; they reduce their life opportunities and pre-dispose them to the risk of violence in their own intimate relationships in adult life, as either perpetrators or survivors. These findings have highlighted the fact that children need emotional support to address the range of emotional and behavioural problems that they experience due to violence perpetrated against their mothers. Most importantly, they need the violence to stop.

A range of economic and social costs of domestic violence have been highlighted by the survey findings. Direct costs to the health system are substantial, even though many women do not receive the health care they need for their injuries. High levels of control by men over women's mobility and access to employment reduces women's ability to earn income and provide for themselves and their families, and thus results in direct and indirect costs to families and communities. There are significant and ongoing lost opportunities for social and economic development due to men placing restrictions on women's participation in organisations and meetings, their disruptions to women's work, the long-term behavioural and educational impacts on children, and enormous costs due to lost productivity as a result of injury, disability and emotional distress.

Men's control over women's access to health care is pernicious and exacerbates health problems for both women and children. It increases the long-term costs of providing treatment, as opposed to early intervention in preventative health care.

#### **Gender inequality: causes, attitudes and risk factors**

The findings describe patterns of extreme gender inequality in Fiji: patterns of physical, sexual and emotional abuse coupled with coercive control, with men imposing power over women in a range of damaging ways, including by intimidation and threats. In addition, many women agree with statements that undermine or negate women's rights, and 43% agree with one or more "justifications" for a man to beat his wife. Sixty percent of women (60%) agree that "a good wife obeys her husband even if she disagrees", 55% believe that "it is important for a man to show his wife/partner who is the boss", 53% do not agree that woman has the right to choose her own friends, and 33% believe that a wife is obliged to provide sex, even if she doesn't feel like it (see Chapter 6).

The most common situations mentioned by women where violence occurs include jealousy by her husband, her disobedience, and his desire to show he is the boss, in addition to drunkenness. Women subjected to intimate partner violence are significantly more likely to agree with statements that negate women's human rights, and with a range of "justifications" for violence by husbands and partners. This is a common finding in other studies and indicates strongly that unequal gender norms and power relations are reinforced by women as well as men.

The high rates of both partner and non-partner abuse show that the use of violence as a form of punishment and discipline is accepted within many families and communities. Women themselves minimise the impact of the violence on their health and well-being; many even say that they have not sought help because the violence was "normal" (see Chapter 10). All these findings demonstrate that a tolerance for men's violence against women and unequal gender power relations remain entrenched in social norms, and in the belief systems of some women.



On the positive side, most women have a strong sense of sexual autonomy and 57% do not agree with any reasons for physical violence by a husband/partner. Overall, the more education a woman has, the more likely she is to agree with statements that support equal gender power relations and women's human rights. However there is an exception to this generalisation: tertiary educated women are less likely to agree that people outside the family should intervene if a man mistreats his wife, compared with secondary and primary school graduates (see Chapter 6). Moreover, these attitudes do not protect them from experiencing violence today (see Chapter 4).

Several findings also demonstrate clearly that men's violence against women is learned behaviour. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality by both women and men. Risk factors that increase women's likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence. Most factors in the background of husbands/partners are related to the social construction of masculinity, such as having multiple sexual relationships and fighting with other men; being regularly beaten as a child and frequent alcohol abuse are also key risk factors. The main risk factors in the women's background relate to acts of sexual abuse or coercion that she has already suffered, and a history of inter-generational violence (see Chapter 11).

### **Differences in prevalence and help-seeking behaviour**

All forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women's mobility. The lifetime prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world.

All forms of partner and non-partner violence against women and girls are very high compared with global averages among all groups, regardless of ethnicity, religion, location, education levels and socio-economic cluster. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women (but nevertheless considerably higher than global prevalence), and substantially higher for both i-Taukei women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions. Seventy-two percent (72%) of i-Taukei women experienced physical and/or sexual violence by a husband or partner in their lifetime, compared with the national prevalence of 64%; 65% of i-Taukei women have experienced emotional violence compared with a national rate of 58%, and they have a higher prevalence of all forms of coercive control by husbands.

These same patterns and differences in prevalence are also found for violence during pregnancy, with 18% of i-Taukei having been attacked while pregnant compared with 11% for women from the Indo-Fijian community and a national rate of 15%. I-Taukei women have a higher prevalence of the most severe forms of physical violence (55% compared with a national rate of 44%); consequently, i-Taukei women and those from the Eastern Division also have much higher rates of injury.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than i-Taukei women. Indo-Fijian women were more likely to ask for help from the police and courts, and to seek legal advice, social welfare services and assistance from FWCC or its Branches. In contrast, i-Taukei women were more likely to seek help from a hospital or health centre or a religious leader. I-Taukei women were less likely to tell immediate family members about the violence, and more likely to tell aunts, uncles and friends, compared with Indo-Fijian women who were more likely to tell immediate family members (such as parents and siblings).



## **Implications and recommendations**

Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Entrenched social norms and mind-sets about women's roles and status need to be challenged and changed to prevent violence; changes in attitudes, behaviours and institutional practices are also essential to respond effectively to this widespread problem. Concerted action is needed by all stakeholders, and these actions need to be well-informed by an understanding of the problem, its scope and causes.

Although the survey findings reinforce the scale of the problem and the need for long-term commitments to address it, they also provide evidence that attitudes are changing. Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights.

The findings from this survey have implications for all stakeholders engaged in efforts to eliminate violence in Fiji, and particularly those who provide services to women, girls and boys who have experienced violence in their families or other contexts. Although substantial progress has been made by FWCC and others to prevent and respond to men's violence against women, long-term and innovative efforts will be needed to reduce prevalence, particularly among those women who are currently most at risk.

While FWCC's strategies have been effective, the findings highlight the need for increased focus in key areas, and for ongoing efforts to promote women's human rights and gender equality and to reduce the tolerance of violence within the community. The recommendations listed below are based on: the evidence documented in this report; FWCC's experience in trialling, implementing and evaluating strategies over the past 28 years; and the deliberations and resolutions from the Sixth Pacific Regional Meeting on Violence Against Women and Girls in 2012.

### **Prevention**

Being young is a key risk factor for violence. The findings show that violence begins very early in relationships, that younger women are more likely to experience intimate partner violence, and that younger men are more likely to perpetrate it. The missed potential of the formal education system at preventing violence and changing attitudes has been a consistent theme through several findings discussed in this report (see Chapters 4-6).

A family history of violence significantly increases the risk that girls will suffer from violence as adults; men are more likely to become perpetrators if they are beaten regularly during their childhood (see Chapter 11). This evidence underscores the importance of responding appropriately to violence whenever and wherever it occurs. Service delivery for women living with violence is usually categorised nowadays as an intervention focused on response rather than prevention.



The findings show clearly that helping women to take steps to stop the violence is imperative to prevent violence in future generations of young women and men. Preventing violence towards boys and girls at home and at school is also essential to prevent young men from learning and repeating these damaging behaviours. Rights-based and integrated approaches that encompass both prevention and response are essential to eliminate and circumvent violence before the behaviour is repeated by future generations.

There is strong evidence that men's power over women has to be challenged to increase the effectiveness of prevention efforts. The intense web of coercive control and the damaging impacts of emotional abuse also need to be acknowledged and addressed by stakeholders seeking to prevent violence against women and girls, in addition to physical and sexual violence.

### **Recommendations**

1. *Prevention programs by all stakeholders must be evidence-based, and grounded in a sound understanding and gender analysis of the problem and dynamics of violence against women and girls.*
2. *Gender equality and awareness on violence against women and girls should be included in the education curriculum in schools and in teacher training programs.*
3. *Prevention programs should focus on the prevention of coercive control and emotional violence, as well as physical and sexual violence, in addition to actively promoting the rights of women and girls.*
4. *Innovative methods for reaching young women and men should be trialled to enhance the effectiveness of awareness-raising and behaviour change strategies, such as: building and mentoring a network of creative artists from various forms of performance art and social media; working through sports groups; and through social media.*

### **Targeting high-risk areas and groups**

The different rates of prevalence between ethnic groups is one of the most challenging findings from the survey and suggests that different methods may be needed to reach out to different communities, to both prevent and respond to violence. High rates of all forms of violence in the Eastern Division require concerted action by all stakeholders (see Chapters 4-7). The central message that gender inequality and the low status of women are the fundamental causes of violence against women and girls cannot be compromised if prevention strategies are to be effective.

Many women do not seek help because they lack access to services. Entrenched belief systems that reinforce gender inequality, condone violence and extol the "virtues" of obedience and punishment are also significant barriers to women seeking help, and to the effectiveness of prevention efforts. When women do seek help, many turn first to law and justice sector agencies including the police; all stakeholders and relatives need to heed the evidence in this report that women only ask for help when the violence and its consequences are very severe indeed.

There is strong evidence that focusing on one risk factor alone (such as alcohol abuse) will not end violence against women. Most research on men's violence against women in other settings concurs with the evidence in Fiji that intimate partner violence is largely driven by factors related to gender inequality including a sense of sexual entitlement among some men, childhood experiences, and behaviours linked to harmful expressions and interpretations of masculinity (see Chapter 11).



This study was not designed to investigate whether there is an increased risk of violence faced by women and girls living with a disability, although there is considerable international evidence that this is the case. However, it has demonstrated clearly that intimate partner violence increases disability among women due to a range of serious injuries (see Chapter 7).

## **Recommendations**

*Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence against women and girls need to be acknowledged by all service-providers in their prevention and response efforts.*

- 5. Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence against women and girls need to be acknowledged by all service-providers in their prevention and efforts.*
- 6. More attention needs to be given to targeting isolated and vulnerable communities where this research has shown women and girls to be at the greatest risk, including the Eastern Division.*
- 7. Traditional leaders need to demonstrate strong commitment and active involvement in community based initiatives and mobilisation to end violence against women and girls.*
- 8. Faith based organisations should be actively involved in the prevention of violence against women and girls through their missionary work as well as through their welfare and support programs.*
- 9. Community based initiatives and mobilisation should focus on providing knowledge, skills and practical strategies to family and community members and friends who witness violence against women and girls, and assist them to respond appropriately when women turn to them for help or disclose violence for the first time.*
- 10. All service providers should be trained to respond appropriately to cases of violence against women and girls using a gender equality and rights based approach, including police, judiciary staff and officers, traditional leaders, faith based organisations and welfare agencies.*
- 11. Perpetrator programs should be based on a sound understanding of the causes and dynamics of violence against women; they should focus on behavioural change and holding offenders accountable, and be adequately monitored and evaluated from a rights based perspective.*
- 12. Prevention and service delivery programs should take into account the links between violence and disability, and be responsive to the needs and rights of women and girls with disabilities and other vulnerable groups.*
- 13. Quality standards should be developed for both prevention and service delivery programs that address violence against women; standards should articulate a rights based and gender equality approach, and be grounded in evidence regarding the scope, nature, dynamics and impacts of violence against women and girls.*
- 14. The Fiji Police Force should systematically and consistently implement its No Drop Policy for all offences against women and girls; police and other law and justice sector agencies should be adequately resourced and skilled to respond expeditiously and sensitively.*
- 15. Donors that support prevention and response programs should assess proposals from a rights based and gender equality perspective, and ensure that funded programs and organisations adhere to quality standards.*

**Improving health sector responses**

The high rates of injury and the damaging range of physical, mental and reproductive health problems associated with violence against women calls for informed, skilled and sensitive responses from health sector workers (see Chapter 7). The significant burden of injury, disability and emotional distress needs to be acknowledged in health policies and strategies, including in mental health policy and strategy. Health professionals are seeing women every day whose injuries or health problems are directly or indirectly due to the violence in their lives; in many cases, health workers are also the first people to be asked for help.

**Recommendations**

- 16. Protocols need to be established within the health sector for dealing with cases of violence against women against children.*
- 17. All health workers should be trained to ensure sensitive and appropriate responses when victims/survivors access health services, to ensure protection of their rights, confidentiality and their health.*
- 18. Health services in rural and maritime areas should be equipped to provide appropriate prevention and response services to women and girls.*
- 19. Physical, reproductive and mental health prevention strategies need to take into account the serious impacts of violence against women including men's control over women's access to health care, by reinforcing women's rights to decision-making about their own health, access to health care, and sexual and reproductive rights.*

**Economic empowerment**

Employment and ownership of assets do not protect women from violence. Nonetheless, without employment and assets, women have no means to support themselves and their children, and therefore no escape route from violent relationships. Women in Fiji have very limited access to employment and own few assets; women living with violence need to earn income, since their husbands/partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without permission. On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence (see Chapter 9). Programs aimed at increasing women's employment and the productivity of small and medium enterprises have the potential to empower women and advance social and economic development. However for this to occur, gender inequalities need to be explicitly addressed. For women who are beginning to earn an income for the first time, economic empowerment programs could help prevent partner violence – if they work with women to enable them to claim their rights, and work with men to increase their understanding of women's rights, and the benefits to the whole family and community when women's productivity is increased.

**Recommendations**

- 20. Economic empowerment programs should be based on an understanding of how gender inequality and gender based violence impacts on women's lives and their ability to earn and control income and assets; they should support women to claim their rights to earn and control income and assets, by working with both women and men.*
- 21. Targeted activities are needed to support women who have made the difficult decision to leave a violent relationship, to ensure they have access to long-term housing and secure income-generating opportunities.*

# Chapter 1: Introduction





This report presents the methodology and findings from the Fiji Survey on “Women’s Health and Life Experiences”. The survey was conducted by the Fiji Women’s Crisis Centre in cooperation with the Fiji Islands Bureau of Statistics (FBOS) in 2011. This is the third national study undertaken by FWCC on the prevalence of and attitudes to violence against women in Fiji.

### 1.1 The Fiji Women’s Crisis Centre (FWCC)

The Fiji Women’s Crisis Centre (FWCC) is an autonomous, multi-racial non-government organisation which was established in 1984. FWCC’s goal is to eliminate violence against women in Fiji and throughout the Pacific region. To achieve this aim, FWCC has an integrated and comprehensive program designed to both prevent and respond to violence, by reducing individual and institutional tolerance of violence against women, and increasing the availability of appropriate services for survivors. FWCC has its main centre in Suva in Fiji’s Central Division, 3 Branches in Ba, Nadi and Rakiraki on Viti Levu in the Western Division, and 1 Branch in Labasa on Vanua Levu in the Northern Division. FWCC plans to open a fifth branch in Savusavu in the southern part of Vanua Levu within the next 2 years, along with two shelters for women in the Western and Northern Divisions and a shelter for girls in Suva. FWCC also manages a Regional Training Institute for the Pacific based in Suva.

FWCC addresses the problem of violence against women using a human rights and development framework. This focus on human rights includes a gender and social analysis of the problem and permeates all aspects of FWCC’s work, recognising that the root causes of violence against women are unequal gender power relations, and lack of knowledge and belief in human rights. Hence, the promotion of gender equality and an understanding of human rights are foundational strategies for all FWCC’s work. Several reinforcing strategies are used in FWCC’s program including the following:

1. *Empowering women to be more aware of their rights and to bring about positive changes in their lives.*

This is achieved through the provision of crisis counselling, advocacy, legal and other support services to women, including the provision of temporary accommodation where needed. Providing counselling and support services is a core strategy in FWCC’s efforts to eliminate violence against women, because all other aspects of FWCC’s work draw on this lived experience of women and children survivors. FWCC’s Counsellor Advocates provide psycho-social support and non-judgemental counselling aimed at enabling women to make their own decisions, and assisting women to claim their rights from other service-providers.

2. *Increasing awareness, understanding and skills to prevent and respond to violence against women.*

This includes community education and mobilisation, media, campaigning, training and other prevention activities targeted at key agencies, educational and religious institutions and community groups. FWCC aims to create awareness, discussion and debate on violence and women’s human rights, which in turn leads to changes in knowledge, belief systems and skills, which ultimately can lead to behavioural and practice changes in individuals, organisations and institutions. FWCC’s activities to select, train, monitor and support men to become effective male advocates for women’s human rights has been a key part of this work, along with targeted training provided to a range of service providers in the law and justice, education, health and civil society sectors.

3. *Influencing key agencies to improve policy, legislation and services.*

This is done at a number of levels through the monitoring of service provision, the implementation of the law, and the portrayal of women in the media. FWCC collaborates with other agencies and stakeholders in Fiji and across the Pacific region to advocate for policy and legislative change, effective and evidence-based prevention strategies, and improved service delivery. FWCC’s research activities are an integral part of its efforts to influence other agencies, in Fiji and across the Pacific region.



4. *Providing accessible services through FWCC's Branches to prevent and respond to violence against women in rural areas.*

Branches provide counselling and community education including outreach to villages, settlements and isolated areas. They replicate the work of FWCC at the national level and engage in collaborative efforts with local community groups, traditional leaders, local government authorities and service-providers to take prevention messages to remote areas, in addition to enabling easier access and improved services for women and children experiencing violence.

5. *Providing a regional program of training, networking and institutional support and mentoring.*

FWCC is the Secretariat of the Pacific Women's Network Against Violence Against Women – a vibrant and active network of committed and effective individuals, civil society organisations and government agencies – that has been working to prevent and respond to violence against women in the Pacific region for over 20 years. The Sixth Regional Meeting of the Network was held in November 2012 to review prevention and response activities and plan future strategies. FWCC runs the 4-week Regional Training Program twice a year, which provides a foundation for individuals and agencies working on violence against women in Fiji and the region. Attachment training programs are provided at FWCC, along with tailored in-country programs on specific topics and approaches, such as counselling skills, male advocacy for women's human rights, gender training, and how to run effective programs to address gender based violence. FWCC's work to raise awareness of the impact of militarisation, conflict and political instability on women's human rights is fundamental to achieving its aims, because respect for the rule of law and human rights is a pre-condition for ending violence against women.

The FWCC receives core funding from the Australian Government's aid program for its national and regional activities, including for the implementation of this research. The New Zealand Aid Programme provides funding for FWCC's 4 Branches. FWCC has widespread community support and receives small donations from several other organisations and community members.

## 1.2 Violence against women

Violence against women and girls is widely condemned as a fundamental violation of human rights, and is recognised as a significant public health problem, causing enormous social harm and costs to national economies (AusAID 2008; UN 2006; UN Millennium Project 2005; World Bank 2011; WHO 2013). In recognition of the scale and impact of the problem, the 2013 session of the United Nations (UN) Commission of the Status of Women (CSW) was dedicated to addressing the problem of violence against women and girls (UN CSW 2013).

The Commission reaffirmed the definition of violence against women outlined in the UN Declaration of Violence Against Women (UN 1993, see Box 1.1), and recognised that domestic violence remains the most prevalent form that affects women and girls of all social strata across the world. It noted that women and girls who face multiple forms of discrimination are exposed to increased risk of violence, including women with disabilities (UN CSW 2013: 2, 10).

### **UN Commission on the Status of Women:**

*"The Commission affirms that violence against women and girls **is rooted in historical and structural inequality in power relations between women and men**, and persists in every country in the world as a pervasive violation of the enjoyment of human rights. Gender-based violence is a form of discrimination that seriously violates and impairs or nullifies the enjoyment by women and girls of all human rights and fundamental freedoms. Violence against women and girls is **characterized by the use and abuse of power and control in public and private spheres, and is intrinsically linked with gender stereotypes that underlie and perpetuate such violence**, as well as other factors that can increase women's and girls' vulnerability to such violence."* (UN CSW 2013: 2, emphasis added.)

**Box 1.1: United Nations Declaration on the Elimination Violence Against Women (DEVAW)<sup>1</sup>**

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

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

**The Declaration says that violence against women:**

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

**The Declaration says that Governments should:**

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

The Commission outlined a comprehensive agenda for action to address the problem, which aligns with FWCC's approach over the last 3 decades. This includes the following (UN CSW 2013: 5-17):

- a) strengthening the implementation of legal and policy frameworks and accountability;
- b) addressing structural and underlying causes and risk factors to prevent violence against women and girls across all sectors;
- c) strengthening multi-sectoral services, programs and responses to violence against women and girls; and
- d) improving the evidence base on prevalence, underlying causes, risk factors, costs and best practices.

<sup>1</sup> The text in this box is drawn from UN General Assembly 1993, and from a poster prepared for "Beneath Paradise: Documentation by Women in Pacific NGOs" by Juliet Hunt for the International Women's Development Agency, in cooperation with the Pacific Network Against Violence Against Women, 1994.



### 1.3 Legal, policy and institutional context of violence against women in Fiji

#### 1.3.1 Policy context

Fiji ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) in 1995 and is signatory to several other key international and regional instruments which uphold the rights of women and oppose violence against women and girls. These include the following (Fiji Ministry of Women 2013; and UNFPA 2008):

- the Convention on the Rights of the Child;
- the Jakarta Declaration for the Advancement of Women in Asia and the Pacific;
- the Commonwealth Plan of Action for Gender Equality 2005–2015 arising from the 7th meeting of Commonwealth Ministers responsible for Women's Affairs; and
- the Revised Pacific Platform for Action on gender equality and the advancement of women, arising from the 2nd conference of Pacific Ministers responsible for women, and the 9th Triennial Conference on Pacific Women (SPC 2005).

The Fiji Islands Ministry of Women's (MOW) website refers to the National Women's Plan of Action (1999–2008) as the guiding document for work undertaken by the Ministry to address women's needs, interests and aspirations across economic, social, legal and political spheres. Five major areas of concern were covered in the National Plan of Action including: mainstreaming women's and gender concerns; women and the law; micro enterprise development; balancing gender in decision making; and violence against women and children (Fiji MOW 2013). Fiji's report on progress towards achieving the Millennium Development Goals (MDGs) refers to a new Women's Plan of Action 2010–2019 which also has 5 strategic objectives (Fiji Ministry of National Planning 2010: 26):

1. Formal Sector Employment and Livelihood
2. Equal Participation in Decision Making
3. Elimination of Violence Against Women and Children
4. Access to Services, including health and HIV and AIDS, education and other basic services (water and sanitation, housing and transport)
5. Women and the Law

Five task forces composed of representatives of key government departments and civil society organisations were set up to implement the 1999-2008 Plan of Action in each area, with varying degrees of success. The task forces on women and the law and violence against women were judged as being the most effective at formulating clear objectives for action and implementing activities, due in large part to the efforts of FWCC and its sister organisation the Fiji Women's Rights Movement (FWRM) (ADB 2006: 11).

The task forces were disbanded after several years. However, after the release of some of the preliminary findings from this research in January 2013, two were re-established by the Ministry of Women. The national elimination of violence against women (EVAW) task force met regularly in 2013 and FWCC has conducted training for Ministry of Women staff and Task Force. The EVAW task force plans to assist with formalising a gender policy for the Government, assessing Government initiatives on EVAW, evaluating access to EVAW services, and drawing up a National Plan of Action on EVAW. An Inter-Agency Task Force on Women and the Law was also re-established (FWCC 2013).



The Ministry of Women's "Violence Free Community" initiative is focused on communities declaring themselves to have "zero tolerance" for violence against women (Fiji MOW 2013). This ongoing program begins by setting up and training "gate-keeper committees" in each village or community, made up of church, traditional, women and youth leaders. According to the Minister for Women, one role of these committees is to "mediate between the community and the police department so that the couple can undergo counselling (and) reconciliation", given that the Domestic Violence Decree requires prosecution. The committees also monitor sexual abuse of women and children in the community and provide support to those affected by violence (ABC Radio Australia 2012).

Policies in the health sector generally give little attention to the problem of violence against women and children and its impact. For example, there is no mention of violence against women in the *Ministry of Health Strategic Plan 2011–2015*, the *Non-Communicable Diseases Prevention and Control National Strategic Plan 2010–2014*, or the *Draft Suicide Prevention Policy and Implementation Action Plan*<sup>2</sup> (Fiji MOH no date [a] and [b]; and Fiji MOH 2008). However, the Ministry of Health's *Child Health Policy and Strategy 2012–2015* acknowledges that children need to grow up in a home and community environment that are free from violence, abuse, exploitation and neglect (Fiji MOH no date [c]: 12). Furthermore, the Ministry of Education has a Child Protection Policy with zero tolerance for child abuse, and includes mandatory reporting obligations (Fiji Ministry of Education 2012).

### 1.3.2 Legal framework and implementation of the law

Several pieces of legislation and decrees have been introduced aimed at reinforcing women's rights and addressing violence against women in Fiji. The *Family Law Act* (2003) established a Family Court and covers marriage, divorce, maintenance, and custody. The law includes provisions for no-fault divorce, recognition of the role of both partners in the marriage, and the protection of the interests of children (FWRM, RRRT and UNDP 2007). Partners in the marriage can also apply for injunctions for their personal protection. Two other important reforms put in place before the 2006 coup were the abolishment of the law of corroboration in sexual offences through case law<sup>3</sup>, and the setting of a precedent in case law recognising marital rape as a serious crime (FWCC 2013). The Fiji Police Force has had a no-drop policy for domestic violence offences since 1995. This means that the victim/survivor cannot withdraw or drop a complaint after it has been made with the police, who are required to follow up on all cases.

Five decrees relating to violence against women and children have been introduced by the Interim Administration in Fiji since the 2006 coup. The *Domestic Violence Decree* (2009), *Criminal Procedure Decree* (2009), and the *Crimes Decree* (2009) were based on draft legislation that FWCC had a significant input into over several years prior to the December 2006 coup. The *Child Welfare Decree* (2010) provides for mandatory reporting of physical and sexual abuse of children. The *Family Law Amendment Decree* (2012) extends the coverage of the Family Law Act to de facto couples.

These decrees have improved the legal framework for criminalising and prosecuting cases of sexual and domestic violence. The *Domestic Violence Decree* provides expanded authority to police to investigate and prosecute cases of domestic violence and provides for victims/survivors to obtain a Domestic Violence Restraining Order (DVRO). The *Crimes Decree* improved and expanded on the previous *Penal Code* in relation to sexual assault and other crimes of violence against women, including by expanding the legal definition of rape. It also includes offences of trafficking in women and children and puts in place harsher penalties (12–25 years imprisonment) for such offences (SPC 2010a: 63; and Ellsberg et al 2011).

2 A final National Suicide Prevention Policy and Implementation Action Plan was not available at the time of writing.

3 *Balelala v State* [2004] Fiji Court of Appeal (FJCA) 49.



Despite these changes to law, Fiji has not adopted a comprehensive or integrated approach to legislative reform in the area of violence against women; nor has any other country in the Pacific region. The SPC describes the approach to law reform in this area as piecemeal, because the changes do not address the full range of gender-based violence or the underlying systemic discrimination against women (SPC 2010a: 67). Moreover, decrees have been introduced without dialogue with civil society or public consultation; while some training has been provided for police and other law and justice sector officials on the new decrees, this has not been comprehensive. These factors reduce the likelihood that they will be fully understood or implemented (Ellsberg et al 2011).

FWCC's experience with clients points to significant problems with the implementation of all aspects of the law. There is a lot of pressure on women to reconcile with their husbands/partners following incidents of domestic violence, rather than seek access to justice. This pressure can come from traditional, community and religious leaders, the Police, the Family Court and other Courts – even in cases of the most extreme forms of violence and where the woman has made the very difficult decision to leave temporarily or permanently to protect her safety and end the violence. A large part of the FWCC Counsellor Advocate role is following up on lack of action by the Police, delays by the Courts, and actions taken by service-providers that undermine women's and children's rights and their access to justice. Re-victimisation of women remains a serious issue in Fiji; while many women will choose to reconcile with their husbands/partners, forcing reconciliation often results in further violence and blame of survivors.

Some of the specific issues with implementation of the law include lack of knowledge of laws including the Domestic Violence Decree, and manipulation of the law to undermine women's rights. The Decree was framed in a "gender neutral" way to enable both men and women equal rights under the law to seek DVROs. While many women are taking advantage of the law to gain protection, the framing of the law in this manner has enabled police, perpetrators and others to use DVROs to punish vulnerable women who report violence. Examples include informing perpetrators when their wives have lodged an application for a DVRO, and encouraging perpetrators to lodge DVROs against victims; issuing DVROs to husbands in cases where this is not warranted and contrary to the law; and discouraging women from reporting domestic violence. Lengthy delays in the serving of DVROs (over several weeks or months), has frequently resulted in women suffering from further serious abuse and injuries. Blaming women for both domestic violence and sexual assault perpetrated against their children is not uncommon. An emerging issue is a tendency for men to access legal aid before their wives (due to their knowledge about available services and funds to travel to legal aid centres); in these cases, legal aid officers can only provide assistance to one party in a dispute and this prevents women from being able to access legal aid.<sup>4</sup>

There are signs of a positive trend towards increased sentencing for sexual crimes of violence against children and a recognition in society generally that these are very serious crimes. However, the duration of sentencing still varies according to the presiding magistrate or judge, even for sexual crimes committed against children.<sup>5</sup> Unfortunately some members of the judiciary express discriminatory and blaming attitudes during hearings of cases of violence against women.

<sup>4</sup> FWCC client files.

<sup>5</sup> For example: Mary Rauto "10 years for rape" *Fiji Times*, 24 January 2012 (rape of an 8 year-old girl – State v Ratuva [2012] Fiji High Court 31); Repeka Nasiko "Eight-year sentence for riverside rape" *Fiji Times*, 18 March 2012 (rape of a 9 year-old girl – State v Nado [2012] Fiji High Court 953); Torika Tokalau "13 years for rape" *Fiji Times*, 9 April 2013 (rape of 12 year-old girl – State v Navunidakua [2013] Fiji High Court 155); and DPP v Veresa [2013] Fiji Magistrates Court 73 (where a brother was sentenced to weekend detention of the rape of his sister; the sentence was later increased to 17 years and 8 months prison on appeal to the High Court – DPP v Veresa [2013] Fiji High Court 361).

Delays in having cases heard and final judgements delivered are excessive: preliminary research undertaken by FWCC indicates that some cases reported in 2000/2001 were only finalised in 2013, and many cases reported after 2001 have not yet been heard. Moreover, many offenders do not spend their full term in prison due to reductions in sentences because of good behaviour while in prison, and the practice of providing automatic remissions in sentences from time to time.<sup>6</sup>

### 1.3.3 Institutional and social context

Cultural and religious fundamentalism promotes and reinforces conservative ideas and myths about women and their rights. Many traditional and conservative leaders are reinforcing traditional roles of women as caregivers and homemakers. These types of views were reinforced during the period of political upheaval and conflict following the 2006 coup and are still widespread today. For example, Fiji's 2010 report on the MDGs notes that one of the biggest impediments to addressing women's very low participation in politics, higher levels of the civil service and employment in non-traditional sectors is "customary notions about women's 'true' position in the society" and other social, political, economic and legal barriers (Fiji Ministry of National Planning 2010: 34).

When women assert their rights, this is often blamed for family breakdowns, sexual abuse and domestic violence. In the context of political and ethnic conflict and military rule, issues concerning women and



their rights are often seen as secondary to those of national security and poverty by many opinion makers. In this context, women's organisations such as FWCC and other civil society organisations have had to work much harder to highlight human rights issues in general, including those of violence against women (UNFPA 2008: 7-8). In addition, issues relating to women's human rights and violence against women are often trivialised in the mainstream media in Fiji, particularly in radio shows where myths about domestic violence and rape continue to be aired.

Although entrenched attitudes opposing women's rights remains an ongoing problem, compared with 20-30 years ago there is now considerably more support for addressing the problem of violence against women and promoting women's rights among a range of organisations, institutions, communities and individuals with influence and authority. This is largely due to the long-term and persistent efforts of FWCC and other civil society organisations, such as the Fiji Women's Rights Movement.

For example, several Churches have taken up the issue of violence against women in recent years including the Anglican, Catholic, Presbyterian and Methodist Churches, and the Pacific Council of Churches. The Ministry of Education through the National Advisory Council on Substance Abuse has undertaken a program in schools on violence against women and girls, targeting senior students; they have also taken on the "Thursdays in black" campaign (which acknowledges women affected by sexual violence), and drafted a curriculum on gender equality for the subject of Family Life Education with FWCC input.



Many other government agencies, civil society organisations and sporting groups now organise and run their own campaigns during the 16 Days of Activism on Gender Violence in November/December, whereas in years gone by these activities were led by FWCC. Notwithstanding the challenges of mainstream media coverage noted above, there are also more people leading and engaging in debate on violence against women and human rights, particularly through social media but also in mainstream media through letters to the editor. On the whole there are more well-informed local commentators on violence against women.

A National Network was formed at FWCC's initiative in December 2009 which includes a range of service providers. Participants resolved to work towards the establishment of counselling and support services to ensure that women in isolated communities can access services. The National Network committed to building the capacity of influential leaders in communities to enable them to support victims; they also resolved to involve people at community level in outreach awareness programs to strengthen prevention. All FWCC's Branches attend regular inter-agency committees where various stakeholders focus on improving the effectiveness of interventions targeted at preventing violence against women and girls, and responding to it.

By using their influence and authority to promote gender equality in their personal and work lives, FWCC's trained male advocates have helped to bring about some of these changes in communities and organisations. They have helped to prevent violence from occurring, assisted women and girls living with violence to claim their rights and end the violence, and with FWCC's support have taken anti-violence and women's rights messages into their communities and workplaces.

#### **1.4 The status of women in Fiji**

Fiji's report on the MDGs provides the most recent assessment of women's status in Fiji across a range of indicators. The report concludes that Fiji has succeeded in achieving gender equality in primary and secondary school enrolments and completion rates, and has made good progress in reducing maternal mortality (Fiji Ministry of National Planning 2010: viii, 26-36). Maternal mortality was 26 per 100,000 live births in 2011, but the adolescent fertility rate (for girls aged 15-19) was 43 per 100,000 live births in 2011; this is high compared with a rate of 20 for the East Asian and Pacific region (World Bank 2013).

According to the World Bank's Gender Equality Data and Statistics, women made up 30% of employment in the non-agricultural sector in Fiji in 2005 (World Bank 2013). Women's overall participation in the labour force has increased since 1990, when 29% of women were engaged in formal sector employment, to 39% in 2007. This compares with 84% of men engaged in formal sector employment in 1990 and 79% in 2007. Overall, labour force participation rates have remained stagnant for both women and men over the last decade or more. This underscores the considerable increase in poverty rates in Fiji from 25% in 1990 to around 40% in 2008, which is attributed to economic and political challenges in expanding the pool of jobs in Fiji's MDG report. Moreover, the Ministry of National Planning notes that much of the work engaged in by women has low health and safety standards, particularly in the garment industry. Although women are increasingly engaged in self-employment, they nevertheless make up only 20% of the registered micro and small businesses in Fiji (Fiji Ministry of National Planning 2010: viii, 30-31).



Fiji's MDG report acknowledges that cultural and traditional attitudes towards women's roles in social and economic development limit their participation in formal employment. The highest levels of employment by women are found in the civil service, where they made up 47% of employees in 2007. However, the vast majority of these civil servants are nurses, teachers, dental assistants and administrative officers, and the gender wage gap is very high, with men dominating in decision making and higher paid positions. Gender stereotyping and wage gaps are also evident in private sector employment: sectors with the highest representation of women employees in 2007 were hotel, retail and restaurant businesses, and community, social, and personal services, which employed 41% women and 59% men. Women made up 33% of employees in the manufacturing sector, and 34% in finance and real estate. The MDG report notes that women with disabilities are more likely to be engaged in self-employment and that they are "almost invisible" in formal sector employment (Fiji Ministry of National Planning 2010: 31-33).

Women make up 22% of paid employees in agriculture, forestry and fisheries (Fiji Ministry of National Planning 2010: 31), but no data is available on their level of unpaid contribution to work in these sectors. However, the Asia-Pacific Human Development Report cites recent research that puts the value of unpaid household work at almost FJD480 million (US \$237 million), "a figure greater than the income from sugar or tourism, the country's two largest industries" (UNDP 2010: 63).

In 2005, 9% of seats were held by women in the national parliament (World Bank 2013); this compares with no women at all in the national parliament in 1990 (Fiji Ministry of National Planning 2010: 30), but remains very low by international standards. Overall, the equal opportunities and achievements of girls in primary and secondary education have not translated into equal treatment in the workforce, politics or decision-making in social and economic life in Fiji.

# Chapter 2: Research Objectives & Methodology





This chapter describes key features of the research methodology, including research objectives and questions, an overview of what is covered in the survey questionnaire, the design of the survey sample, and how fieldworkers were trained and supported to ensure valid and reliable findings. Ethical and safety issues and the strengths and limitations of the research design are also discussed.

## **2.1 Overview of research method and objectives**

The aim of the study was to provide updated data on the prevalence of violence against women in Fiji, attitudes to violence, its impacts on women and children, and women's coping strategies. FWCC conducted its first survey on the incidence, prevalence and nature of domestic violence and sexual assault in 1999 (FWCC 2001), and followed this up with a qualitative study on community perceptions of women's rights in 2006 (FWCC 2006). For the current research, FWCC replicated the survey method developed by the World Health Organisation (WHO) for its Multi-country Study on Women's Health and Domestic Violence against Women (WHO 2005).

Although the WHO methodology does not provide directly comparable findings with FWCC's earlier studies, it is a well-tested and validated methodology, based on extensive experience and learning about research on violence against women. The WHO methodology has been used in several other Pacific countries including Samoa (SPC 2003), the Solomon Islands (SPC 2009), Kiribati (SPC 2010), Vanuatu (VWC 2011) and Tonga (Ma`a Fafine mo e Famili 2012). Studies using the WHO approach are currently underway in several other Pacific countries including the Republic of Nauru, Federated States of Micronesia, Republic of the Marshall Islands, Cook Islands, and Republic of Palau (UNFPA 2013). The use of the WHO methodology has been recommended in order to enhance credibility, comparability and the sharing of experience and expertise in the region (Jansen 2010: 16; and AusAID 2008: 29).

Most of the Pacific studies mentioned above combined the WHO questionnaire instrument with qualitative research, although this was not the case for the Vanuatu study (VWC 2011: 31). A qualitative component was not used in FWCC's study because qualitative documentation was available from FWCC's previous research activities (FWCC 2001 and FWCC 2006); in addition, rich information including extensive case studies has been gathered through FWCC's work over many years, including from annual program monitoring and evaluation workshops.

Samoa was the only country in the WHO multi-country study that surveyed men as well as women (SPC 2003). This was rejected by the WHO for other study sites due to the substantial additional resources required (WHO 2007: 22). For ethical and safety reasons, a different sampling framework is needed to interview men, an additional survey instrument, and a different group of (male) interviewers (Jansen 2010:16). Both men and women were included in FWCC's 2 previous national research studies (FWCC 2001 and FWCC 2006). For all these reasons a decision was made to focus the current study solely on women.

FWCC's research used the study protocol developed by WHO (WHO 2007) which included the following research questions.

### *Prevalence and incidence*

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



### *Effects of violence against women*

5. To what extent is intimate-partner violence against women witnessed by children within the household?
6. To what extent is a history of intimate partner violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
7. What are the consequences of domestic violence for different aspects of women's life? To what extent does violence affect women's ability to work, provide for their families, and interact with the community?
8. What are the consequences of domestic violence against women for their children? Does it affect children's behaviour, or their progress at school?

### *Attitudes, risks and protective factors*

9. What factors in a woman's family and individual life are associated with intimate partner violence against women, such as her attitudes to gender equality and violence against women, access to and control of resources, membership of groups, witnessing violence against her mother during childhood, contact with family members, alcohol use, or access to different kinds of support? To what extent are other family members aware of the abuse?
10. What individual factors are associated with men being violent towards their wives/partners, such as witnessing violence against his mother during childhood, being physically abused as a child, his employment status, male violence towards other men, or alcohol use?

### *Coping strategies*

11. What strategies do women use to minimise or end violence? To what extent do women retaliate against the perpetrator, leave the relationship, and seek help from family members, friends, or different support agencies? Are there groups from whom they would like to receive more help?
12. What are the implications of the research findings for preventative and supportive interventions?

## **2.2 The survey questionnaire**

### **2.2.1 Overview of the survey instrument**

The WHO questionnaire instrument (version 10) was the outcome of an extensive process of international consultation, trialling and validation (WHO 2007: 25-26), and only minor adaptations were made by FWCC for the Fiji context. The questionnaire included the following sections: an administration form; a household selection form; a household questionnaire; and the women's questionnaire. The household selection form was used to randomly select one individual woman aged 18 to 64 from each household. Each woman selected was interviewed using the women's questionnaire. The women's questionnaire included the following sections (see Annex 2):

- **Individual consent form:** introduces the survey and its focus on women's health and life experiences, assures the respondent that her answers will be confidential, and requires the interviewer to certify that the woman consents to be interviewed.
- **Section 1, respondent and her community:** includes questions on the respondent's contact with family and local organisations, and characteristics of the respondent including her relationship status.
- **Section 2, general health:** includes questions on the respondent's physical and mental health including during the previous month such as the use of medication and health services, frequency of smoking and drinking, suicidal thoughts and actions.
- **Section 3, reproductive health:** includes questions on the respondent's history of pregnancy, miscarriage, contraceptive use, and her husband's/partner's responses to family planning.
- **Section 4, children:** includes questions on the number of children, the most recent pregnancy and the behaviour of children and their schooling.



- **Section 5, current or most recent husband/partner:** includes questions on his age, education level, employment, frequency of drinking and drug use, involvement in physical fights with other men, and whether he had relationships with other women, or children with other women, while he was in a relationship with the respondent.
- **Section 6, attitudes:** includes questions on attitudes to gender relations, situations where a man may have “good reason” for physical violence against his wife, and attitudes to women’s sexual autonomy.
- **Section 7, respondent and her partner:** includes a request for permission to continue the questionnaire, questions on the respondent’s communication patterns with her husband/partner, her experiences of controlling behaviours by her partner, and emotional, physical and sexual violence, including violence during pregnancy.
- **Section 8, injuries:** includes questions on the frequency, type and severity of injuries resulting from physical violence by a husband/partner, and the use of health services for these injuries; this section was only asked of women who disclosed physical or sexual violence in section 7.
- **Section 9, impact and coping:** includes questions on the situations or factors associated with violence by husbands/partners, whether children witnessed the violence, the association between physical violence and rape, whether women retaliated and the impact of this, her view of the impact of the violence on her physical and mental health and work, and any actions she took to tell anyone about the violence or seek help (including leaving home), and the reasons for doing so or not doing so; this section was only asked of women who disclosed physical or sexual violence in section 7.
- **Section 10, other experiences:** includes questions on women’s experiences of physical and sexual violence by people other than husbands/partners since the age of 15, child sexual assault, her first sexual experience, whether there was a history of violence towards mothers in her or her husband’s/partner’s family, and whether her husband/partner was beaten regularly as a child by someone in his family.
- **Section 11, financial autonomy:** includes questions on the respondent’s ownership of assets, control over her own income, and capacity to support herself and her family in an emergency.
- **Section 12, completion of interview:** includes an opportunity for anonymous reporting of child sexual abuse using a face card (Box 2.2), and a question on how she felt after the interview.

Adaptations made by FWCC to the WHO generic questionnaire included: a question on non-partner physical abuse was reworded to include the same acts as for partner abuse; a question on non-partner sexual violence since age 15 was added to investigate other forms of sexual abuse including attempted rape; and several other minor changes were made for the Fiji context. The questionnaire was translated into iTaukei and Hindi, and the wording and translation was improved and finalised during training of interviewers and the pilot fieldwork (Jansen 2011a: 3, 8).

### 2.2.2 Operational definitions used in the survey

#### *Eligible and ever-partnered women*

Women eligible to participate in the survey were those aged between 18 and 64 years who lived in the household. This included visitors if they slept in the household for the past 4 weeks, or domestic workers (“house help”) if they slept 5 nights a week or more in the house. Only 1 eligible woman was interviewed per household; in households with more than 1 eligible woman, the respondent was selected randomly. In households with no eligible women, only the household questionnaire was completed and no individual woman’s interview was done.

Ever-partnered women are those who could potentially be at risk of experiencing violence by a husband or partner; hence the number of ever-partnered women in the sample is used as the denominator for calculating prevalence figures. This was defined as women and girls who were ever in an intimate sexual relationship with a man.



This includes women who were ever legally married, those who ever lived with a male partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who ever had an intimate relationship with a man they were dating or were engaged to.

### *Violence against women*

The survey focused on physical, sexual and emotional violence by husbands or intimate partners, coercive and controlling behaviours by husbands/partners, physical and sexual violence perpetrated by people other than husbands/partners since the age of 15, and child sexual abuse before the age of 15. The specific acts used to define each of these types of violence are summarised in Box 2.1.

### **Box 2.1: Operational definitions of violence against women and girls used in the survey**

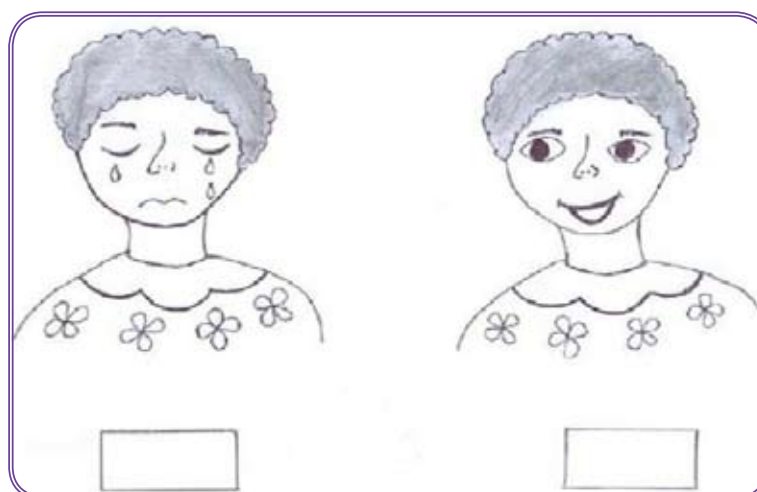
<p><b>Physical violence by a husband/partner</b></p> <ul style="list-style-type: none"> <li>• Slapped or had something thrown at her that could hurt her</li> <li>• Pushed or shoved, or had her hair pulled</li> <li>• Hit with a fist or something else that could hurt her</li> <li>• Kicked, dragged, or beaten up</li> <li>• Choked or burnt on purpose</li> <li>• Threatened to use or actually used a gun, cane knife or other weapon against her</li> </ul> <p><b>Sexual violence by a husband/partner</b></p> <ul style="list-style-type: none"> <li>• Physically forced to have sexual intercourse when she did not want to</li> <li>• Had sexual intercourse when she did not want to because she was afraid of what her husband/partner might do</li> <li>• Forced to do something sexual by her partner that she found degrading or humiliating</li> </ul> <p><b>Emotional abuse by a husband/partner</b></p> <ul style="list-style-type: none"> <li>• Insulted or made to feel bad about herself</li> <li>• Belittled or humiliated her in front of other people</li> <li>• He did things to scare or intimidate her on purpose (e.g. by the way he looked at her, or by yelling or smashing things)</li> <li>• He threatened to hurt her or someone she cared about</li> </ul>	<p><b>Controlling behaviours by a husband/partner</b></p> <ul style="list-style-type: none"> <li>• Tries to keep her from seeing her friends</li> <li>• Tries to restrict contact with her family of birth</li> <li>• Insists on knowing where she is at all times</li> <li>• Ignores her or treats her indifferently</li> <li>• Gets angry if she speaks with another man</li> <li>• Is often suspicious that she is unfaithful</li> <li>• Expects her to ask his permission before seeking health care for herself</li> </ul> <p><b>Physical violence during pregnancy</b></p> <ul style="list-style-type: none"> <li>• Slapped, hit or beaten while pregnant</li> <li>• Punched or kicked in the stomach while pregnant</li> </ul> <p><b>Physical violence by non-partners (over 15 years)</b></p> <ul style="list-style-type: none"> <li>• Hit, beaten, kicked, had something thrown at her, pushed, choked or burnt on purpose, threatened to use or actually used a gun, knife or other weapon against her</li> </ul> <p><b>Sexual violence by non-partners (over 15 years)</b></p> <ul style="list-style-type: none"> <li>• Forced to have sex or to perform a sexual act that she did not want to</li> <li>• Attempted to force her to have sex, touched her sexually, or did anything else sexually that she did not want</li> </ul> <p><b>Sexual violence before the age of 15</b></p> <ul style="list-style-type: none"> <li>• Ever touched sexually or made to do something sexual that she did not want to</li> </ul>
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For each act of physical, sexual or emotional abuse by a husband/partner, the respondent was asked whether it occurred in the previous 12 months, or before the previous 12 months. Respondents were also asked how frequently the violent and abusive acts had occurred: once, a few (2-5) times or many (more than 5) times.

### 2.2.3 Child sexual abuse

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

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



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

### 2.3 Design of the survey sample

A multi-stage sampling strategy was prepared by a consultant from the Fiji Islands Bureau of Statistics (FBOS). A target sample of 3,000 households was chosen. This was inflated by 25% to allow for possible non-response, due to the highly sensitive nature of the survey content, giving a total target sample of 3750. In the first stage, the 2008-2009 sampling frame of the Household Income and Expenditure Study was used, which was based on 1,602 enumeration areas identified from 2007 population census data. A representative sample was selected from 8 strata covering urban and rural areas in Fiji's 4 Divisions (Central, Eastern, Northern and Western).



In these 8 strata, 357 enumeration areas were systematically selected using a probability proportional to size (PPS) sampling technique.<sup>7</sup> Some adjustments were made to this selection, taking into account geographical features and transportation difficulties; to ensure geographical and ethnic representation, proper sampling measures were taken to replace these areas (Jansen 2011a: 9; and FBOS 2011).

In the second stage of sampling, 10 households were randomly selected from each enumeration area. This represented 22.3% of all enumeration areas and 2.1% of all households in Fiji. Two urban enumeration areas were omitted from the sample, to avoid full coverage of households and over-representation of the only urban centre in one province; this was essential for ethical and safety reasons to promote the confidentiality of the survey content. The sample included 355 enumeration areas with a target of 3553 households (Table 2.1) (Jansen 2011a: 9; and FBOS 2011). Final adjustments resulted in a total sample of 3538 households visited (see Chapter 3 and Table 3.1 of Annex 1). Enumeration areas from all provinces and major islands were included in the final sample.

**Table 2.1: Selection of sample enumeration areas and households**

Enumeration Areas	Central Division	Eastern Division	Northern Division	Western Division	Total
Urban EA	98	2	16	48	<b>164</b>
Rural EA	48	29	44	70	<b>191</b>
<b>Total EAs</b>	<b>146</b>	<b>31</b>	<b>60</b>	<b>118</b>	<b>355</b>
<b>Households</b>					
Urban	982	20	160	480	<b>1642</b>
Rural	481	290	440	700	<b>1911</b>
<b>Total Households</b>	<b>1463</b>	<b>310</b>	<b>600</b>	<b>1180</b>	<b>3553</b>

Sources: Jansen 2011a: 9; and FBOS 2011. Note: 3538 households were visited in the final sample (Table 3.1 of Annex 1).

In the third stage of sampling, one woman aged 18-64 years was randomly selected to be interviewed from each household. The WHO multi-country study interviewed women aged 15-49, due the WHO's special interest in reproductive health. FWCC chose a minimum age of 18 for legal reasons, since women over 18 do not need parental consent to participate in a survey. Interviewing women up to 64 years of age enabled FWCC to explore the experiences of older women (Jansen 2011a: 9).

## 2.4 Fieldwork, data processing and quality control

### 2.4.1 Interviewer selection, training, pilot and fieldwork

Lessons learned on conducting population-based surveys on violence against women show that the selection and training of interviewers can have an impact on whether respondents are comfortable to talk about their experiences of violence. Supervision in the field, monitoring and ongoing support are also essential to achieve valid findings (Ellsberg and Heise 2005; and Jansen 2010: 21-22). WHO guidelines highlighted the following important skills for interviewers: ability to interact with all types of people; emotional maturity; skill at building rapport; and experience in dealing with sensitive issues (WHO 2007: 38).

<sup>7</sup> This sampling technique ensures that households in larger enumeration areas have the same probability of getting into the sample as those from smaller enumeration areas. It is commonly used to generate a representative and random sample when sampling units vary in size.



Thirty-four members of the FWCC research team were trained over 3 weeks in October 2010 including 19 nominated by the FBOS and 15 who were staff of FWCC and its Branches. Trainees included 33 women and 1 man (who was engaged to provide logistical support and not as an interviewer). The training was led by FWCC's research consultant, with some sessions provided by FWCC and FBOS staff (Jansen 2011a: 7).

WHO's standard training curriculum was used. This covered the following topics: gender sensitisation (2 days), interviewing techniques, a detailed question-by-question explanation and discussion of the questionnaire, and roleplays in small groups. In the first week all participants were provided with the questionnaire, an interviewer's manual, and question-by-question manual in English. Fijian and Hindi questionnaires were provided to those trainees who spoke these languages. Supervisors were provided with a supervisor manual in English during the third week of the training. The third week concentrated on field practice with two days field piloting. The training and pilot provided an opportunity to thoroughly review and fine-tune the questionnaire. The questionnaire was not translated into Rotuman; however interviews in Rotuman were extensively practiced by 3 interviewers whose mother tongue was Rotuman (Jansen 2011a: 7).

FWCC formed 8 teams, each with 3 interviewers and 1 editor/supervisor. For the pilot, each team visited separate enumeration areas in or close to Suva that were not included in the sample design, covering all social strata and types of living conditions. Each interviewer practiced 2 full interviews per day. Interviews were done in all languages. Each pilot day was followed by a day of debriefing where interviewers discussed their experiences and proposed strategies and lessons learned. The pilot study demonstrated that the field procedures worked well and that respondents were cooperative and happy to tell their story (Jansen 2011a: 10). Fieldwork was undertaken from mid November 2010 with a break for the holiday season and was completed in August 2011. The fieldwork began in enumeration areas in Suva (Jansen 2011a: 12).

#### **2.4.2 Quality control**

The WHO methodology included several standardised procedures and formats for quality control during fieldwork (WHO 2007: 40-41). These included the following in the Fiji study (Jansen 2011a: 12-13):

- Close supervision of each interviewer during fieldwork. For example, supervisors were instructed to observe the beginning of a proportion of the interviews.
- Random checks of one household per enumeration area by the supervisor, during which respondents were interviewed by the supervisor using a brief questionnaire to verify that the respondent had been selected in accordance with the established procedures and to assess the respondent's perceptions of the interview.
- Continuous monitoring of each interviewer by field supervisors using a standard monitoring format that included performance indicators such as response rate, the number of completed interviews, and the rate of identification of physical violence.
- Review of all completed questionnaires by the editor/supervisor in each team to identify inconsistencies and skipped questions, thus enabling gaps or errors to be noted and corrected before the team moved on to another enumeration area.
- Questionnaires were edited by FWCC before data entry.
- Close contact with field teams by FWCC staff at all times during the fieldwork, to identify and resolve issues and provide support.



### 2.4.3 Data entry, tabulation and analysis

Quality control mechanisms were also applied during data entry. Data entry screens (one for each section of the questionnaire) were set up by FBOS on CSPro software so that automatic consistency checks were incorporated into the data entry system. FBOS trained data processors and provided ongoing technical assistance including supervision and monitoring of data entry (Jansen 2011a: 13). All questionnaires were entered twice by the data processors to verify that data was entered correctly. FWCC's research consultant assisted with cleaning the data files before tabulating the findings and undertaking statistical analysis.

A workshop was held in Suva with FWCC and Branch staff in September 2012 to discuss and analyse the findings. This was an additional opportunity to check the accuracy of tables and charts included in this report. The interpretations, analysis and recommendations in the following chapters are based on the discussion at this workshop.

### 2.5 Ethical and safety considerations

WHO's guidelines on ethical and safety considerations guided the development and implementation of the research (WHO 2007: 36-37). Some of the specific measures used were the following (Jansen 2011a: 11-12):

- **Safe name for the survey:** For women experiencing violence, the mere act of participating in a survey may provoke violence, or place the respondent or interviewer at risk. The name of the study used throughout implementation was: "Survey of Women's Health and Life Experiences". This enabled respondents to explain the survey to others safely, and was used by fieldwork teams to describe the survey to the community and to other members of the household. Interviewers and supervisors carried an official letter explaining the survey. Fieldwork teams advised provincial administrators, the police post or local officials as appropriate as they entered each enumeration area.
- **Informed consent:** Interviewers introduced themselves by saying that they were part of a team working for FWCC and the Fiji Bureau of Statistics. Although there was a risk that FWCC would be associated with domestic violence, fieldworkers did not mislead communities or respondents on this point. Fieldwork teams were confident that could address any myths or concerns by explaining FWCC's work in positive terms, and by focusing on the benefits to families of FWCC's work. The teams found that communities, households and individual women were overwhelmingly welcoming to FWCC.
- **Confidentiality agreement:** On the second day of the training all staff signed a confidentiality agreement as part of their work contract.
- **Support for interviewers:** Trained counsellors from FWCC were available to provide support and counselling to interviewers where needed, in recognition of the traumatic nature of the subject matter, with interviewers hearing disclosures of violence each day.
- **Support for respondents:** Interviewers informed their team supervisors of the following cases: respondents with suicidal thoughts in previous 4 weeks; respondents who specifically asked for help; cases where the household or the woman refused to complete the interview; and cases where current child abuse was reported. Protocols were in place to refer women who requested assistance to the FWCC or its Branches for counselling, immediate or follow-up assistance as needed.
- **Information about services:** A pocket-size leaflet with information on FWCC services was given to each respondent at the end of the interview, together with several health leaflets; this strategy was designed to protect women, in case the leaflets were discovered by perpetrators of violence.



## 2.6 Strengths and limitations of the research design

By using the WHO methodology, FWCC followed international best practice in the research design and implementation. Consequently, the findings are robust and reliable with the most accurate estimates possible of prevalence of violence against women. However, with this type of research design, it is not possible to “prove” that violence causes the various health problems and other impacts described in the following chapters. Nevertheless, it is possible to identify statistically significant associations between violence and the various impacts described, to do so with full confidence, and to apply FWCC’s many years of experience in interpreting these findings. One important strength of the research design was the nationally representative sample that provides reliable estimates of prevalence for each of Fiji’s 4 Divisions and for urban and rural areas.

Any survey based on self-reporting has some possibility of bias associated with respondents’ memory of events and incidents. However, lessons learned from research on violence against women indicate that recall bias tends to result in under-estimates of the prevalence of violence, rather than over-estimates (WHO 2005: 23). The findings presented in Chapter 7 on health impacts and Chapter 10 on women’s coping strategies reinforce this international experience.

The decision to select only 1 woman per household introduces bias because it means that women living in households with more than 1 woman are under-represented. The WHO multi-country study tested the degree of this bias by weighting the main prevalence outcomes to compensate for differences in the number of eligible women per household; the same testing was done for the Fiji study (see Chapter 3). In all cases the results showed no significant differences in prevalence rates; consequently the chapters below use the international standard for calculating rates of prevalence recommended by WHO (WHO 2005: 28).

# Chapter 3: Response Rate & Description of the Sample





This chapter describes the response rates to the survey, the characteristics of the respondents, and how well the sample reflects the general population of women in Fiji. It also describes how women felt after the interview.

### 3.1 Response rates

There was a very high response rate to the survey despite the sensitive nature of the questions. Members of the FWCC field team commented that communities and women were very welcoming to FWCC and demonstrated an interest in participating in the research.<sup>8</sup> There were no significant differences in response rates between urban and rural areas, or between Divisions.

Of 3538 households included in the sample, 3474 were true households and 64 were not. Most of the latter were permanently vacant, destroyed, or unable to be located. Of these 3474 households, 3389 completed the household interview (the first section of the questionnaire), 43 (1.2%) refused to participate, and 42 (1.2%) had no adult household members at home during several repeat visits; this provides a household response rate of 97.6%. Of the 3389 households who completed the household section of the questionnaire, 142 (4%) had no eligible women aged between 15 and 64 (Table 3.1 of Annex 1).

This gives a total of 3247 households that had eligible women. Among these, 3193 women (98.3%) participated in the survey interview. Only 13 women from the 3247 households refused to participate (0.4%); 21 women were either not at home during several visits or were incapacitated (0.7%) and therefore could not participate. Of the 3247 participating households, only 23 women partially completed the questionnaire (Table 3.1 of Annex 1).

### 3.2 Description of respondents in the sample

#### 3.2.1 Characteristics of respondents

Of the 3193 respondents, 41% were from the Central Division, 10% from the Eastern Division, 18% from the Northern Division and 31% from the Western Division. Overall, 47% of respondents live in urban areas and 53% in rural areas. Sixty-three percent of respondents were iTaukei women, 32% were Indo-Fijian and 5.5% were from other ethnic groups (Table 3.3 of Annex 1).

Nine percent (9%) of respondents were educated to primary level, 74% to secondary level and 18% to tertiary level. Forty-seven women had never received any education at all.

Seventy-six percent (76%) of respondents were married, 4% were living with a man at the time of the survey, and 3% were dating a regular partner. Six percent (6%) were widowed, and another 6% were divorced or separated. In total, 3035 of the 3193 respondents (95%) had ever had an intimate partner and 5% had not (Tables 3.2 and 3.3 of Annex 1).

#### 3.2.2 Household head

The household selection form section of the questionnaire (Annex 2) asked respondents whether the household head was male or female: 83.5% of respondents said that the household was headed by a man, 14.9% said the household head was a woman, and 1.6% said that both were heads of the household. There were more female-headed households in urban areas (18.4%) and in the Central and Western Divisions (16.7% and 16.4%) compared with the national average. There were also more female-headed households among primary school graduates (24.2%) (Table 3.6 of Annex 1).



### 3.2.3 Socio-economic assets index

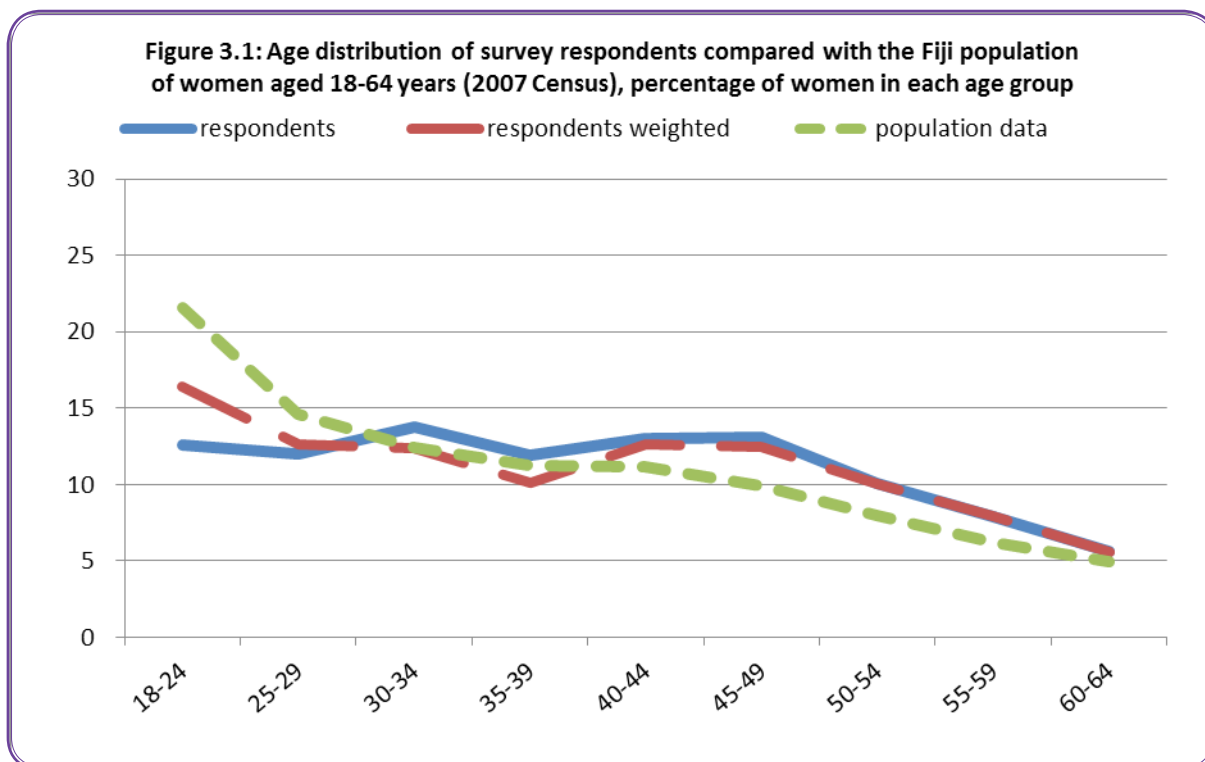
A socio-economic assets index was developed using data collected from the household section of the questionnaire on source of drinking water, toilet facility, wall materials, source of lighting, ownership of several household assets, land ownership, and a measure of household crowding based on the number of rooms in the house and the total number of household members. Rather than dividing sample households into 3 equal-sized groups (terciles) or 5 equal-sized groups (quintiles), statistical analysis was used to cluster all the responding households into 3 groups based on the ownership of assets: 23% of households were clustered into the lowest group, 28% into the medium group, and 48% into the higher group (Table 3.2 of Annex 1 and Annex 4). The statistical method used to cluster households into 3 groups is described in detail in Annex 4.

The 2008/2009 Household Income and Expenditure Survey reported that 31% of Fiji's population was below the basic needs poverty line (Narsey et. al. 2010: vi), and the 2010 Millennium Development Goals Report estimated that around 40% of Fijians were living in poverty (Ministry of National Planning 2010: 8). **It is important to emphasise that the socio-economic clusters used in this report do not represent socio-economic status as it is commonly understood, and should not be interpreted as a measure of the levels of poverty in Fiji.** The household questionnaire was not designed to measure the incidence of poverty. No questions were asked in the household survey about income. Consequently the 3 socio-economic clusters used in this report describe groups with similar ownership of assets (see the household questionnaire in Annex 2): those in the higher cluster own all or many of the assets listed in the household questionnaire, those in the middle cluster own some of the assets, and those in the lower cluster own very few or none of the assets.

### 3.3 Representativeness of the sample

To assess whether survey respondents were representative of the population of women aged 18-64 in Fiji, a comparison was made with 2007 Census data by Division, religion, education, ethnicity, age and partnership status (Table 3.3 of Annex 1). For safety reasons, only one woman was selected for interview from each household (see Chapter 2); consequently women from larger households (that is, with more than one woman aged 18-64) had a lower probability of being selected to participate in the survey. To explore the impact of this potential bias, the sample of respondents and the main prevalence outcomes were weighted to compensate for differences in the number of eligible women in each household (Table 3.4 of Annex 1).

The results of these comparisons show that differences in the probability of a woman being selected did not significantly affect the prevalence rates of the various forms of violence against women (Table 3.4 of Annex 1). Hence, unweighted prevalence rates are used throughout this report. The comparison also shows that young women were less likely to be randomly selected where there was more than one eligible woman per household. However overall, differences between weighted and unweighted data, and between the survey sample and 2007 Census data are not significant (Figure 3.1 and Table 3.3 of Annex 1). In other words, the survey sample is broadly representative of the population of women aged 18-64 in Fiji.



Sources: Fiji Islands Bureau of Statistics. 2007 Population Census and Table 3.3 of Annex 1.

### 3.4 How women felt after the interview

The average duration of the interview was 45 minutes. Interviews with women who had not experienced violence lasted about 40 minutes on average, and those with women who had experienced violence ranged from 44 to 51 minutes, with longer interviews for those who had experienced both physical and sexual violence.

When asked how they felt at the end of the interview, 92% of the survey respondents said they felt good or better, 1% said they felt the same, and 7% said they felt worse. Women who experienced physical or sexual violence by their husband/partner appreciated the opportunity to talk about it during the survey; among those women who experienced both physical and sexual violence, 96% said they felt good or better (Table 3.5 of Annex 1). For about half of the women living with violence, this was the first time they had told anyone about their experiences (see Chapter 10). Among those who had never experienced violence, 88% felt good or better, 1% felt the same, and 11% felt worse (Table 3.5 of Annex 1). These findings are a testament to the skill and sensitivity of FWCC's interviewers.

This positive response to the survey was also found in the WHO's multi-country study (WHO 2005) and in studies undertaken in the Pacific region in the Solomon Islands (SPC 2009), Kiribati (SPC 2010), Vanuatu (VWC 2011) and Tonga (Ma`a Fafine mo e Famili 2012). In addition to providing an opportunity for women to talk about their experiences with a non-judgemental and empathic person, FWCC believes that undertaking the study has contributed to raising women's awareness of their rights, supported by FWCC's ongoing campaigning and community education activities. Every woman interviewed by the survey team was provided with information on FWCC services. Counsellors have noticed that there is an ongoing impact from the research fieldwork; women who were interviewed in 2010 and 2011 are still finding their way to FWCC and the Branches.<sup>9</sup>

9 Monitoring and evaluation workshops with FWCC staff, July 2012 and July 2013.

# Chapter 4: Violence Against Women by Husbands & Intimate Partners



## Summary of main findings

- **64% of women (almost 2 in 3) who have ever been in an intimate relationship experienced physical and/or sexual violence or both by a husband or intimate partner in their lifetime; 24% (almost 1 in 4) experienced physical and/or sexual violence in the last 12 months.**
- 61% of ever-partnered women experienced physical violence in their lifetime (more than 3 in 5), and 19% in the last 12 months (almost 1 in 5).
- 34% of ever-partnered women experienced sexual violence in their lifetime (more than 1 in 3), and 14% in the last 12 months.
- 58% of ever-partnered women experienced emotional violence in their lifetime (almost 3 in 5), and 29% in the last 12 months.
- **Overall, 72% of ever-partnered women experienced at least one or more of these three forms of violence (physical, sexual or emotional) by their husband/partner in their lifetime; most of these women experienced multiple types of violence.**
- For the majority of women living with physical violence by their husband/partner, the violence occurs repeatedly and is often severe, including being punched, kicked, dragged, beaten up, choked, burned, threatened with a weapon, or actually having a weapon used against them.
- 69% of women have been subjected to at least one form of controlling behaviour by their husband/partner, and 28% (more than 1 in 4) were subjected to 4 or more types of control.
- Rates of physical, sexual and emotional violence are higher in rural areas than urban areas. They are highest in the Eastern Division and lowest in the Central Division.
- There are high rates of intimate partner violence among women from all ethnic, religious, and socio-economic groups, but prevalence is higher for i-Taukei women and those from all other ethnic groups.



#### 4.1 Definition of prevalence

This chapter presents findings on the prevalence of violence against women by their husbands or partners, including physical and sexual violence, emotional abuse, and the types of control that men exert over their wives and partners. Section 4.2 presents an overview of national prevalence rates, comparing rates of physical, sexual and emotional violence. Section 4.3 focuses in detail on acts of physical violence and their severity and frequency; section 4.4 on sexual violence; section 4.5 on emotional violence; and section 4.6 on controlling behaviours by men. More detailed data on each is presented in the statistical annex (Annex 1). Section 4.7 discusses the findings in all these areas.

Of all the women interviewed, 3035 had ever been married or had an intimate sexual relationship with a partner. Throughout this report, this group is referred to as “ever-partnered” women, and includes all those who were ever legally married (including those currently married as well as those now divorced, separated or widowed), those who ever lived with a partner including in a de facto relationship, those who ever had a regular intimate male partner but never lived with him, and those who had an intimate relationship with a man they were dating (Tables 3.2 and 3.3 of Annex 1).<sup>10</sup>

In order to measure the prevalence rates of physical, sexual and emotional violence, women were asked whether they had ever experienced specific acts of violence and emotional abuse by their husband/partner (see section 7 of the questionnaire in Annex 2 and the operational definitions in Box 2.1 of Chapter 2). The calculation of national prevalence rates follows the international standard used by the WHO. Lifetime prevalence is the proportion of ever-partnered women who have ever experienced at least one act of a specific type of violence by her husband/partner, at least once in her life. Current prevalence is the proportion of ever-partnered women who experienced any one act of violence in the 12 months before the survey interview occurred.

The lifetime prevalence of physical and/or sexual violence among women aged 15-49 years is commonly used for international comparisons (WHO 2005: 19), because both types of violence tend to be committed together by the same perpetrator. FWCC’s survey sampled women aged 18-64 (see Chapter 2). Thus, two national prevalence rates are presented below: the rate for all women in the survey, and the rate for those aged 18-49 years, which may be used for international comparisons.

The acts of violence that women were questioned about in the survey were comprehensive, but not exhaustive. As such, the WHO concluded that prevalence estimates are more likely to underestimate the true prevalence of violence in any country where the methodology is used (WHO 2005: 14, 23).

#### 4.2 Overview of violence against women by husbands and partners

##### 4.2.1 National prevalence of physical, sexual and emotional violence

Overall, 64% of ever-partnered women aged 18-64 experienced physical and/or sexual violence by their husband or partner in their lifetime, and 24% suffered from either or both of these forms of violence in the last 12 months (Table 4.1 and Figure 4.1).

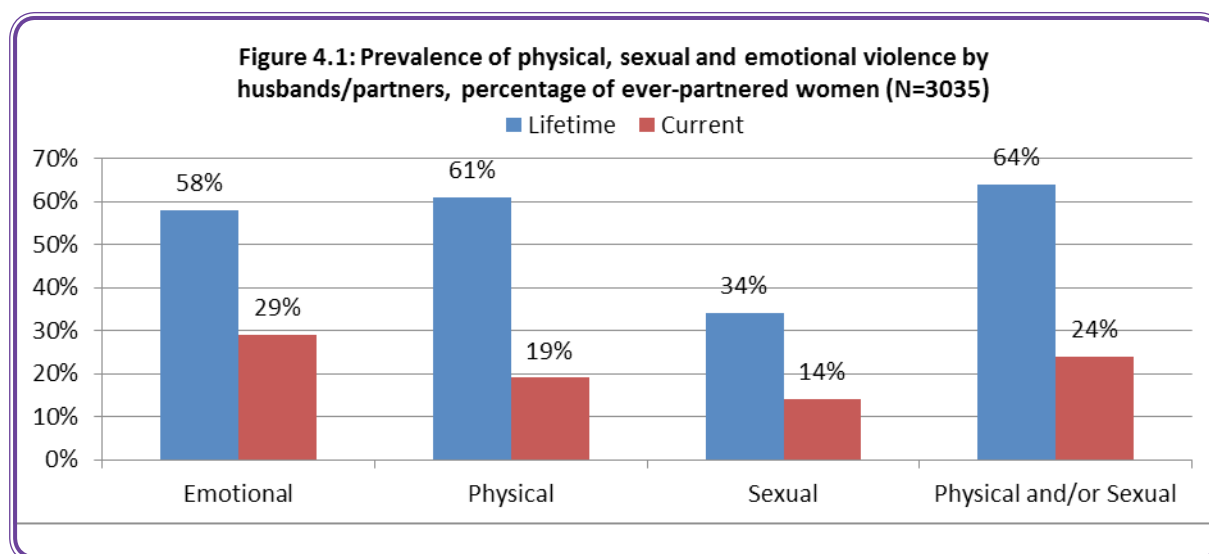
- Of the three types of violence, physical violence is the most widespread over a woman’s lifetime, with 61% of all ever-partnered women (more than 3 in 5) experiencing it, compared with 58% experiencing emotional violence and 34% (more than 1 in 3) experiencing sexual violence.
- The picture for current violence is somewhat different. The most prevalent form of violence over the last 12 months is emotional violence, with 29% (more than 1 in 4) currently suffering from this, compared with 19% who are currently living with physical violence, and 14% with sexual violence.

<sup>10</sup> 3035 of the women interviewed had male sexual partners; 1 of these also had a female sexual partner.



**Table 4.1: Lifetime and current prevalence of physical, sexual and emotional violence against women by husbands/partners (percentage of ever-partnered women aged 18-64, N=3035)**

	Emotional	Physical	Sexual	Physical and/or Sexual
<b>Lifetime</b>	58%	61%	34%	64%
<b>Current</b>	29%	19%	14%	24%



Source: Tables 4.1 and 4.9 of Annex 1.

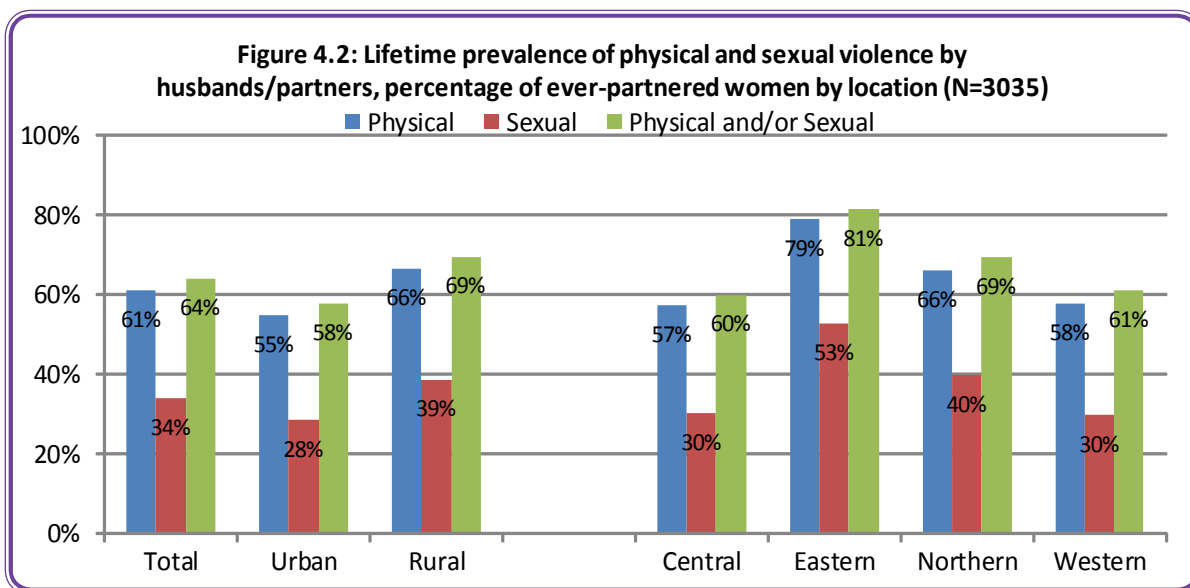
Prevalence is higher for all types of violence when we consider women aged 18-49. For example, 66% of women in this age group experienced physical and/or sexual violence in their lifetime, and 30% in the last 12 months (Table 12.1 of Annex 1). This is due to the higher rates of all forms of violence experienced by younger women (see the discussion below).

#### 4.2.2 Who experiences intimate partner violence?

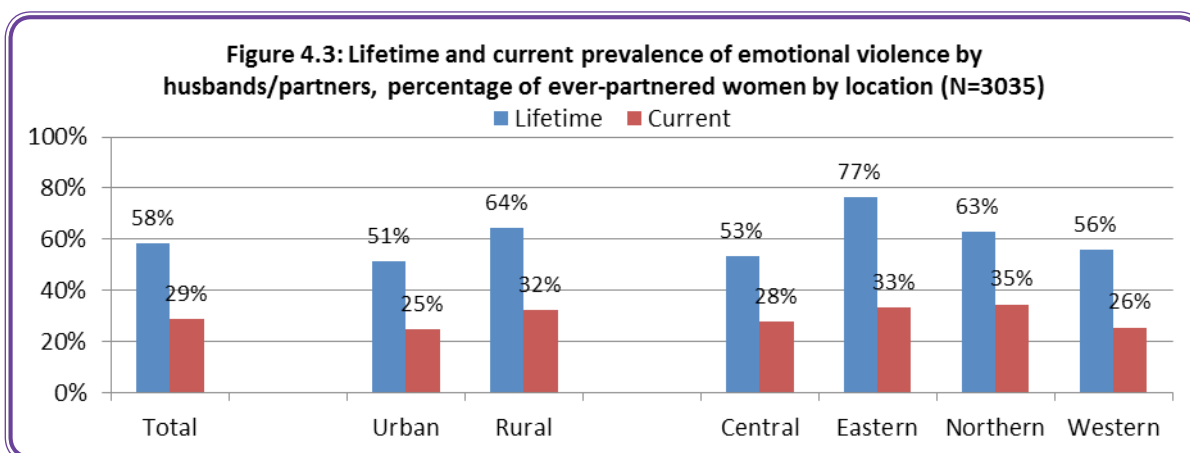
**There are high rates of all forms of violence against women by their husbands/partners, regardless of where they live, age, education, ethnicity, religion, and socio-economic status.** However, there are some noteworthy differences in prevalence between some of these categories.

##### *Prevalence by location*

All forms of violence are more prevalent in rural areas than urban areas. The Central and Western Divisions have the lowest rates of lifetime prevalence, whereas the Eastern Division has substantially higher rates of all forms of violence, followed by the Northern Division: the rate of physical and/or sexual violence is 81% in the Eastern Division (4 in every 5 women), compared with 64% for Fiji as a whole. More than half of women in the Eastern Division experienced sexual violence in their lifetime, and 40% in the Northern Division, compared with less than 1 in 3 in the Central and Western Divisions. Similarly women in the Eastern and Northern Divisions suffer from considerably higher rates of emotional violence during their lifetime than those in the Central and Western Divisions (Figures 4.2 and 4.3).



Source: Table 4.1 of Annex 1.



Source: Table 4.9 of Annex 1.

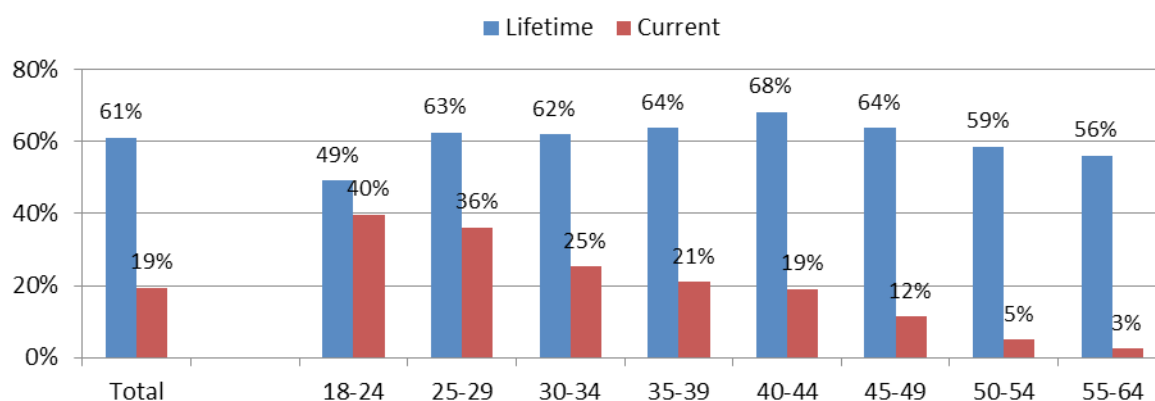
However, there is less variation in the current prevalence of all forms of violence between divisions: 28% of women in the Eastern and Northern Divisions, 24% in Central and 19% in the Western Division are currently living with physical and/or sexual violence (Table 4.1 of Annex 1). While women in the Eastern Division are more likely to experience emotional violence over their lifetime, the current prevalence is very similar for the Eastern and Northern Divisions (33% and 35% respectively), and higher in the Central (28%) Division than Western Division (26%) (Figure 4.3).

#### *Prevalence by age*

Women are at risk of violence by husbands/partners at any age. However, comparing lifetime and current prevalence shows that younger women aged 18-29 have a much higher current risk of experiencing partner violence than older women: 40% of women aged 18-24 (2 in 5) experienced physical violence in the 12 months before the survey, compared with 36% for those aged 25-29, and 19% (1 in 5) for Fiji as a whole (Figure 4.4). A similar picture is seen for sexual violence: more than 1 in 4 women under 29 were subjected to sexual violence in the 12 months before the survey, compared with 14% for Fiji as a whole (Figure 4.5). In contrast, women over 50 were significantly less likely to be subjected to physical or sexual abuse: 5% of women aged 50-54 were subjected to physical or sexual violence in the 12 months prior to the survey, and 3% of women aged 55-64 (Figures 4.4 and 4.5).

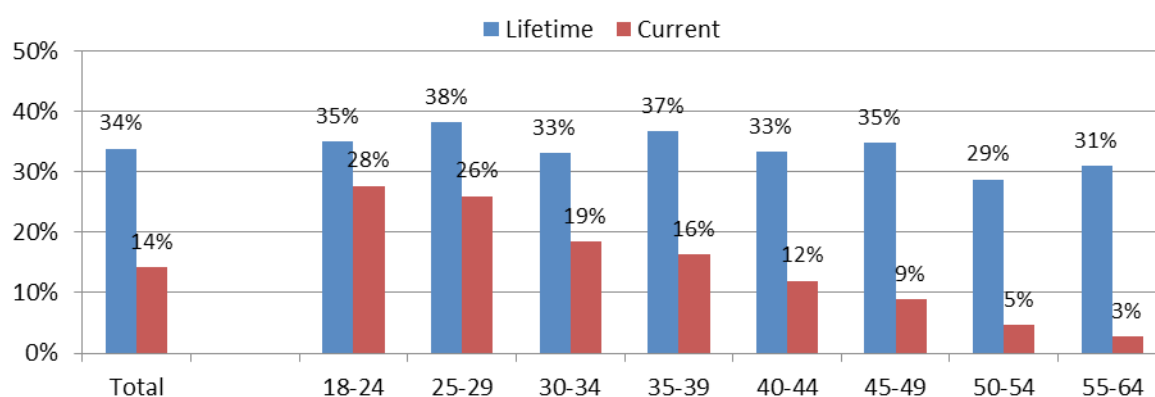


**Figure 4.4: Lifetime and current prevalence of physical violence by husbands/partners, percentage of ever-partnered women by age (N=3035)**



Source: Table 4.1 of Annex 1.

**Figure 4.5: Lifetime and current prevalence of sexual violence by husbands/partners, percentage of ever-partnered women by age (N=3035)**



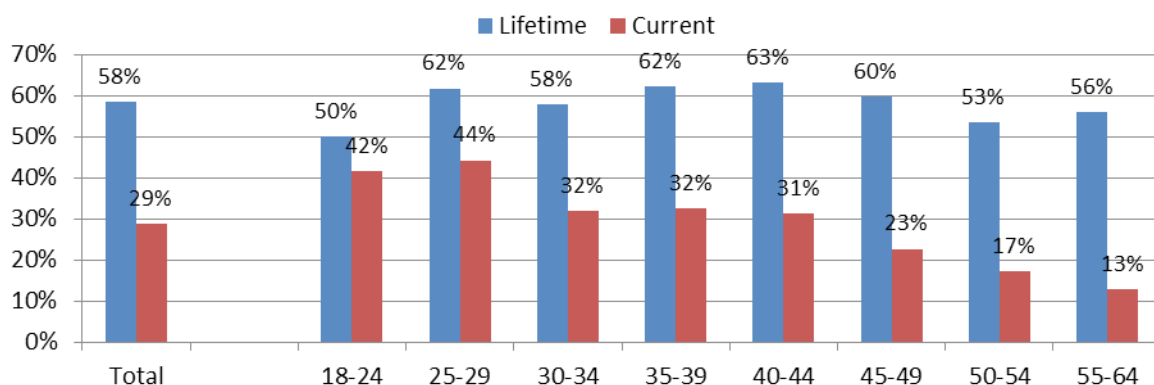
Source: Table 4.1 of Annex 1.

Nevertheless, the data also demonstrate that some women continue to suffer from these forms of violence throughout their lives. Among those women who experienced physical violence in their lifetime, almost one-third (31%) were subjected to physical violence in the 12 months before the survey; among those who experienced sexual violence in their lifetime, 41% are currently subjected to sexual violence. Overall, among women who experienced physical and/or sexual violence in their lifetime, 38% are currently living with violence.

Similarly, women aged 18-29 have a higher prevalence of emotional violence: 42% of women aged 18-24 and 44% of those aged 25-29 (more than 2 in 5) are currently living with emotional violence, compared with a national rate of 29% (Figure 4.6). The risk of emotional violence also reduces somewhat as women age, but this reduction does not occur at the same rate as for physical and sexual violence. In other words, while some women will experience less incidents of physical and sexual violence as they age, emotional abuse is more likely to persist throughout a woman's life (Figures 4.4 to 4.6). Among those women who have ever experienced emotional violence, about half are currently suffering from this form of abuse. This is in line with FWCC's experience; Counsellors observe that emotional abuse often intensifies and persists through the life cycle, even when incidents of physical violence reduce.



**Figure 4.6: Lifetime and current prevalence of emotional violence by husbands/partners, percentage of ever-partnered women by age (N=3035)**

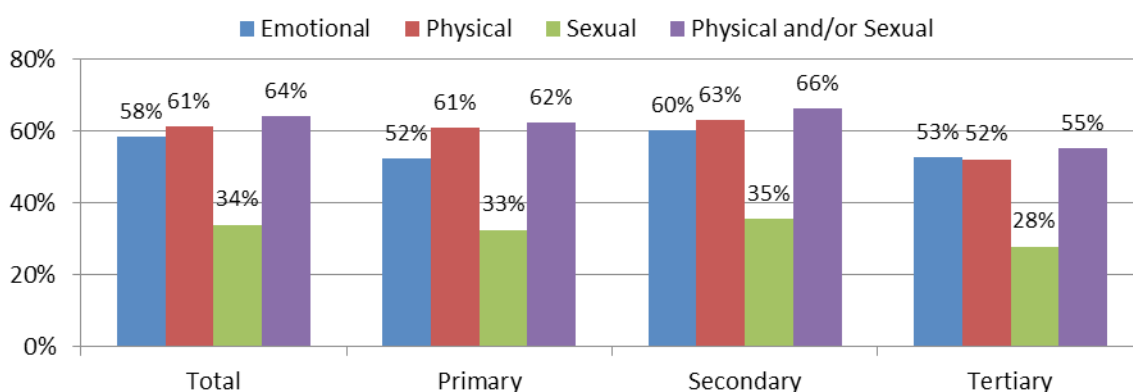


Source: Table 4.9 of Annex 1.

#### *Prevalence by level of education*

Women with a tertiary education are slightly less likely to be subjected to sexual violence and emotional abuse by their husbands/partners over their lifetime, compared to those educated to primary or secondary level. However, they experience physical violence at much the same rate as women educated to primary level. Women with secondary education have the highest lifetime prevalence for all forms of partner violence (Figure 4.7).

**Figure 4.7: Lifetime prevalence of intimate partner physical, sexual and emotional violence, percentage of ever-partnered women by level of education (N=3035)**

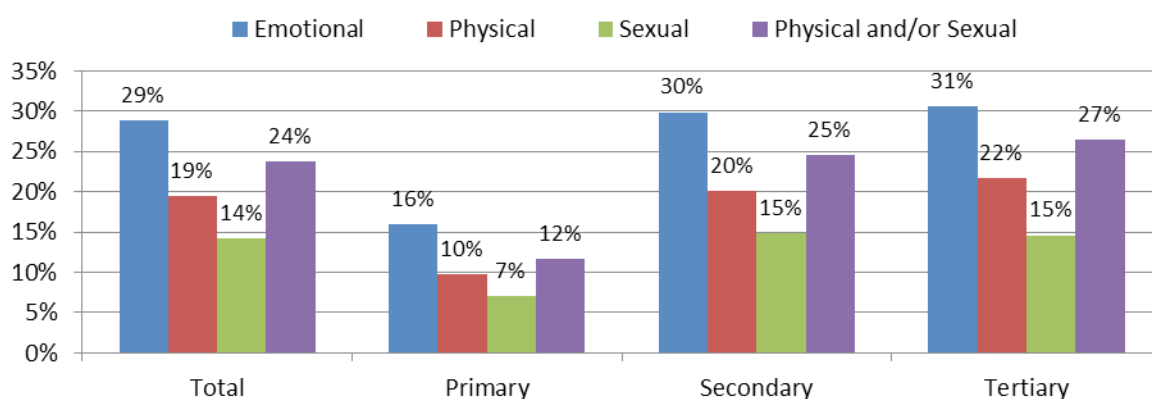


Source: Tables 4.1 and 4.9 of Annex 1.

However, the picture is somewhat different when we consider current prevalence: women educated to tertiary level have the highest prevalence of physical and/or sexual violence (27%), followed by those who have attended secondary education (25%), with the lowest prevalence (12%) for those who have only completed primary school. This pattern is repeated for current prevalence of emotional violence (Figure 4.8), and may be due to higher levels of educational achievement among younger women, who experience substantially higher levels of current violence than older women. Nevertheless, education is not a significant factor overall regarding whether women are subjected to violence by their husbands/partners (see Chapter 11).



**Figure 4.8: Current prevalence of intimate partner physical, sexual and emotional violence, percentage of ever-partnered women by level of education (N=3035)**

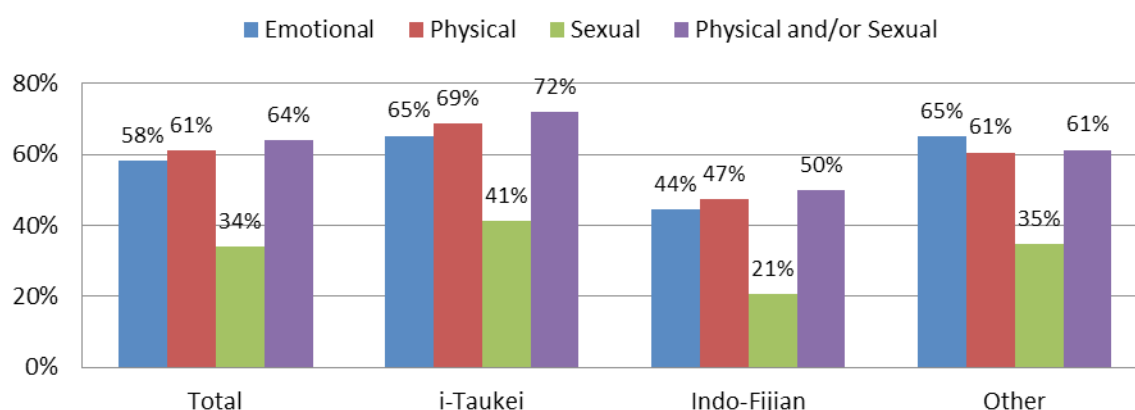


Source: Tables 4.1 and 4.9 of Annex 1.

#### *Prevalence by ethnicity and religion*

Indo-Fijian women are significantly less likely to experience emotional, physical and sexual violence than the national average: 44% of Indo-Fijian women experienced emotional violence in their lifetime, compared with 58% for the country as a whole; and 50% experienced physical and/or sexual violence compared with 64% for Fiji. In contrast, i-Taukei women experienced higher rates of all forms of violence than the national average: 65% experienced emotional abuse and 72% experienced physical and/or sexual violence (Figure 4.9). However, it is important to note that the lifetime prevalence of physical and/or sexual violence for Indo-Fijian women, although lower than for other ethnic groups in Fiji, is much higher than the global prevalence of 30% (WHO 2013: 16).

**Figure 4.9: Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, percentage of ever-partnered women by ethnicity (N=3035)**

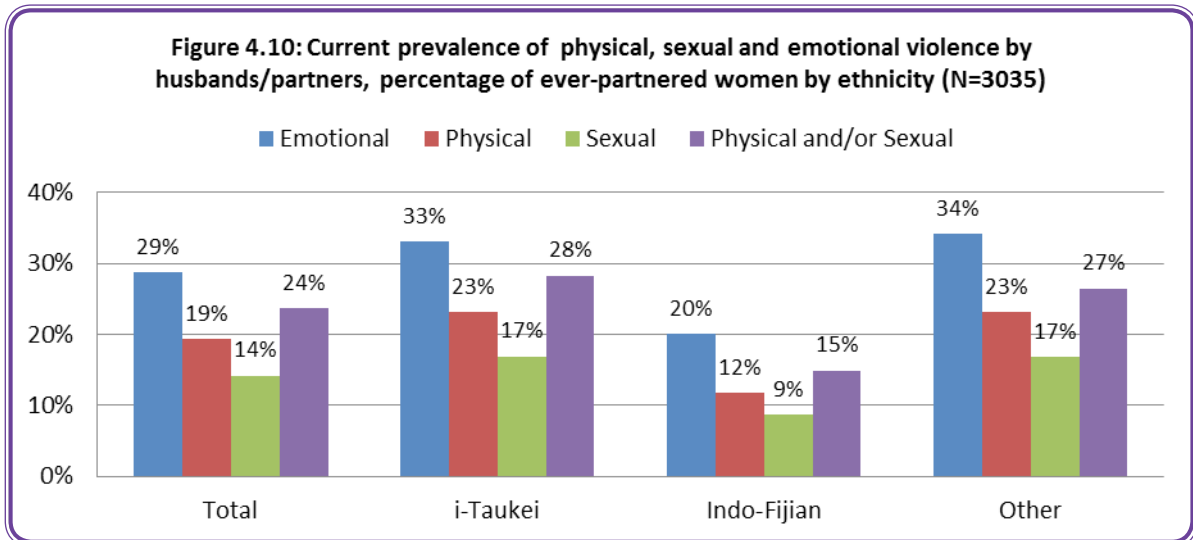


Note: "Other" includes Rotuman, mixed ethnicity, other Pacific Islander, Chinese, European and others. Source: Tables 4.1 and 4.9 of Annex 1.

This pattern is repeated for current prevalence, where the rates of physical and/or sexual violence for i-Taukei and other ethnic groups are almost double those experienced by Indo-Fijian women: 15% of Indo-Fijian women were subjected to physical and/or sexual abuse in the 12 months prior to the survey, compared with 28% for i-Taukei and 27% for women from all other ethnic groups combined.

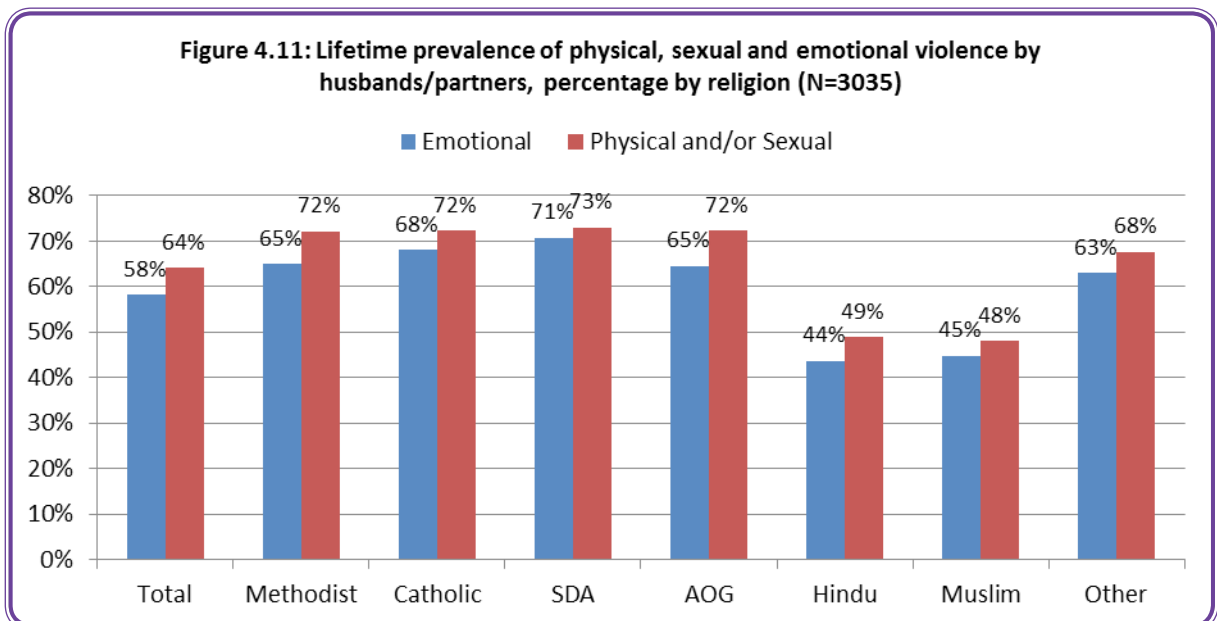


The current prevalence of emotional violence also paints a disturbing picture, affecting one in 5 Indo-Fijian women, and one in 3 of those from all other ethnic groups (including i-Taukei) in the past 12 months (Figure 4.10).



Note: "Other" includes Rotuman, mixed ethnicity, other Pacific Islander, Chinese, European and others. Source: Tables 4.1 and 4.9 of Annex 1.

Ethnic differences are reflected in the prevalence of violence among women of different religions. All the Christian religions have higher rates of emotional, physical and sexual violence than the national average; and women following the Hindu and Muslim faiths have somewhat lower rates than the national average (Figure 4.11).



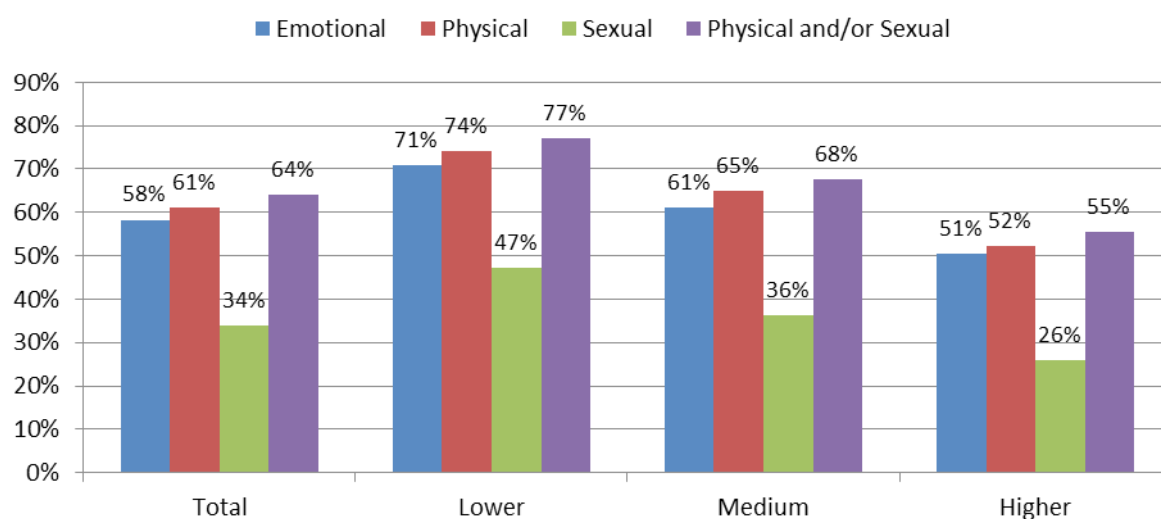
Note: "Other" includes all other religions and those with no religion. Source: Tables 4.1 and 4.9 of Annex 1.



### Prevalence by socio-economic cluster<sup>11</sup>

Rates of violence also vary somewhat according to socio-economic cluster, although these differences are not as marked as those for location, ethnicity and religion. In general, women in the lower socio-economic cluster have a greater likelihood of experiencing violence than those in the medium or higher socio-economic clusters: 55% of women from the higher socio-economic group were subjected to physical and/or sexual violence in their lifetime, compared with 68% from the medium and 77% from the lower socio-economic group. A similar pattern is seen with emotional violence: 51% of women from the higher group have experienced emotional abuse, compared with 61% in the medium group and 71% in the lower group (Table 4.12).

**Figure 4.12: Lifetime prevalence of physical, sexual and emotional violence by husbands/partners, percentage of ever-partnered women by socio-economic cluster (N=3035)**



Source: Tables 4.1 and 4.9 of Annex 1.

### 4.2.3 Overlap of physical, sexual and emotional partner violence

Most women living with intimate partner violence experience several different forms of abuse from their husbands/partners. Looking first at the overlap between physical and sexual violence over a woman's lifetime, figure 4.13 shows that 31% of women in Fiji have been subjected to both physical and sexual violence; 30% were subjected to physical violence alone during their lifetime, and very few (3%) experience sexual violence alone. In other words, about half of those who experienced physical and/or sexual violence were subjected to both forms of violence.

<sup>11</sup> Socio-economic clusters are based on an assets index and do not refer to poverty levels (see section 3.2.3 and Annex 4).



Figure 4.13. Overlap of lifetime prevalence of physical and sexual partner violence, percentage of ever-partnered women (N=3035)

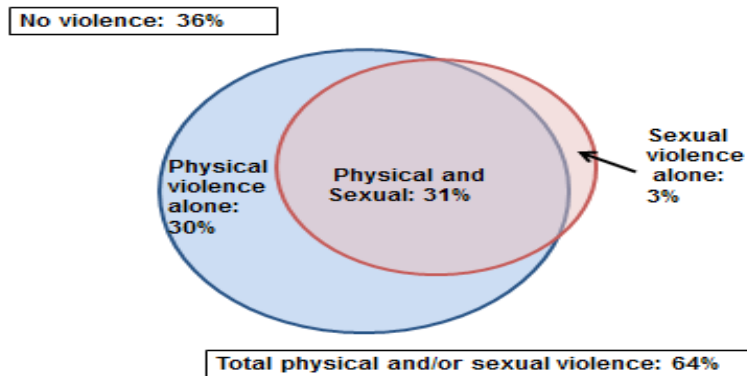
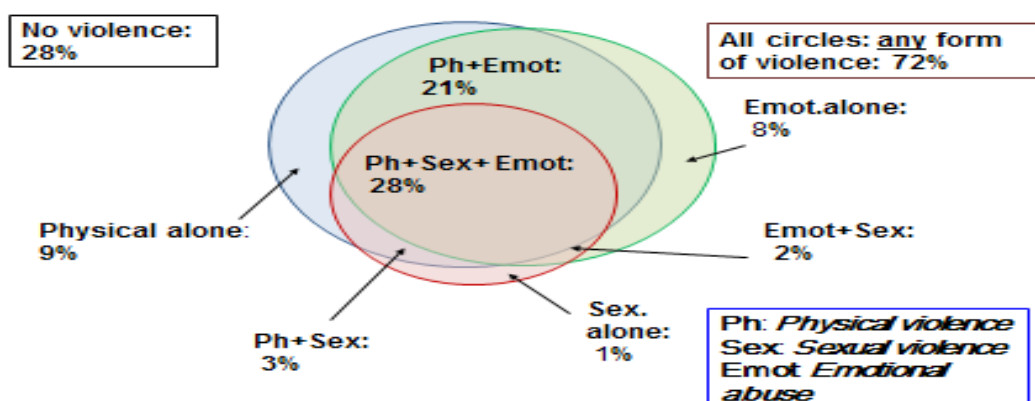


Figure 4.14 shows the overlap between those who self-reported the three forms of violence in their lifetime: emotional, physical and sexual. The green shaded area shows those who reported emotional violence during the survey, blue represents those who reported physical violence, and the red shading shows those who reported sexual violence. Among all the survey respondents, 28% said they had been subjected to all three forms of violence in their lifetime, which is more than a third of those women living with violence; 26% experienced 2 of the 3 forms of violence (physical and emotional, emotional and sexual, and physical and sexual). In other words, about three-quarters of those who have lived with violence have suffered from 2 or 3 of the forms of violence. A minority said that they had only been subjected to one of the three forms of violence: 9% said they had only experienced physical violence, 8% said they had only been emotionally abused, and 1% said they had only been sexually abused by their husbands/partners.

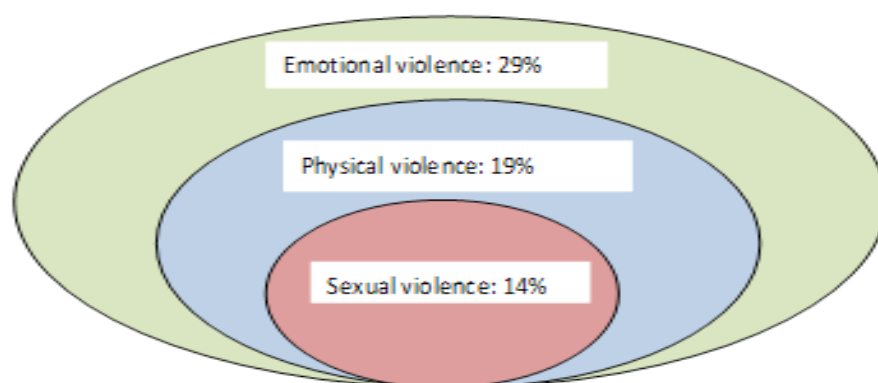
Figure 4.14. Overlap of lifetime prevalence of physical, sexual and emotional violence by husbands/partners, percentage of ever-partnered women (N=3035)



**Overall, 72% of ever-partnered women in Fiji have experienced one or more of these three forms of violence**, and the vast majority reported during the survey that they experienced more than one type of violence. Only 28% said they had never experienced any form of violence from their husbands/partners in their lifetime (Figure 4.14).



**Figure 4.15. Current prevalence of physical and sexual violence and emotional abuse by husbands/partners, percentage of ever-partnered women (N=3035) represented according to FWCC's experience**



This picture in Figure 4.14 does not accord with FWCC's experience with counselling, where physical and sexual violence do not occur without emotional violence; this is discussed in section 4.7 below. However, it is worth re-iterating that women's self-reporting of violence over the previous 12 months before the survey shows that emotional violence is currently the most prevalent form of intimate partner abuse; Figure 4.15 shows the current prevalence rates, represented diagrammatically to illustrate FWCC's experience of how the different forms of violence overlap.

### 4.3 Types, frequency and severity of physical partner violence

The most common types of physical partner violence are being slapped, or having something thrown at them (57% of ever-partnered women); being hit with a fist or something else (42% or more than 2 in 5 women); and being pushed, shoved and having their hair pulled (37%). More than 1 in 4 women (27%) have been kicked, dragged or beaten up. More than 1 in 10 (12%) have either been threatened with a weapon, or have had a weapon used against them, and 6% have been choked or burnt on purpose (Table 4.2).

Table 4.2 also shows the percentages of women experiencing each specific type of physical violence, among the 1853 women who reported that they had experienced any one act of physical violence in their lifetime. These figures provide a disturbing insight into these women's lives: 68% of the women who do suffer from violence by their husbands/partners have been hit with a fist or something else; 44% have been kicked, dragged or beaten up; 10% have been choked or burnt on purpose; and for 20% the violence has involved a weapon.

**Table 4.2: Lifetime prevalence of different types of physical violence against women by husbands/partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced physical violence [N=1853])**

Types of physical violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced physical violence (N=1853)
Slapped or threw something	1738	57%	94%
Pushed, shoved or pulled hair	1119	37%	60%
Hit with fist or something else	1255	41%	68%
Kicked, dragged, beaten up	815	27%	44%
Choked or burnt on purpose	179	6%	10%
Threatened or used a weapon	370	12%	20%
At least 1 act of physical violence	1853	61%	100%

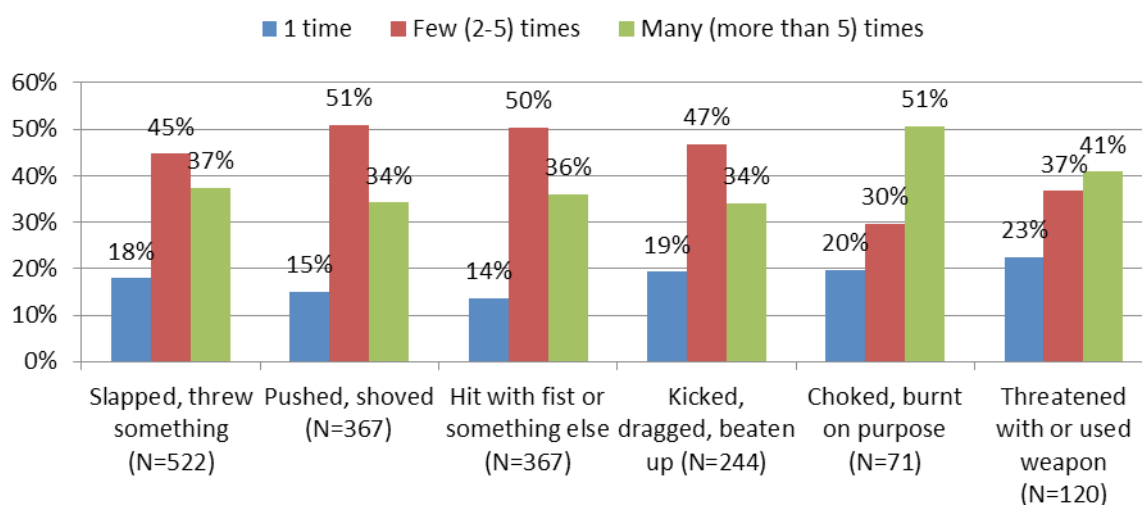
Note: Percentages do not add to 100% because women could report more than 1 type of physical violence. Source: Table 4.2 of Annex 1.



The vast majority of women who experience physical violence are abused frequently, and they experience multiple types of physical attack. On average, each woman experienced 3 different types of physical violence by her husband/partner. When we consider the frequency of each type of physical violence over the last 12 months, the picture that emerges is one of repeated and intense acts of violence. For example, among those who were kicked, dragged or beaten up during the last 12 months, 47% were subjected to this 2-5 times and 34% more than 5 times. Although comparatively few women were choked or burnt on purpose by their husbands/partners, half (51%) were subjected to this torture more than 5 times, and 30% between 2 and 5 times in the year before the survey. Among those who were threatened with a weapon or had a weapon used against them, 37% experienced this 2-5 times, and 41% more than 5 times. For women who were hit with a fist or an object, the vast majority (86%) were hit more than twice in the last 12 months. Similarly, most of those who were slapped, had something thrown at them, pushed or shoved also experienced these acts of aggression many times. Taking into account all the acts of physical violence that were included in the survey questionnaire, a minority of women reported that they had only experienced them once over the last 12 months (Figure 4.16). All these findings confirm FWCC's counselling experience that physical assaults are frequent often extremely severe.



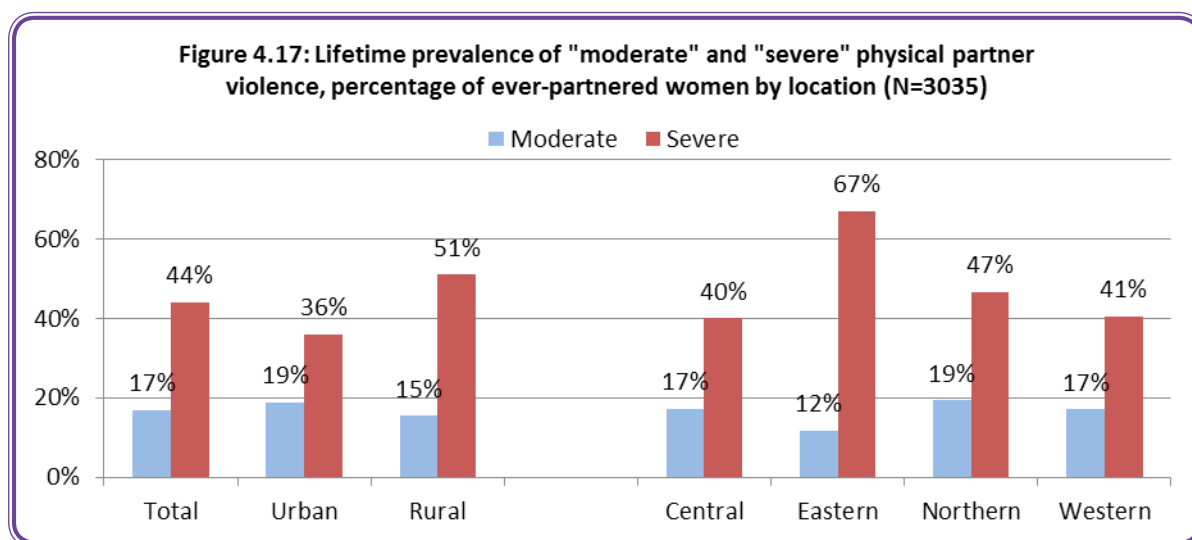
**Figure 4.16: Frequency of different types of physical partner violence in the past 12 months (percentage of women who experienced each type)**



Source: Table 4.4 of Annex 1.



The WHO categorises some forms of violence as “moderate” – such as slapping, throwing something, pushing and shoving – and others as “severe”, including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, and using a weapon, or threatening to use a weapon. FWCC believes that all forms of violence against women are serious; all are a violation of human rights, all can cause injury, and all have damaging psychological consequences. Nevertheless, physical attacks defined by the WHO as “severe” are far more prevalent than those categorised as “moderate”: 44% of women throughout the country were subjected to the most severe forms of physical attack in the lifetime, compared with 17% who experienced acts defined as moderate (Figure 4.17).



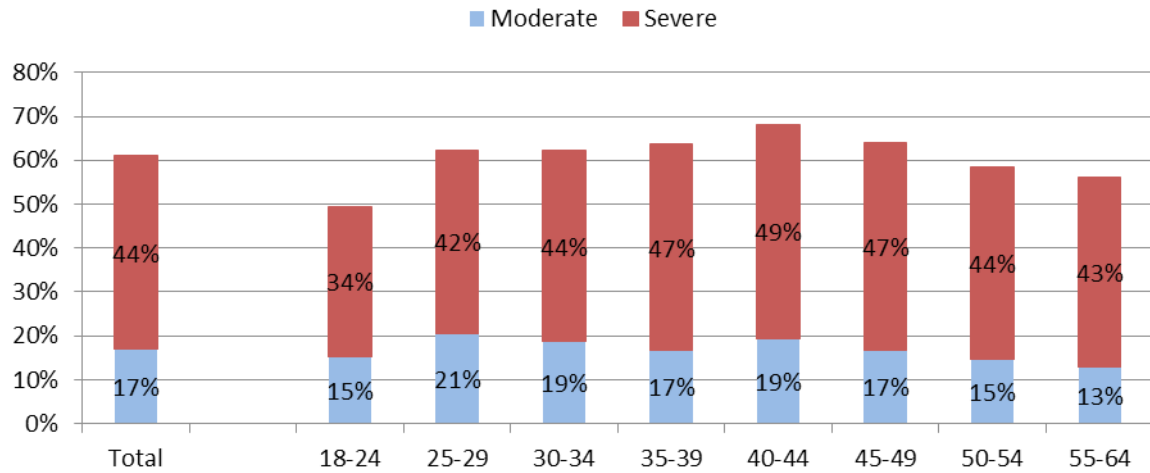
Note: “moderate” violence includes slapping, throwing something, pushing or shoving; “severe” includes all other forms including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon. Source: Table 4.3 of Annex 1.

Consistent with findings on the overall prevalence of partner violence, the most “severe” forms of violence are also more prevalent in rural areas than urban areas, and far more prevalent in the Eastern Division where 67% of women are living with the most severe types of attacks, and 12% with those classified as moderate. Nevertheless, the most severe forms of physical violence are prevalent in every Division (Figure 4.17). Women in every age group suffer from the most severe forms of physical attack, although women in their later reproductive years (aged 35-49) have a slightly higher prevalence than the national average, and young women aged 18 -24 are somewhat less likely to suffer more from the most severe types of physical attack (Figure 4.18).

The more severe forms of physical violence are more prevalent in i-Taukei communities: 55% of i-Taukei women experienced the most severe types of physical violence, 24% of Indo-Fijian women, and 49% of women from other ethnic groups, compared to a national prevalence of 44%. Although all types of severe physical violence are more prevalent among i-Taukei women, they are substantially more likely to be hit with a fist or something else, kicked, dragged or beaten up. Similarly, there is a higher prevalence of the most severe forms of physical violence among women following the Christian faith (between 53% and 56% depending on the denomination), compared with the national rate. Women with secondary education have the highest levels of prevalence for severe physical violence (47%), followed by those educated to primary level (40%), and those with tertiary education (31%) (Tables 4.2, 4.2a-4.2c and 4.3 of Annex 1).



**Figure 4.18: Lifetime prevalence of "moderate" and "severe" partner violence, percentage of ever-partnered women by age (N=3035)**



Note: "moderate" violence includes slapping, throwing something, pushing or shoving; "severe" includes all other forms including hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon. Source: Table 4.3 of Annex 1.

#### 4.4 Types and frequency of sexual partner violence

The most common form of sexual violence is rape; 28% of ever-partnered women (more than 1 in 4) have been forced to have sex by their husband/partner. In addition, 25% have had sex because they were afraid of what their husband/partner might do; and 15% have been forced to do something sexual that they felt was degrading or humiliating (Table 4.3). Among those subjected to this form of violence, on average each woman experienced 2 different types of sexual violence by her husband/partner over her lifetime; women who living with sexual violence over the last 12 months were also subjected to about 2 different types of sexual violence on average.

Table 4.3 also shows the percentages of women experiencing each type of sexual violence, among the 1030 women who reported that they had experienced any one act of sexual violence in their lifetime. As with physical violence above, once again these figures paint a brutal picture: 82% of the women who do suffer from sexual violence by their husbands/partners have been raped; 74% have had sex because they were afraid; and 44% were forced to perform a humiliating or degrading act.

**Table 4.3: Lifetime prevalence of different types of sexual violence against women by husbands/ partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced sexual violence [N=1030])**

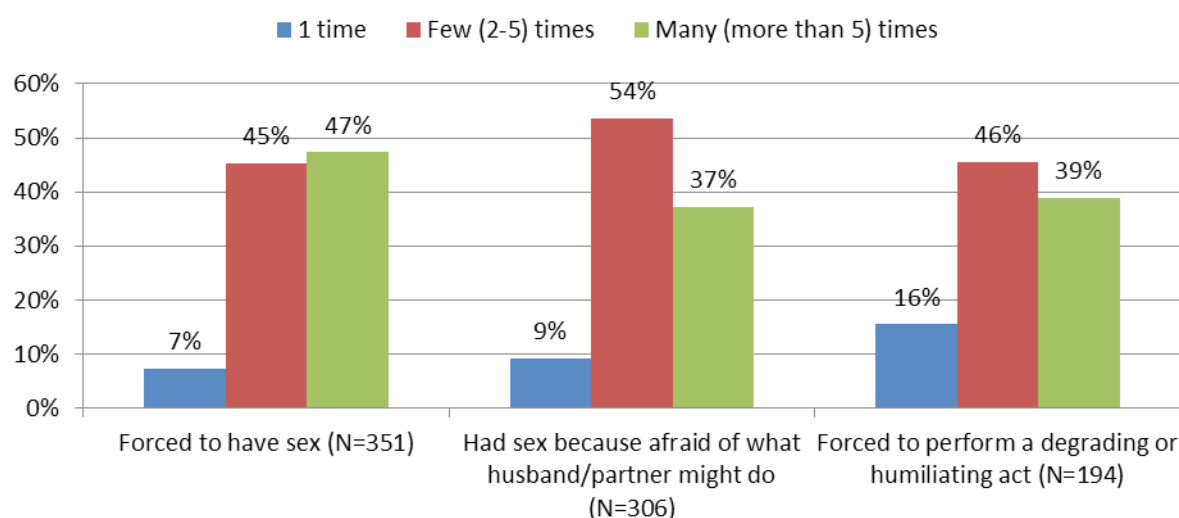
Types of sexual violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced sexual violence (N=1030)
Forced to have sex when she did not want to	842	28%	82%
Had sex because she was afraid of what her husband/partner might do	759	25%	74%
Forced to perform a degrading or humiliating sex act	455	15%	44%
<b>At least 1 act of sexual violence</b>	<b>1030</b>	<b>34%</b>	<b>100%</b>

Note: Percentages do not add to 100% because women could report more than 1 type of sexual violence. Source: Table 4.7 of Annex 1.



While these rates of sexual violence against women by their husband/partner are high, the picture becomes even more disturbing when we consider the frequency of each type of sexual violence during the last 12 months. Very few women were abused only once in the last year: 45% were raped 2-5 times and 47% were raped repeatedly. Among those who had sex due to fear, 54% were subjected to this 2-5 times and 37% more than 5 times. Similarly, 85% of women forced to perform a degrading sexual act did so more than once, including more than a third who were forced to do so more than 5 times (Figure 4.19).

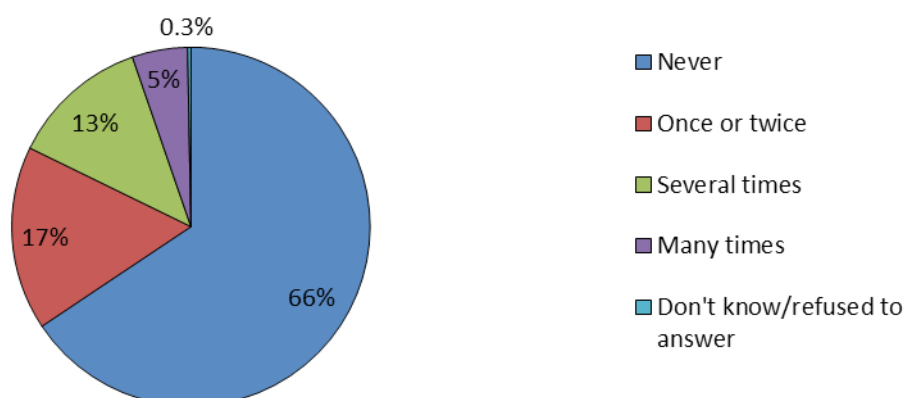
**Figure 4.19: Frequency of different types of sexual partner violence in the past 12 months (percentage of women who experienced each type)**



Source: Table 4.8 of Annex 1.

For some women, acts of physical abuse are often followed by rape. Of 1855 women who suffered physical violence in their lifetime, 36% had been forced to have sex following the physical attack (Figure 4.20). This occurred substantially more for women living in the Eastern Division, where almost half (49%) had been raped following physical violence (Table 4.12 of Annex 1).

**Figure 4.20: Frequency of forced sex following incidents of physical violence (N=1855)**



Source: Table 4.12 of Annex 1.



#### 4.5 Types and frequency of emotional violence

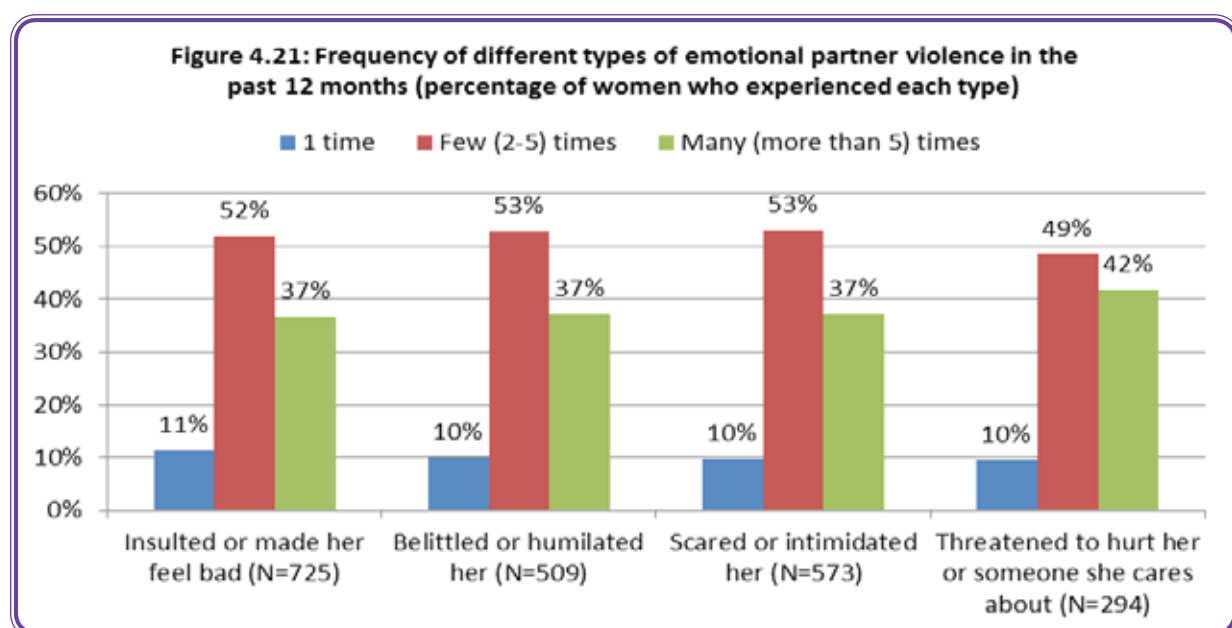
The most common type of emotional violence is insults that make the woman feel bad about herself; this type of abuse affects more than half of ever-partnered women in Fiji during their life (51%). In almost 2 in 5 relationships (38%), the husband/partner scares or intimidates his wife, for example by yelling or smashing things. Belittling and humiliation in front of other people has happened to women in 35% of relationships in Fiji. Threatening to hurt the woman or someone she cares about affects 20% of ever-partnered women over their lifetime (Table 4.4).

Table 4.4 also shows the percentages of women experiencing each type of emotional violence, among the 1769 women who experienced any one act of emotional violence in their lifetime: 87% of those who suffer from emotional abuse are insulted by their husbands/partners, 66% are scared or intimidated by him, 60% are humiliated in front of other people, and 35% are subjected to threats. On average, women live with between 2 and 3 of these types of emotional abuse.

**Table 4.4: Lifetime prevalence of different types of emotional violence against women by husbands/partners (percentage of ever-partnered women [N=3035] compared with percentage of women who experienced emotional violence [N=1769])**

Types of emotional violence	Number	% of ever-partnered women (N=3035)	% of ever-partnered women who experienced emotional violence (N=1769)
Insulted her or made her feel bad	1545	51%	87%
Belittled or humiliated her in front of other people	1061	35%	60%
Done things to scare or intimidate her on purpose	1164	38%	66%
Threatened to hurt her or someone she cared about	622	20%	35%
<b>At least 1 act of emotional violence</b>	<b>1769</b>	<b>58%</b>	<b>100%</b>

Note: Percentages do not add to 100% because women could report more than 1 type of emotional violence. Source: Table 4.10 of Annex 1.



Source: Table 4.10 of Annex 1.



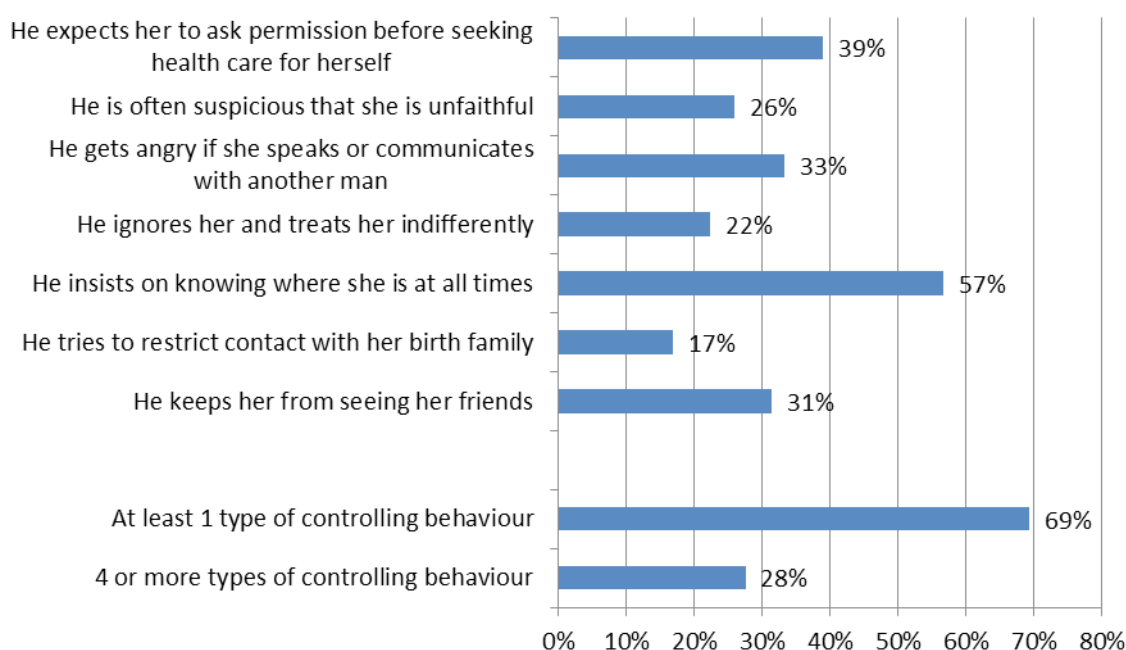
When we consider the women who were subjected to emotional violence during the past 12 months, once again the picture tells a disturbing story – particularly when we remember that emotional abuse is usually accompanied by physical or sexual abuse or both, and considering the enormous harm to self-esteem and self-confidence that results from this behaviour by men. One in 10 women were emotionally abused only once in the previous 12 months before the survey; about half were subjected to emotional abuse 2-5 times; and the remainder suffered from repeated acts of abuse (Figure 4.21). FWCC's experience through counselling suggests that these figures under-estimate the amount of emotional abuse and emotional blackmail suffered by women in Fiji; this is discussed in section 4.7 below.

## 4.6 Types of controlling behaviours

### 4.6.1 National prevalence of controlling behaviours

The survey asked questions about 7 different types of control that men exert over their wives and partners. Overall, 69% of ever-partnered women (more than 2 in 3) experienced at least one form of controlling behaviour by their husbands/partners, and 28% (more than 1 in 4 women) have lived with 4 or more types of control by their husbands and partners (Figure 4.22).

**Figure 4.22: Lifetime prevalence of types of controlling behaviours by husbands/partners, percentage of ever-partnered women (N=3035)**



Source: Table 4.11 of Annex 1.

The most common type of control that men have over their wives and partners is to insist on knowing where she is at all times; this affects 57% of ever-partnered women, which is almost 3 in 5. Two in 5 women (39%) need to ask permission from their husband/partner before they access health care for themselves; this clearly has very serious implications for women's health-seeking behaviour. Almost one-third (31%) of all ever-partnered women are prevented from seeing their friends; and for 1 in 3 (33%), the husband/partner gets angry if she communicates with another man. More than 1 in 5 women (22%) reported that her husband/partner ignores her or treats her indifferently. In 17% of relationships, husbands/partners try to restrict a woman's contact with her family of birth; this is extraordinarily high, taking into account the cultural norms within Fiji's ethnic groups (Figure 4.22).



#### 4.6.2 Who experiences control by husbands/partners?

Women from all locations, ages, education levels, ethnicity and religions experience controlling behaviours. However, similar patterns are seen with controlling behaviours as with other forms of violence discussed above (physical, sexual and emotional) regarding location, level of education, ethnicity and religion.

More women in rural areas are subjected to all the various types of control than those who live in urban areas. Substantially more women from the Eastern Division are subjected to control by their husbands/partners than their sisters in other Divisions, and those from the Central and Western Divisions have the lowest prevalence. For example, 45% of women from the Eastern Division and 43% of those from the Northern Division have to ask for permission before they access health care, compared with the national average of 39%. Women in rural areas have more restrictions placed on their movement than those in urban areas: for 51% of those living in urban areas, the husband/partner insists on knowing where she is at all times, compared to 62% for those living in rural areas. For 71% of women in the Eastern Division, their husbands insist on knowing where they are at all times, compared with 60% from the Northern Division, 56% from Western Division and 52% from Central Division (Table 4.11 of Annex 1). Moreover, 25% of women in the Central and Western Divisions are subjected to 4 or more types of control, compared with 31% in the Northern Division and 38% in the Eastern Division.

Women with secondary education are more likely to be subjected to all types of controlling behaviours compared with those educated to primary or tertiary level, and are also more likely to be subjected to 4 or more types of control. In general, women educated to primary level tend to have the lowest rates of control by their husbands/partners. However, there are some exceptions to this pattern: 29% of tertiary-educated women have to ask permission to get health care, compared with 37% of primary-educated and 41% of secondary-educated women, and a national rate of 39%. Similarly, women educated to tertiary level are the least likely to be restricted from seeing their birth family (12% of tertiary-educated women compared with a national prevalence of 17%), and to be ignored and treated indifferently (19% for tertiary-educated women compared with a national prevalence of 22%). Level of education makes very little difference to the husband's/partner's insistence on knowing where a woman is at all times, which is the most prevalent form of control (Table 4.11 of Annex 1).

A woman's age makes little difference to whether or not she experiences each individual type of controlling behaviour. For example, 65% of women aged 25-29 have husbands/partners who insist on knowing where she is at all times, and 60% of women aged 35-39, but prevalence for all other age groups is below the national rate of 57%. The findings do not indicate that younger women are more likely to be subjected to any particular type of control; however, younger women aged 18-29 are slightly more likely to be subjected to 4 or more types of control than older women. Overall, the data suggests that control of women by their husbands/partners persists throughout a woman's life (Table 4.11 of Annex 1). This is consistent with the findings on emotional abuse which also persist throughout the life cycle (section 4.2.2).

As with the findings on physical, sexual and emotional violence discussed above, i-Taukei women and those from other ethnic groups have a higher prevalence of most forms of controlling behaviours than Indo-Fijian women. The only exception to this is women needing to ask the husband's/partner's permission to seek health care, which affects 40% of i-Taukei women, 39% of Indo-Fijian women, and 34% of women from other ethnic groups. Indo-Fijian women are less likely than those from other ethnic groups to be subjected to 4 or more controlling behaviours: 15% of Indo-Fijian women are subjected to this intense web of control, compared with 34% of i-Taukei women, 32% from other ethnic groups, and a national prevalence of 28%.

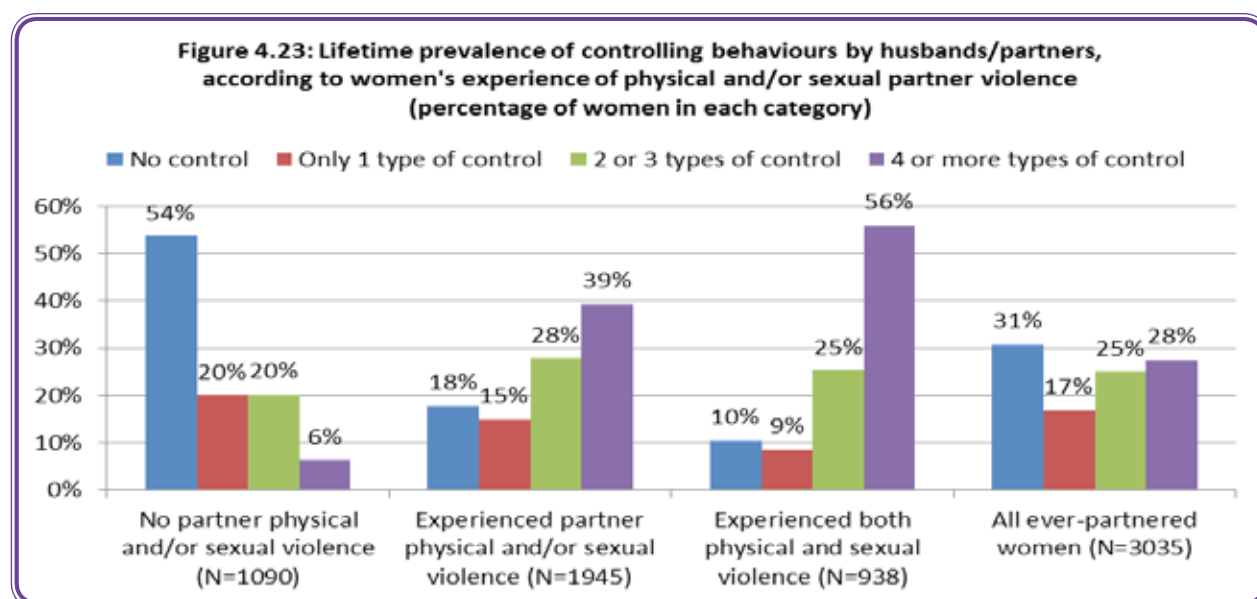


Women from the Christian religion are more likely to be subjected to more forms of control than those from other faiths. The only exception to this pattern is the need to seek permission before accessing health care, which affects women from all religions at about the same rate. Between 33% and 40% of Christian women are subjected to 4 or more types of controlling behaviour, compared with 17% of Muslim women and 15% of Hindu women (Table 4.11 of Annex 1).

#### 4.6.3 How are controlling behaviours associated with physical and sexual violence?

Women who have experienced either physical or sexual violence are far more likely to be subjected to each form of controlling behaviour: P values measuring the statistical significance of the association between each controlling behaviour and the experience of physical and/or sexual violence are less than 0.001<sup>12</sup> (Table 4.11 of Annex 1 and Figure 4.23). Moreover, those women subjected to both physical and sexual violence live with extremely high levels of control by their husbands and partners: more than half (56%) are subjected to 4 or more types of control, compared with 39% for those women who experience either physical or sexual violence, and only 6% of those women who have never experienced physical or sexual violence (Figure 4.23). These findings provide further evidence of the overlapping nature of the different forms of violence, and of the fact that physical and sexual abuse generally occurs within a relationship of extreme gender inequality, with the husband/partner exerting control over several aspects of women's lives.

It is also useful to disaggregate the findings to consider the proportion of women who are subjected to 2 or 3 types of control: this affects one in five women (20%) who are not living with physical or sexual violence (Figure 4.23). It is interesting that there is no significant difference between the major ethnic groups or religions when we consider the proportion of women subjected to 2 or 3 forms of control: this affects 24% of Indo-Fijian women, 26% of iTaukei and 16% of women from other ethnic groups; one in 4 women (25%) in Fiji and from all religions are subjected to 2 or 3 forms of control. Overall, 2 or more forms of control is the norm for more than 53% of relationships (Figure 4.23 and Table 4.11 of Annex 1). These are important findings because they provide evidence of the social context of gender inequality for all women. They indicate that male control is a common element in the majority of relationships in Fiji, regardless of whether a woman experiences physical or sexual violence.



Source: Table 4.11 of Annex 1.

<sup>12</sup> P values measure statistical significance; a P value of less than 0.001 means there is only 0.1% chance that this association is incorrect. See the Glossary of Statistical Terms in Annex 6 for a detailed explanation.



## 4.7 Discussion of findings

### 4.7.1 Myths about intimate partner violence against women

Some common myths are challenged by the survey findings. For example, many people believe that domestic violence does not happen often or that it is a minor problem. The prevalence of all forms of intimate partner violence against women in Fiji is extraordinarily high. For those women who are living with violence, the findings describe a terrible reality: intense and repeated abuses, with many suffering from multiple types of physical and sexual attack, humiliating emotional abuse and high levels of coercive control by their husbands/partners.

The frequency and intensity of physical and sexual assaults over the 12 months before the survey describe a situation of torture for the majority of women living with violence. While all forms of physical violence can cause injury and emotional trauma, comparing the prevalence of “moderate” and “severe” forms of physical abuse may help to dispel the myth that physical partner violence is not serious. The high proportion of women who experience frequent incidents of extremely severe forms of violence is a very worrying finding, including being beaten up, choked, burned and attacked with a weapon. The findings underline the need for police, relatives, and community leaders to act immediately when women seek protection and help, and to take all reports of violence very seriously. They also point to the need for the media to refrain from trivialising the problem of domestic violence, and reinforcing false ideas about its nature, since these actions can contribute to women’s reluctance to tell others what they are experiencing and seek help.

Another common but false belief is that domestic violence only occurs among the poor. In fact, more than half the women in Fiji from the higher socio-economic group experience physical and/or sexual intimate partner violence, compared with a national prevalence of 64%; this is substantially higher than the global prevalence of 30% for physical and/or sexual partner abuse (WHO 2013). Similarly, more than half the women in the higher socio-economic group in Fiji live with emotional violence.

Although less women overall suffer from sexual violence by their husbands and partners than physical violence, many who do are raped repeatedly, and live in fear of what may happen if they do not have sex. Many people believe that men rape women for sexual satisfaction, or that they cannot stop themselves once they are aroused. The evidence demonstrates that these beliefs are myths. The findings show that sexual abuse is one aspect of a wider pattern of domination and control over women – this is demonstrated by the overlap between physical, sexual and emotional violence; the fact that physical violence is sometimes followed by rape; the fact that one in 4 women have sex because they are fearful; and that more than one in 10 are forced to perform degrading or humiliating acts.

#### *Can physical and sexual violence occur without emotional abuse?*

The findings appear to suggest that some women who experience physical or sexual violence in their lifetime do not experience emotional abuse and control by their husbands/partners (Figures 4.11 and 4.20). This does not accord with FWCC’s experience with counselling and community education, where it is unknown for women to be subjected to physical or sexual violence without also being emotionally abused and subjected to various types of controlling behaviour.

During counselling and community education, women regularly describe what day-to-day life is like for them: many have a constant and pervasive fear due to the threat of violence, which may be expressed in “the look” that their husband gives them to express his displeasure or to signal a warning to her. Many also describe the ongoing anxiety associated with not knowing how their husband will behave when he comes home each night, and whether he will be in a good or bad mood. During male advocacy training and community education sessions, men also describe the various types of emotional control they exert over their wives and partners, and often admit that one form of prevalent emotional abuse is “the look”: a warning that she needs to behave or take care in order to avoid further violence.



Other types of emotional abuse described by women and men in FWCC community education and training sessions include the emotional impact of men having extra-marital affairs, control over women's dress or hairstyle, controlling money and/or refusing to provide enough money (see discussion in Chapter 9).

While pervasive fear and non-verbal cues are difficult to capture in a quantitative survey, the findings nevertheless point to an important lesson regarding the content of the questionnaire, which did not adequately explore the ongoing and debilitating fear which arises from living in a violent relationship, and other more subtle types of emotional abuse and control.<sup>13</sup> For these reasons, FWCC believes that the findings under-estimate the prevalence of emotional violence and control.

#### **4.7.2 Intimate partner violence and gender inequality**

Coupled with physical and sexual abuse, the findings on emotional abuse and controlling behaviours describe a situation of extreme gender inequality, with men imposing power over women in a range of damaging ways. The findings paint a picture of a highly controlled and oppressive environment for women living with violence, pervaded with intimidation and threats. This pattern of multiple forms of abuse and control in intimate relationships has been found in all other countries where research has been undertaken on violence against women, including in the Pacific region (Fulu 2007; Jansen et al 2009; SPC 2009; SPC 2010; VWC 2011; and WHO 2005).

Women in violent relationships in Fiji have men controlling their mobility, access to health care, who they see, and who they communicate with. This web of control, emotional and physical abuse has enormous consequences for women's mental and physical health, self-confidence and self-esteem (see discussion in Chapter 7). It contravenes their human rights, inhibits their ability to care for themselves and their families, and prevents them from taking up opportunities for social and economic development.

Restrictions on women's access to health care are particularly damaging because they have a profound impact on women's health seeking behaviour. This finding has critical implications for health authorities and particularly for health promotion and outreach programs – since this degree of control by men and its high prevalence (2 in 5 ever-partnered women) is undoubtedly a risk to the effectiveness of health promotion and treatment efforts targeted at women to improve their own and their family's health. Restricting women's access to health care prevents women from getting the help that they need to deal with injuries and other impacts of violence, and contributes to violence being kept hidden. This finding provides a stark insight into the status of women, whose health is either not seen as important, or who are not seen as competent to make decisions about their own health care.

Some commentators may argue that insisting on knowing women's whereabouts – the most prevalent type of controlling behaviour affecting almost 3 in 5 ever-partnered women – may be seen as an expression of love and concern, rather than evidence of gender inequality. However, the key word here is "insist". There are many circumstances under which one may insist on knowing the whereabouts of a child for their own safety and protection, and where this is part of an adult's duty of care; but to do so in a relationship between adults conveys inequality and disempowerment. Moreover it provides a way for men to control and monitor most other aspects of women's behaviour, and contributes to a climate of powerlessness when the fear and threat of violence is constantly hanging over a woman's head.

In addition, the prevalence in Fiji of husbands/partners trying to restrict contact with a woman's family

<sup>13</sup> This was also acknowledged by the WHO in their multi-country study, which asserted that the survey questions on emotional abuse and controlling behaviours should not be considered as a comprehensive measure of all forms of emotional abuse (WHO 2005: 14).



of birth is one of the highest in the world, among all the countries where the WHO methodology has been used. Only Kiribati and provincial Peru have a higher prevalence of men trying to restrict their wives/partners from seeing their birth family (Fulu 2007: 36; Jansen et al 2009: 57; SPC 2010: 85; SPC 2009: 65; VWC 2011: 70; and WHO 2005: 34).



Examining the difference between lifetime and current prevalence for all forms of violence provides a further insight into the nature of gender inequality. As shown above, young women were much more likely to experience physical, sexual and emotional violence in the 12 months before the survey than older women. This indicates that the violence starts very early in a relationship, when unequal power relations are tested and established through controlling behaviours as well as through physical, sexual and emotional violence. FWCC's counselling statistics show that younger women are increasingly seeking help to deal with violence, compared with 5-10 years ago. This is a very positive sign; through many years of public campaigns, media work, marches and community education, young women have grown up knowing and learning about FWCC and women's rights, and some are now willing to take action sooner rather than later.

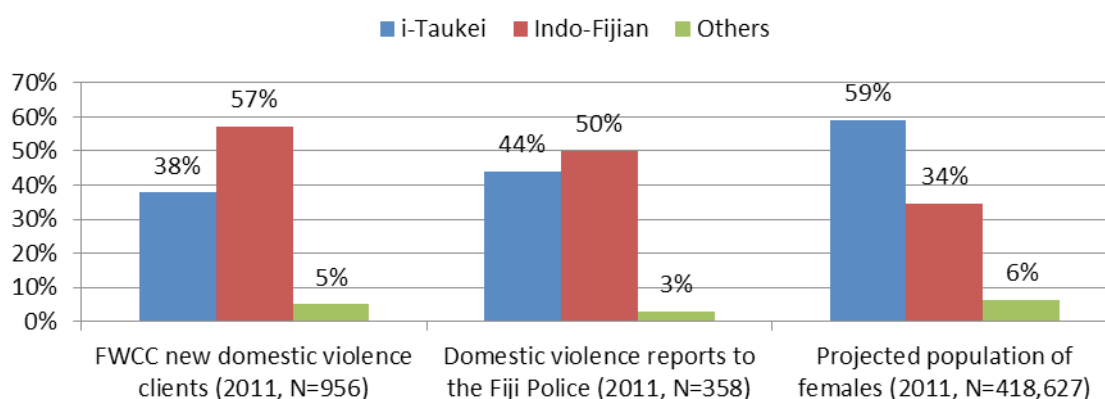
On the other hand, the findings on current prevalence by level of education are disturbing, because they show that women with secondary and tertiary education are currently more likely to experience all forms of violence. The differences in prevalence between women with secondary, tertiary and primary education are not statistically significant. Nevertheless, they point to a serious missed opportunity for education and prevention work in secondary schools and tertiary education institutions with both young women and men, particularly when one considers the higher rates of current physical, sexual and emotional violence among young women aged 18-29.



### 4.7.3 Explaining ethnic differences in prevalence

All forms of violence against women are widespread in urban and rural areas, and in all provinces and divisions of the country. However, all types of violence are considerably higher in rural areas, including control over women's mobility. Higher prevalence in rural areas is a trend seen in most other national studies (Fulu: vii; VWC 2011: 57-91; and WHO 2005: 28-30). Sadly, the prevalence of all forms of violence in the Eastern Division of Fiji are among the very highest recorded to date in the world (Fulu 2007: v; Jansen et al 2009: 10; SPC 2009: 61; SPC 2010: 79; VWC: 91; and WHO 2005: 84). Anecdotal information from the FWCC survey team also indicated that some of the most confronting and severe types of violence were reported from the Eastern Division. It is important to stress that violence is extremely high among all groups when compared with global prevalence rates, regardless of ethnicity, religion, location, education levels and socio-economic group. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women, compared with both i-Taukei women and those from all other ethnic groups combined.<sup>14</sup> This is closely related to different prevalence between religions (because the majority of i-Taukei communities follow the Christian faith), and to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions.<sup>15</sup>

**Figure 4.24: Comparison of FWCC client statistics and domestic violence reports to the Fiji Police, by ethnicity, 2011**



Note: "Others" includes Rotuman, mixed race, Pacific Islander, Chinese, European and other groups.

Sources: FWCC Client Statistics; Fiji Police Command Centre 2013; Fiji Islands Bureau of Statistics.

The difference in prevalence between ethnic groups is a very challenging finding for several reasons. First, it does not accord with FWCC's client statistics, which show a higher proportion of Indo-Fijian women seeking help for domestic violence and other matters related to violence against women, compared with their representation in the general population: 38% of FWCC's new domestic violence clients in 2011 were i-Taukei women, compared with 57% Indo-Fijian and 5% from other ethnic groups. This compares with a projected population breakdown by ethnicity for 2011 of 59% i-Taukei, 34% Indo-Fijian and 6% other.<sup>16</sup>

<sup>14</sup> "Others" includes Rotuman, mixed race, Pacific Islander, Chinese, European and other groups.

<sup>15</sup> The Eastern Division includes 91% i-Taukei, 2% Indo-Fijian and 8% others; Central Division includes 62% i-Taukei, 30% Indo-Fijian and 8% others; Northern Division includes 55% i-Taukei, 39% Indo-Fijian and 6% others; and the Western Division includes 48% i-Taukei, 49% Indo-Fijian and 3% others. Fiji Islands Bureau of Statistics. 2007 Population Census. [http://www.spc.int/prism/fjtest/cens&surveys/cens&surveystats\\_index.htm](http://www.spc.int/prism/fjtest/cens&surveys/cens&surveystats_index.htm) accessed 13 August 2013.

<sup>16</sup> Fiji Islands Bureau of Statistics. 2007 Population Census. Tables 1.2A ("Census Population of Fiji by Ethnicity") and 1.2B ("Estimated Population of Fiji by Ethnicity"). <http://www.spc.int/prism/fjtest/Key%20Stats/Population/1.2%20pop%20by%20ethnicity.pdf>.



Similarly, 44% of domestic violence reports to the Fiji Police in 2011 were from i-Taukei women, compared with 50% for Indo-Fijian women and 3% for other ethnic groups (Fiji Police Command Centre 2013). Without the benefit of a national population-based prevalence study on violence against women, FWCC and Police statistics would suggest that there is a much higher prevalence of domestic violence among the Indo-Fijian population (Figure 4.24). The survey findings demonstrate that this initial interpretation is false.

Second, FWCC's experience is also that many of the Indo-Fijian women who seek help are suffering from the most extreme and severe forms of violence; and this appears to be supported by media reports of murders of Indo-Fijian women by their husbands/partners and murder-suicides, as well as by Police data. Of 7 murders and 1 attempted murder of women recorded by the Fiji Police from 2006 to 2010, 63% were committed against Indo-Fijians and the remainder against i-Taukei women (Fiji Police Command Centre 2013). In contrast, the survey findings demonstrate that the prevalence of the most severe forms of violence is higher for i-Taukei women than Indo-Fijian women.

Notwithstanding the data on murders, the survey findings cast the data on women's reporting of violence to FWCC and the Police in a very different light. Taking into account the higher prevalence of physical and/or sexual violence for i-Taukei, and the much higher proportion of i-Taukei women in the population, the findings indicate that Indo-Fijian women are far more likely than i-Taukei women to report violence and seek help from formal agencies and authorities outside their families and communities, and conversely, that i-Taukei women are much less likely to do so. (These findings are confirmed by the data on women's coping strategies, and are discussed further in Chapter 10.)

These ethnic differences in prevalence, along with the ethnic differences in reporting of violence and seeking help, are difficult to interpret. Further research and dialogue is needed to fully explore the factors that may be contributing to these differences, as the results of the survey are disseminated throughout Fiji.

# Chapter 5: Non-Partner Violence Against Women & Girls



## Summary of main findings

- More than 1 in 4 women (27%) have been physically abused since the age of 15 by someone other than a husband or intimate partner.
- Almost 1 in 10 (9%) have been sexually abused since the age of 15 by someone other than a husband or intimate partner.
- The prevalence of non-partner physical and/or sexual violence since the age of 15 is 31% (almost 1 in 3 women).
- Overall, 7 in 10 women (71%) have been subjected to physical and/or sexual violence by either a partner or non-partner since they turned 15.
- 16% of women were sexually abused as children before the age of 15.
- For 5% of women (1 in 20), their first sexual experience was forced, and for a further 24% it was coerced (almost 1 in 4).
- The majority perpetrators of non-partner physical abuse are male family members and teachers; perpetrators of non-partner sexual abuse are mainly male family members and family friends.



This chapter presents findings on the prevalence of physical and sexual violence against women and girls since they turned 15, by people other than husbands and intimate partners. It also provides the overall prevalence of women subjected to either partner or non-partner violence or both. It presents the findings on child sexual abuse of girls (sexual violence under the age of 15), including the age of first abuse, the frequency of the abuse and the perpetrators. Finally, data is presented on the nature of women's and girls' first sexual experience.

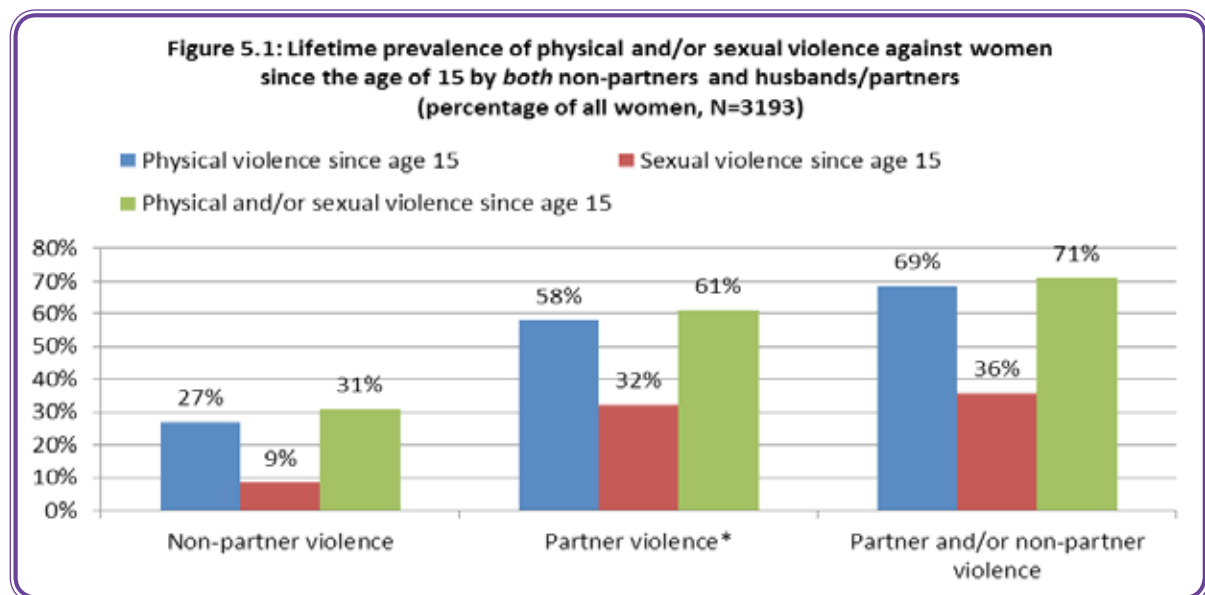
National prevalence for non-partner violence is calculated as the number of women who experienced at least 1 act of violence in their lifetime, expressed as a percentage of the total sample of 3193 women (which includes both ever-partnered and never-partnered women). For physical violence, women were asked whether anyone (other than a husband or intimate partner) had ever done anything to hurt them physically, including by hitting, beating or kicking them, with probes for other forms of physical abuse. For sexual violence, women were asked 2 questions: whether anyone other than a husband/partner had ever forced to them to have sexual intercourse, or whether anyone had attempted to force them.

## 5.1 Overview of violence against women and girls

### 5.1.1 Combined prevalence and overlap of non-partner and partner violence

The combined prevalence of partner and non-partner physical and/or sexual violence since age 15 is 71%; this includes 69% of women and girls over 15 subjected to physical violence, and 36% to sexual violence in their lifetime. Fiji's prevalence of non-partner physical violence since aged 15 is 27%. Nine percent (9%) of women have experienced non-partner sexual violence since turning 15 (Figure 5.1).

Comparing partner and non-partner violence over the age of 15 shows that physical and sexual violence by husbands and partners is twice as prevalent as violence by non-partners. Of the 3193 women who participated in the survey, 31% experienced non-partner physical and/or sexual violence since age 15, compared with 61% who were subjected to physical and/or sexual violence by a husband or intimate partner (Figure 5.1).<sup>17</sup>



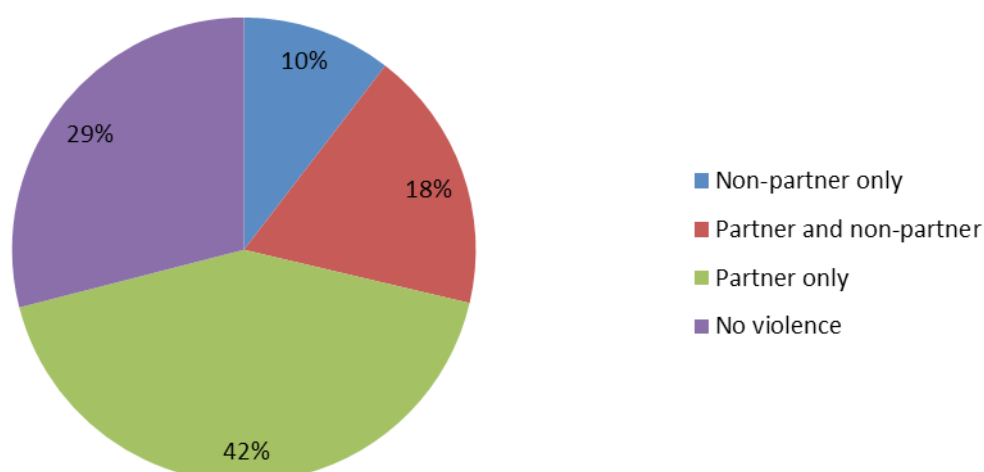
\* Note: The prevalence rates for intimate partner violence shown here are lower than those in Chapter 4 because all women (not all ever-partnered women) was the denominator. Source: Table 5.4 of Annex 1.

<sup>17</sup> Prevalence of 61% for intimate partner violence is less than the 64% referred to in Chapter 4, because all women (not only all ever-partnered women) is taken as the denominator for the purposes of comparing partner and non-partner violence.



There is a substantial overlap between partner and non-partner violence against women. Of the 3193 women who participated in the survey, 18% were subjected to both partner and non-partner violence (almost 2 in 10), 10% experienced only non-partner violence only (1 in 10), 42% experienced physical and/or sexual violence only by husbands or intimate partners (more than 4 in 10), and 29% (about 3 in 10) experienced no violence at all (Figure 5.2). Moreover, those who experience non-partner violence are more likely to be subjected to violence by husbands and partners (see Chapter 11).

**Figure 5.2: Overlap of lifetime prevalence of partner and non-partner physical and/or sexual violence, percentage of all women (N=3193)**



### 5.1.2 Prevalence of child sexual abuse

Two methods were used during the survey to establish the prevalence of child sexual abuse. Women were asked during the interview whether anyone had ever touched them sexually, or made them do something sexual that they didn't want to do, before they were 15 years old. In addition, at the end of the interview, women were given a card with 2 pictures of a happy and sad face where they could indicate whether or not either of these events had occurred by marking the card (anonymously, without the interviewer knowing their response) and placing it in a sealed envelope (see the questionnaire in Annex 2 and chapter 2).

**Table 5.1: Prevalence of child sexual abuse under the age of 15 (number and percentage of women who responded using each method)**

Method used	Number who admitted to child sexual abuse	Total who answered this question	Percentage who admitted to child sexual abuse
Interview	134	3182	4%
Anonymous card	441	3153	14%
<b>Both interview and card</b>	<b>491</b>	<b>3150</b>	<b>16%</b>

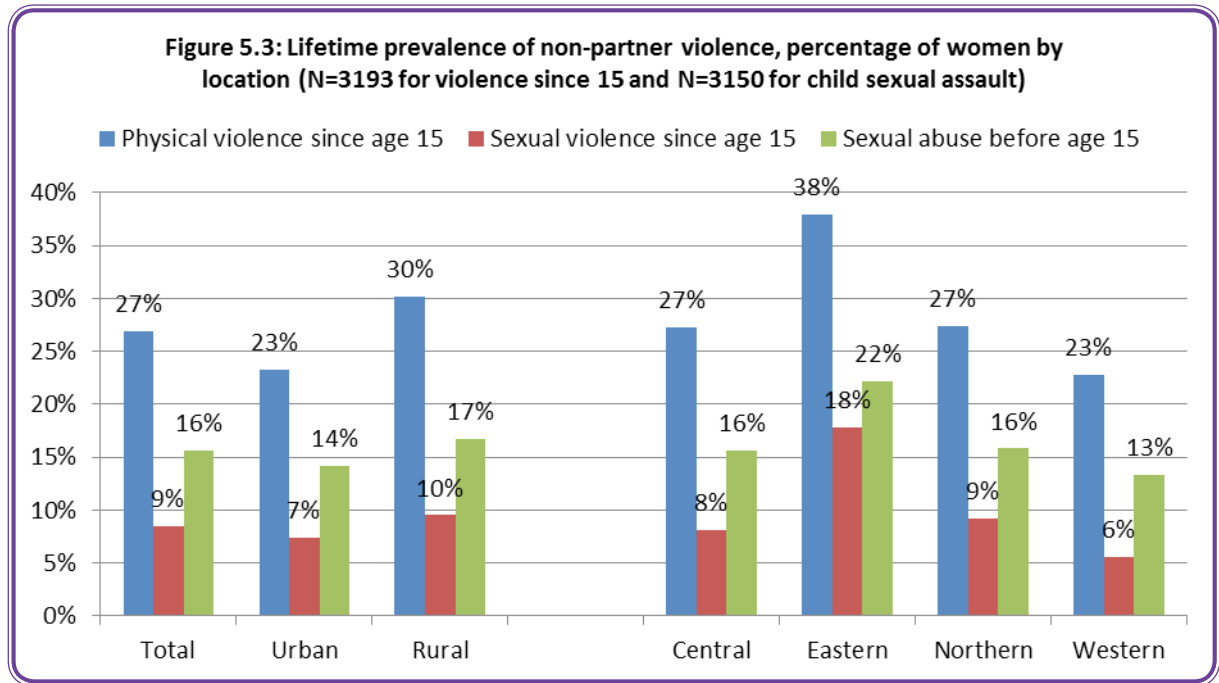
Source: Table 5.2 of Annex 1.

Consistent with research on child sexual assault over the world, substantially more women admitted to experiencing sexual abuse as children using the anonymous face card: 4% said they had been sexually abused as children during the interview, and 14% admitted to this when the anonymous face card was used. Combining both methods gives a national prevalence of 16% (Table 5.1).



## 5.2 Prevalence of physical and sexual abuse by non-partners<sup>18</sup>

### Prevalence by location



Source: Tables 5.1.1 and 5.2 of Annex 1.

The prevalence of all forms of non-partner violence is higher in rural than urban areas, but almost all this difference is due to much higher rates of physical and sexual abuse in the Eastern Division. The prevalence of physical violence since the age of 15 in the Eastern Division is 38% (about 2 in 5) compared with 27% for the country as a whole and for all other divisions. Similarly, 18% of women (about 1 in 5) in the Eastern Division have been subjected to sexual violence since age 15, compared to 9% for Fiji as whole (about 1 in 10). More than one in 5 women (22%) in the Eastern Division has been subjected to child sexual abuse compared with 16% for Fiji. Interestingly, all these forms of violence are somewhat less widespread in the Western Division, compared with other Divisions and with the national average (Figure 5.3).

### Prevalence by age

Comparing the prevalence of physical violence by age shows that younger women are more likely to have been physically assaulted in their lifetime than older women: 38% of women aged 18-24 and 33% of those aged 25-29 have been physically attacked, compared to 27% for Fiji as whole. Prevalence reduces steadily until about aged 50 (Figure 5.4). This suggests that there is more physical violence towards young women now than there has been in previous decades. However, it is also possible that older women may not recall incidents of physical violence by people other than husbands/partners as accurately as younger women, particularly if the physical abuse occurred many years ago. It is also possible that older women were more reluctant to admit that they had been physically abused by other people.

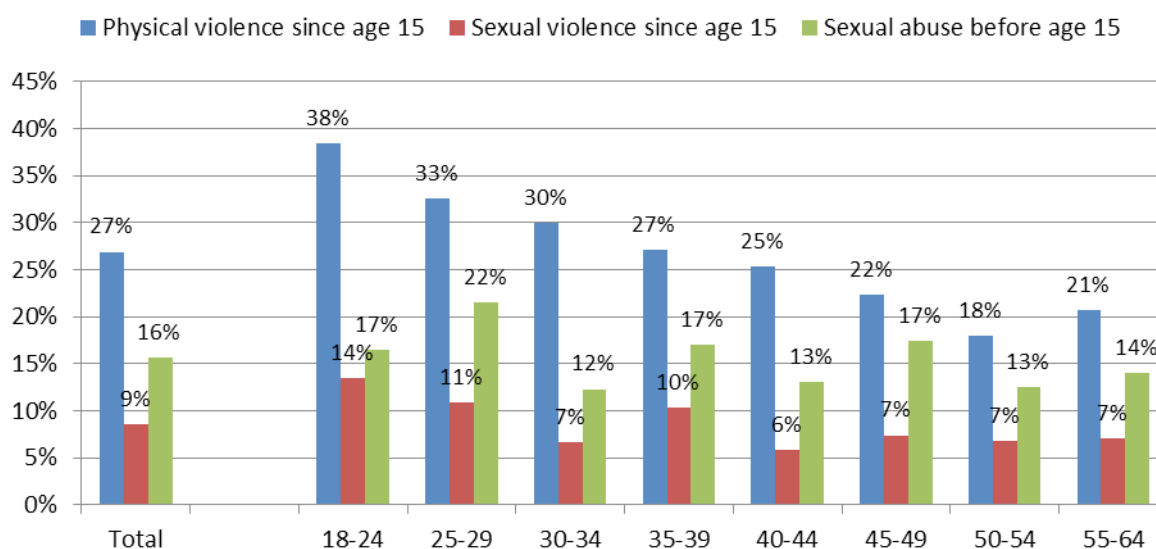
<sup>18</sup> All charts in this section show 2 denominators: the percentage of all women, N=3193, for physical and sexual violence since age 15; and N=3150 for prevalence of sexual abuse before the age of 15, due to the 2 methods used to explore this issue (see section 5.1.2) and refusals to answer by some respondents.



When we compare the rates of sexual violence by age, a different picture emerges. For sexual violence since the age of 15, younger women aged 18-24 have a slightly higher prevalence: 14% have been sexually abused compared with a national average of 9%. For child sexual abuse, women aged 25-29 have a prevalence of 22%, compared with the national rate of 16%. Despite these differences and some other small fluctuations in prevalence for different age groups, age does not emerge as a significant factor in women's experience of either

type of sexual abuse. **This indicates that sexual abuse is not a new problem; on the contrary, the findings show a similar proportion of women suffering from sexual abuse as adults and children over many generations** (Figure 5.4).

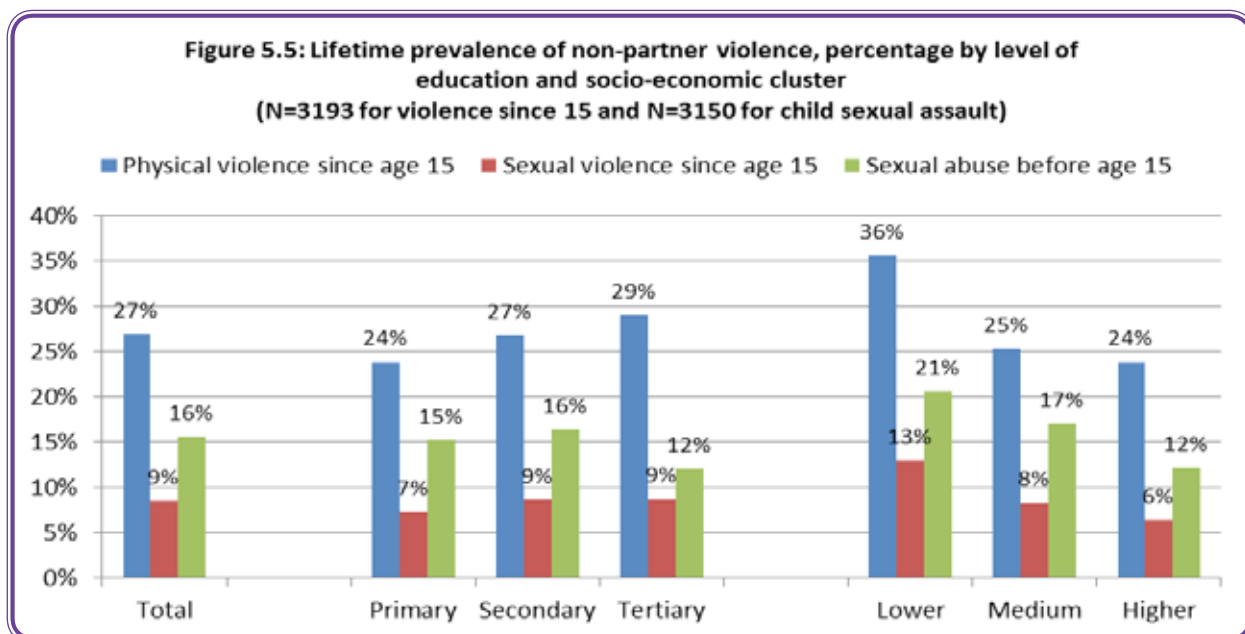
**Figure 5.4: Lifetime prevalence of non-partner violence, percentage of women by age (N=3193 for violence since 15 and N=3150 for child sexual assault)**



Source: Tables 5.1.1 and 5.2 of Annex 1.

#### **Prevalence by level of education and socio-economic cluster**

Women from all education levels and socio-economic groups are at risk of physical and sexual abuse as adults and child sexual abuse. Differences in rates of physical violence by non-partners suggest that women's risk of being exposed to violence increase slightly with the level of education achieved. However, sexual assault since 15 and child sexual assault occurs at much the same rate, regardless of level of education (Figure 5.5).



Source: Tables 5.1.1 and 5.2 of Annex 1.

Comparing rates of non-partner violence by socio-economic cluster shows that women from the lower socio-economic group were more likely to experience all 3 forms of non-partner violence. Nevertheless, women from the medium and higher socio-economic group experience all forms of violence at close to the national average: 1 in 4 experienced physical violence, 6%-8% experienced sexual abuse since age 15, and 12%-17% (more than 1 in 10) were subjected to child sexual abuse (Figure 5.5).

### Prevalence by ethnicity and religion

Comparing prevalence of non-partner violence by ethnicity shows a similar pattern to violence perpetrated by husbands and partners (Chapter 4). Indo-Fijian women have a lower prevalence of

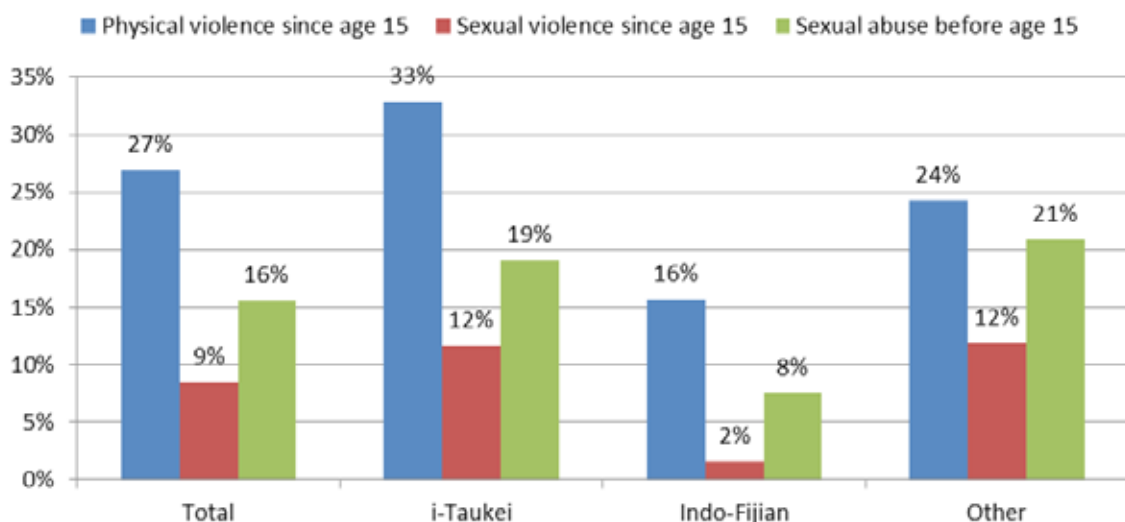


physical and sexual abuse as adults by non-partners, compared with i-Taukei women and those from all other ethnic groups combined. One in 3 i-Taukei women (33%) have suffered from physical abuse, compared with 16% of Indo-Fijian women and 24% (1 in 4) from other ethnic groups. The prevalence of sexual violence since age 15 is about 1 in 10 for i-Taukei and other ethnic groups, compared with 2% (1 in 50) for Indo-Fijian women (Figure 5.6).

Although Indo-Fijian women reported a lower prevalence of child sexual assault, this is a significant problem in all communities. Almost one in 10 Indo-Fijian women (8%) were subjected to sexual assault as children under 15, compared with almost one in 5 i-Taukei women (19%) and just over 1 in 5 (21%) from other ethnic groups (Figure 5.6).



**Figure 5.6: Lifetime prevalence of non-partner violence, percentage by ethnicity**  
(N=3193 for violence since 15 and N=3150 for child sexual assault)

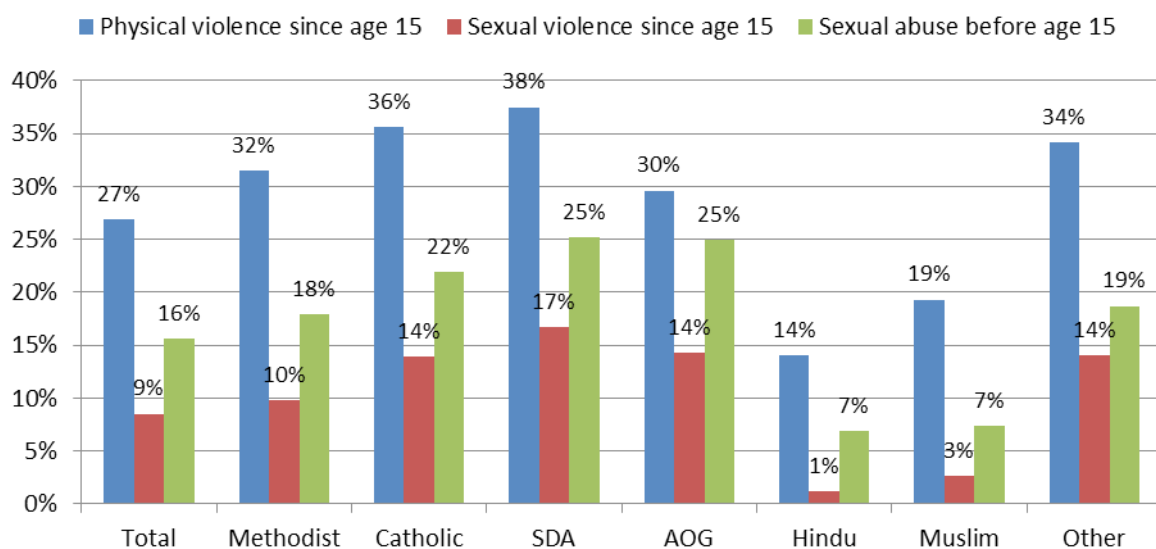


Source: Tables 5.1.1 and 5.2 of Annex 1.

There are higher levels of physical violence among Christian women over the age of 15 than among Hindu and Muslim women. About 1 in 3 Christian women have been physically assaulted since the age of 15, with prevalence ranging from 30% to 38% for different denominations, compared with 14% for Hindu and 19% for Muslim women (Figure 5.7).

There are similar patterns of prevalence for both sexual abuse since 15 years and child sexual abuse. However, child sexual assault affects for girls from all religious groups: prevalence ranges from 18% to 25% among Christian women, and is 7% among Hindu and Muslim women (Figure 5.7).

**Figure 5.7: Lifetime prevalence of non-partner violence, percentage by religion**  
(N=3193 for violence since 15 and N=3150 for child sexual assault)



Source: Tables 5.1.1 and 5.2 of Annex 1.

Prevalence of all 3 forms of violence is somewhat higher than the national average for those categorised as having other religions (Figure 5.7). However, this is a very small group with only 76 respondents including 2 who identified as having no religion (Table 3.2 of Annex 1). Consequently the data is much less precise and no valid conclusions can be drawn from these differences.

### 5.3 Features of physical violence by non-partners

Table 5.2 shows the number of times that women were physically abused since age 15. It also shows the frequency of abuse among the 857 women who experienced some type of physical violence: of these, 31% said they were hit, beaten or kicked once or twice; 43% said this happened a few times; and 26% (about one in 4) said it happened many times (Table 5.2). Women from the Eastern Province and women aged 25-29 were more likely to say that they were hit many times (Table 5.1 of Annex 1).

**Table 5.2: Frequency of physical abuse by non-partners since age 15 (percentage of all women [N=3193] compared with percentage of women who experienced physical violence [N=857])**

Frequency of physical violence	Number	% of all women (N=3193)	% of women who experienced non-partner physical violence (N=857)
Once or twice	267	8%	31%
A few times	368	12%	43%
Many times	222	7%	26%
<b>Ever non-partner physical violence since age 15</b>	<b>857</b>	<b>27%</b>	<b>100%</b>

Source: Table 5.1.1 of Annex 1.

Women were asked who had mistreated them physically. Male family members were the majority of perpetrators including fathers (51%), other male family members (18%) and stepfathers (1%). Teachers were the next largest group of perpetrators (30%), followed by female family members (28%). Other perpetrators included male and female friends of the family and boyfriends (Table 5.3).

**Table 5.3: Perpetrators of non-partner physical violence against women since age 15 (number and percentage of women who experienced non-partner physical violence, N = 860)**

Perpetrators	Number	%
Father	437	51%
Teacher	261	30%
Female family member	238	28%
Other male family member	151	18%
Female friend of family	17	2%
Male friend of family	14	2%
Stepfather	12	1.4%
Boyfriend	12	1.4%
Stranger	6	0.7%
Someone at work	1	0.1%
Female partner	1	0.1%
Others	74	9%

Note: Numbers add to more than 860 and percentages to more than 100% because some respondents mentioned more than one perpetrator. Source: Table 5.3 of Annex 1.

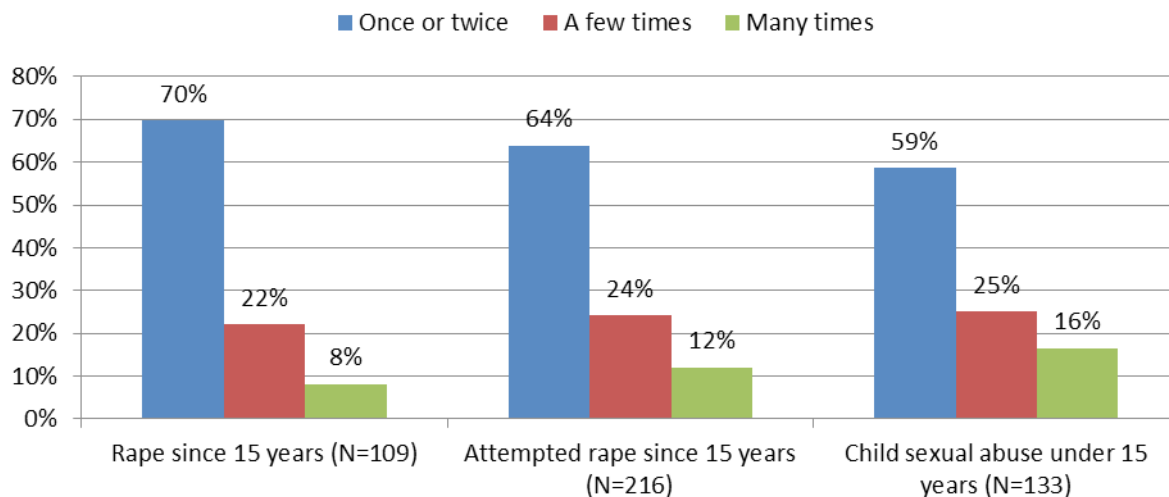


### 5.4 Features of sexual violence by non-partners

Attempted rape is about twice as prevalent as rape: 3.4% of women have been raped since they turned 15, compared with 6.8% where rape has been attempted. Overall, 8.5% of women have been subjected to both forms of sexual violence which indicates that some women have suffered from both rape and attempted rape (Table 5.2 of Annex 1). However, the most prevalent form of sexual violence is child sexual abuse, which has affected 16% of all women, almost double the rate subjected to sexual violence by non-partners as adults.



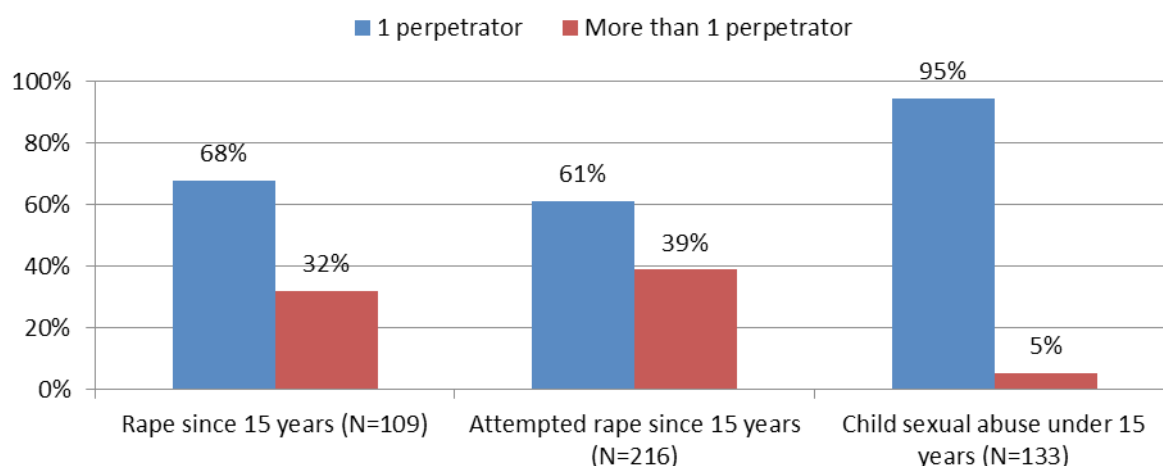
**Figure 5.8: Frequency of non-partner rape, attempted rape and child sexual abuse, percentage of those who experienced each type of sexual abuse**



Source: Tables 5.1.2, 5.1.3 and 5.1.4 of Annex 1.

It is disturbing – but not unexpected – that more than 2 in 5 women (41%) who suffered from child sexual assault were abused more than once, and 16% reported that they were sexually abused many times. These figures may under-estimate the intensity and frequency of child sexual assault, since women who disclosed child sexual assault using the anonymous face card at the end of the survey were not asked questions about the frequency of the abuse or the identity of perpetrators. Thirty percent (30%) of women who were raped suffered from multiple attacks, and 8% were raped many times. Similarly, 36% of women who were subjected to other forms of sexual assault such as attempted rape were also abused more than once, and 12% many times (Figure 5.8).

**Figure 5.9: Number of perpetrators of non-partner rape, attempted rape and child sexual abuse, percentage of those who experienced each type of sexual abuse**



Source: Tables 5.3 of Annex 1.

Among those women who have been raped, almost 1 in 3 women (32%) have been raped by more than one perpetrator. For those women who reported attempted rape, about 2 in 5 (39%) had more than one perpetrator. In contrast, most survivors of child sexual assault (95%) reported that there was one perpetrator, and the remaining 5% had more than one perpetrator (Figure 5.9).

**Table 5.4: Perpetrators of non-partner rape, attempted rape and child sexual abuse (percentage of women who experienced non-partner sexual violence, N=190 for rape since 15 years, N=216 for attempted rape since 15 years, and N=133 for child sexual abuse under 15)**

Perpetrators	Rape (% of perpetrators)	Attempted rape (% of perpetrators)	Child sexual abuse (% of perpetrators)
Other male family member (not father)	21.1%	28.2%	45.1%
Boyfriend	22.0%	13.0%	4.5%
Male friend of family	14.7%	15.3%	12.8%
Stranger	8.3%	14.8%	15.0%
Stepfather	5.5%	2.8%	6.8%
Female family member	5.5%	2.8%	3.8%
Father	2.8%	0.5%	0.8%
Someone at work	1.8%	1.4%	1.5%
Female friend of family	0.9%	1.9%	0.8%
Teacher	0.9%	0.9%	0.8%
Police/soldier	0	0.9%	0
Priest/religious leader	0	0.5%	0
Others	21.1%	24.5%	14%

Note: Percentages add to more than 100% because some respondents mentioned more than one perpetrator. Percentages for survivors of child sexual assault are only for those women who admitted to being abused during the interview; they do not include those who marked the anonymous face card at the end of the interview. Source: Table 5.3 of Annex 1.



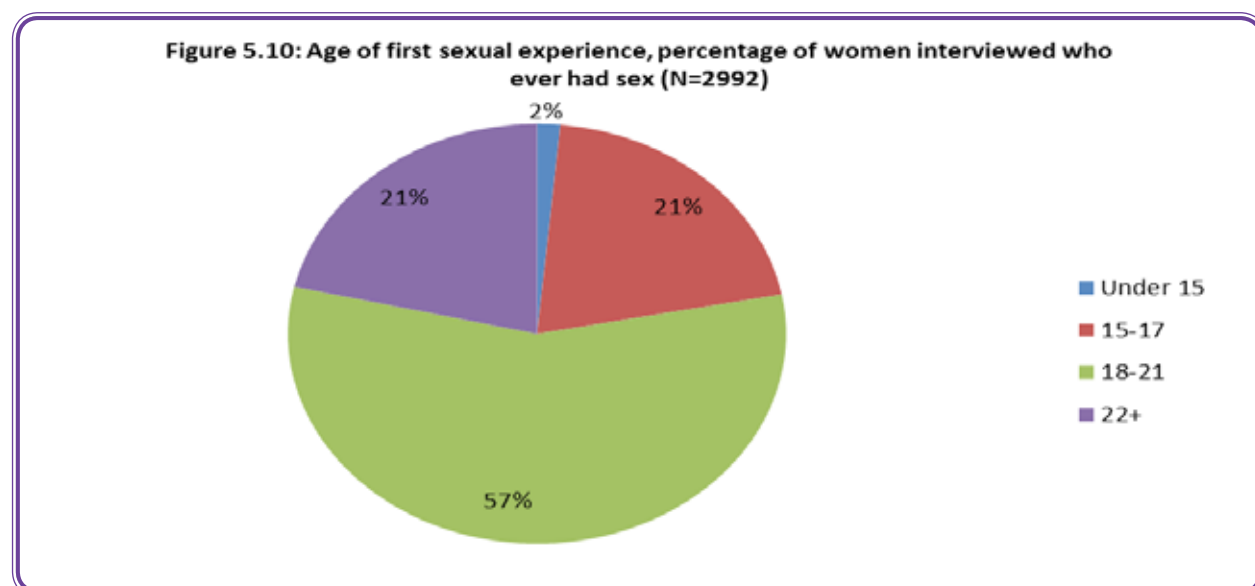
Male family members (excluding fathers and step-fathers) were the largest group of perpetrators of rape and attempted rape (21% and 28% respectively), followed by boyfriends (22% and 13%) and male friends of the family (15% for both rape and attempted rape). Eight percent (8%) of rapes were perpetrated by strangers and 15% of attempted rapes. Stepfathers and female family members were perpetrators in 6% of rapes and 3% of attempted rapes, followed by fathers (3% of rapes and 0.5% of attempted rapes). Other perpetrators were someone at work (2% for rape and 1.4% for attempted rape), female friends of the family and teachers. No women admitted to being raped by police, soldiers or religious leaders, but a few women reported attempted rapes by these people. Twenty-one percent (21%) of rapes and 25% of attempted rapes were perpetrated by others who were not identified as being in any of the above categories (Table 5.4).

The profile of perpetrators for child sexual assault is somewhat different, although other male family members (excluding fathers and step-fathers) are by far the largest group of perpetrators, at 45%. Strangers were identified as the next biggest single category of perpetrators (15%), followed by male friends of the family (13%), stepfathers (7%), boyfriends (5%), and female family members (4%). Other perpetrators mentioned were someone at work (2%), and fathers, female friends of the family and teachers (all 0.8%). Other unidentified perpetrators were mentioned by 14% of women (Table 5.4).

If we aggregate the figures for all male family members, including fathers, stepfathers and other male family members, the following picture emerges. Male family members were perpetrators of physical violence in 65% of cases (with fathers as the majority). This compares with 29% of rapes, 32% of attempted rapes and 53% of child sexual assaults, but other male family members were the main perpetrators, rather than fathers and step-fathers. If we aggregate further to include all perpetrators who would be known to the women and girls who suffered sexual abuse, including male family members, friends and associates, 69% of women were raped by men who they knew; 63% of attempted rapes and 72% of child sexual assaults were by people known to the victim (Table 5.3 of Annex 1).

### 5.5 Women's first sexual experience

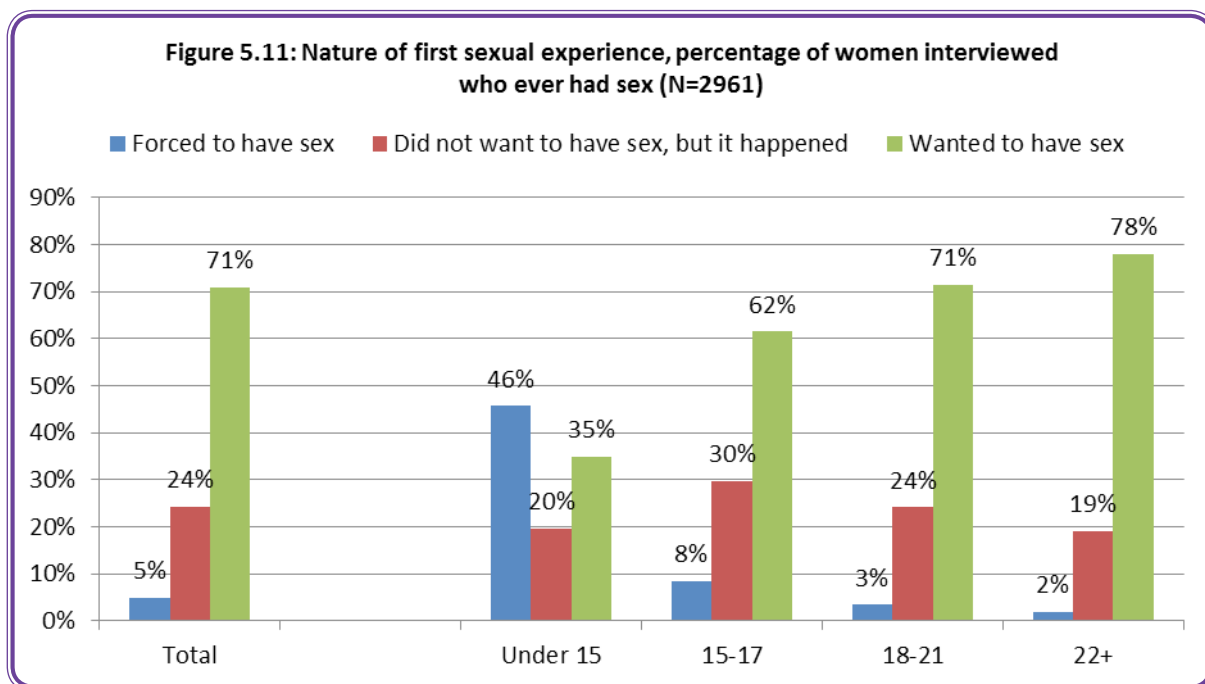
During the survey women were asked how old they were when they first had sex. They were also asked whether they wanted to have sex the first time, whether they didn't want to but it happened anyway, or whether they were forced to have sex. Among the 3193 women who participated in the survey, 5% said they had never had sex and 1% refused to answer this question (Table 5.5a of Annex 1). Among the 2992 who ever had sex, 2% were under 15 years of age when this happened, 21% were aged between 15 and 17, 57% were aged 18-21, and the remaining 21% were 22 or more (Figure 5.10).



Source: Table 5.5b of Annex 1.



Overall, 5% of women were forced to have sex the first time. Younger women were more likely to be forced, and older women were more likely to want to have sex the first time. For those who first had sex when they were under 15, 46% said it was forced and another 20% said it was coerced, with the remaining 35% saying that they wanted to have sex the first time. For women who first had sex when they were aged 15-17, about 3 in 5 (62%) wanted to do so, and the remainder (38%) were either forced or coerced. Coercion is common regardless of the age of first sex: 30% of 15-17 year olds (almost 1 in 3), 24% of 18-21 year olds (about 1 in 4), and 19% of those aged over 22 (1 in 5) were coerced during their first sexual experience (Figure 5.11).



Source: Table 5.6b of Annex 1.

## 5.6 Discussion of findings

### 5.6.1 High tolerance for violence

The combined prevalence of non-partner and intimate partner violence in Fiji (71%) is double the global estimate of 35.6%.<sup>19</sup> Fiji's prevalence of non-partner sexual violence since aged 15 (8.5%) is also higher than the global estimate of 7.2% (WHO 2013: 18-20). This finding and the others discussed in this chapter point to a high tolerance for violence in Fiji, and the need to focus on promoting women's and girls' human right to live without any form of violence.

With male and female family members and teachers as the main perpetrators of physical violence, the use of violence as a form of discipline and conflict resolution is normalised. The rates of non-partner physical violence found in this study are worrying for their own sake, because most violence can cause short-term or permanent injury, and because the use of violence against adults escalates anger and resentment, rather than resolves conflict. A common justification for corporal punishment is the saying: "spare the rod, save the child" (UNICEF 2009: 16). However, by normalising violence within the family young women and men learn that physical abuse is acceptable by those who have the most power in relationships, and learn to tolerate it.

<sup>19</sup> The global estimate includes non-partner sexual violence and physical and/or sexual intimate partner violence (WHO 2013: 20); the prevalence for Fiji includes both physical and/or sexual non-partner violence as well as physical and/or sexual intimate partner violence.



The findings on the levels of non-partner violence by age, location, and level of education are particularly disturbing. As noted above, all forms of non-partner violence are extraordinarily high for women in the Eastern Province, and for young women aged 18-29. The prevalence of physical violence tends to increase as women progress from primary school through to tertiary education, and teachers make up the second-largest group of perpetrators, after fathers. These findings concur with those of the UNICEF study on child protection in Fiji, where children identified “teachers hitting children” as the number one factor that made children feel unsafe in schools (UNICEF 2009: 13). All these findings suggest that the education system reinforces physical violence. This is alarming, particularly when one considers the enormous potential of the education system to promote women’s and girls’ rights, and for teachers to be powerful role models of non-violence.

As with the findings on intimate partner violence discussed in Chapter 4, ethnic differences in rates of non-partner violence are troubling and point to the need for long-term dialogue and education about the consequences of violence, and research on the factors that may promote or reinforce it. During a workshop with FWCC staff, the higher prevalence of physical violence for i-Taukei women compared with those from Indo-Fijian and other backgrounds were explained partly by the tendency for young Indo-Fijian women to have their mobility more tightly controlled than those from other communities<sup>20</sup>; because their mobility is restricted, young Indo-Fijian women may be less likely to transgress traditional gender roles, and thus less likely to be physically abused by family members for doing so.

Although the findings indicate that there is a higher tolerance for violence in general among i-Taukei communities, it is important to emphasise that all forms of violence are a serious problem in all ethnic communities, religions and socio-economic groups.

### 5.6.2 Myths about the risks of sexual violence to women and girls

A common myth is that women are most at risk of sexual violence from people they hardly know or do not know at all. On the contrary, the findings show that the vast majority of perpetrators are well-known to their victims, and most are male relatives or family friends. The fact that boyfriends made up 22% of those who committed rape, 13% of those who attempted rape and 5% of those who perpetrated child sexual assault provides further evidence that violence by partners begins very early in some relationships, and confirms findings from Chapter 4 on intimate partner violence. Similar findings on perpetrators have been found in other country studies (SPC 2009: 79; SPC 2010: 101; VWC 2011: 106-107; WHO 2005: 46-48).

Some sections of the community may argue that sexual assault is a new or emerging problem, that it has increased due to the erosion of traditional and religious values, exposure to outside influences or changes in the way women dress, or that it is more prevalent in urban areas. The findings from the survey directly challenge all these false ideas. Comparing the prevalence of sexual abuse by age demonstrates very clearly that both the sexual assault of women over 15 and child sexual abuse are persistent problems that have affected women and girls over many decades. For example, between 13% and 17% of women aged 35 to 64 were subjected to child sexual abuse, compared with a national prevalence of 16%.

The data on the frequency of sexual assault of women over 15 show that a significant group of women – about 1 in 3 – are subjected to rape and attempted rape several times, and that about 1 in 10 are subjected to rape and attempted rape many times in their lives. This suggests that women who have been sexually assaulted at least once can become extremely vulnerable to repeated attacks.

<sup>20</sup> A UNICEF report on child protection in Fiji also noted that Indo-Fijian and Chinese children are likely to be more closely supervised than i-Taukei children (UNICEF 2009:16).

### 5.6.3 Perpetrators of child sexual assault

Sexual abuse of women over 15 and child sexual assault perpetrated by female family members or friends, although minor compared with that committed by male family members and friends, accords with evidence from other studies of a growing problem of children being exploited for commercial sex work by both female and male relatives. For example, a study by the International Labour Organization (ILO) on child labour in Fiji found 109 children engaged in prostitution, with some starting sex work as early as 10 years old.

The ILO study found that children's vulnerability to commercial sex work increased if they live with extended families, suffer from parental neglect, live in violent households, or have been victims of either physical or sexual abuse; more than half of the child sex workers interviewed during the ILO survey were living at home with parents or guardians (ILO 2010: 12, 15).

The survey found that few child sexual assaults were committed by fathers (0.8%) and step-fathers (6.8%), and that 15% were by strangers. This finding is not supported by FWCC's counselling experience, where fathers make up 13% of perpetrators of child sexual abuse, step-fathers 10%, grandfathers and step-grandfathers 4%, teachers 5% and strangers only 6%. However, the perpetrator profile among FWCC clients does support the other findings of the survey – most perpetrators are well-known to the victim, and are men who have opportunity and access to children due to positions of trust or power. Male relatives make up 59% of total perpetrators of FWCC clients compared with 53% from the survey, and 93% of perpetrators were well-known to the victim (Table 5.5).

**Table 5.5: Perpetrators of child sexual abuse among FWCC clients, 2001-2011 (number and percentage of women who experienced child sexual abuse)**

Perpetrators	Number	%
Male family member: uncles, cousins, step-brothers, brothers-in-law	109	32%
Father	43	13%
Male friends: family friend, school friends, acquaintances	37	11%
Neighbour, landlord	36	11%
Stepfather	34	10%
Boyfriend, de facto, partner	25	7%
Stranger	22	6%
Teacher	18	5%
Grandfather, step-grandfather	14	4%
Priest/religious leader	3	1%
Not disclosed	1	0.3%

Note: Percentages add to more than 100% because some clients identified more than one perpetrator. Source: FWCC client statistics.

These differences in perpetrator profiles are explained by the fact that most survivors (90%) did not disclose child sexual assault during the interview; they did so by marking the anonymous face card at the end of the interview. Hence, they were not asked questions about the frequency of the abuse or the perpetrators. FWCC has found that it can take several counselling sessions before a survivor admits the identity of the perpetrator, particularly when it is the father.

The high prevalence of child sexual abuse found during the survey (16%), and the fact that so many women chose not to disclose it during the interview, highlights the shame that accompanies it throughout one's life, and the huge under-reporting of this problem.

# Chapter 6: Women's Attitudes To Gender Power Relations & Violence Against Women



## Summary of main findings

- Although many women agree with statements that undermine women's rights and gender equality, others point to the potential for attitudinal changes on gender relations.
- Two in 5 women (43%) agree with at least one justification for a man to beat his wife; 57% do not agree with any reasons for physical violence by a husband/partner.
- Most women have a strong sense of sexual autonomy and more than 3 in 4 (77%) believe that a woman has the right to refuse sex with her husband if she doesn't feel like it.
- The situations that women most often identify as being factors in violent physical assaults by her husband/partner include his jealousy (30%), her disobedience (29%), and his drunkenness (29%).

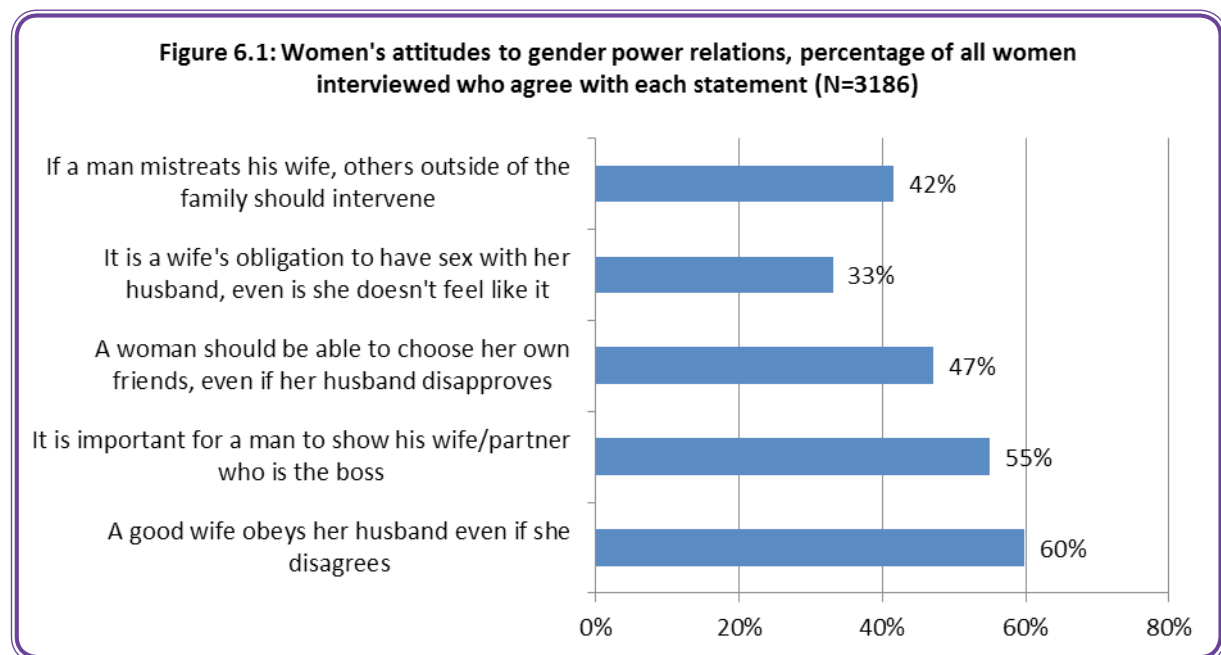


This chapter presents findings on women's attitudes to gender power relations and violence against women in intimate partner relationships. Women were asked whether they agreed or disagreed with a series of statements. The first series focused on gender power relations between husbands and wives; the second explored women's views on whether a man has "a good reason to hit his wife/partner" in specific situations; and the third asked about situations where a married woman can refuse to have sex with her husband (see section 6 of the questionnaire in Annex 2). All questions were asked of all 3193 respondents, including ever-partnered and never-partnered women; 7 women did not answer this series of questions and have been omitted from the analysis, giving a total of 3186 respondents.

Findings are also presented on women's views regarding particular situations where physical violence by their husband/partner tends to occur (see section 9 of the questionnaire in Annex 2). This question was put to 1853 ever-partnered women who had ever been physically assaulted by their husband/partner.

## 6.1 Women's attitudes to gender power relations

### 6.1.1 Overview of women's attitudes to gender power relations



Source: Table 6.1 of Annex 1.

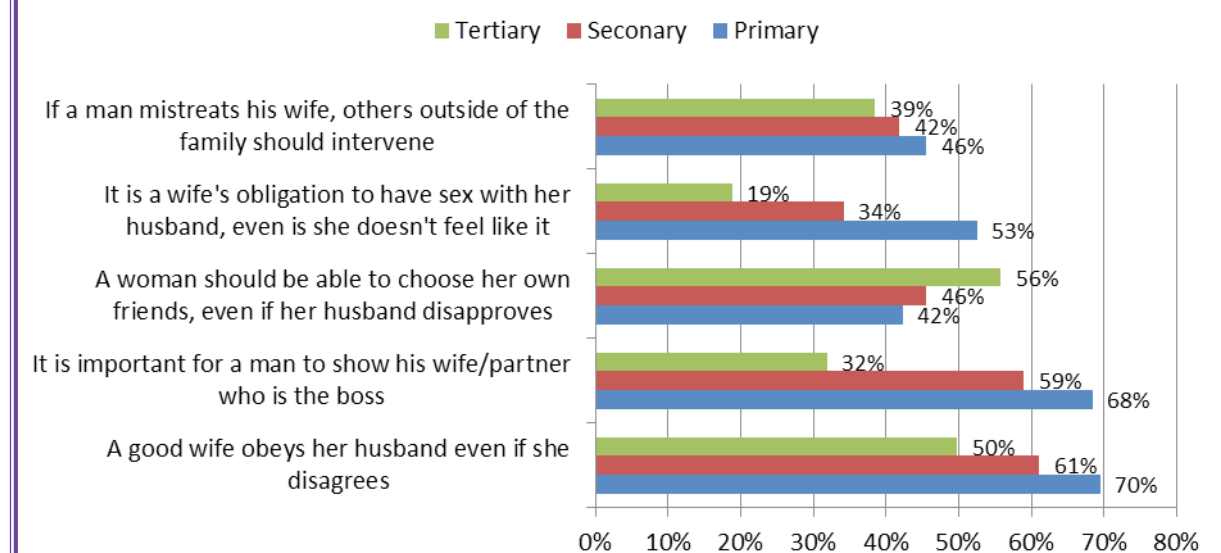
Overall, a majority of women believe that a good wife should obey her husband, even if she disagrees with him (60%), and that it is important for a man to show his wife/partner who is the boss (55%). Less than half (47%) agree that a woman should be able to choose her own friends, even if her husband disapproves. Agreement with these statements shows that there is a widespread belief in traditional views of gender roles and unequal gender power relations. In contrast, only 1 in 3 (33%) agrees that a wife is obligated to have sex with her husband if she doesn't feel like it, which indicates a sense of sexual autonomy among the majority of women. While it is encouraging that 2 in 5 (42%) agree that others outside the family should intervene if a man mistreats his wife, almost 3 in 5 disagree – and this demonstrates the scale of the task ahead to address and eliminate violence against women (Figure 6.1).



### 6.1.2 Differences in women's attitudes to gender power relations

There are some noteworthy variations in attitudes among different groups of women, which provide insight into the differences in prevalence noted in Chapters 4 and 5. On the whole, there are few differences in opinion by location, although women in the Eastern Division are substantially more likely to agree with the view that a man should show he is the boss (62% compared with the national rate of 52%). There are also some differences by age on this statement, with less young women aged 18-34 agreeing (44-51%) compared with older women aged 50-64 (64-68%). Similarly, younger women aged 18-29 are somewhat more likely to believe that women should be able to choose their own friends, and less likely to agree that a wife is obliged to have sex with her husband (Table 6.1 of Annex 1). These differences in views suggest that attitudes may be changing, and that younger women may be more likely to challenge traditional gender relations than older women.

**Figure 6.2: Women's attitudes to gender power relations, percentage of all women interviewed who agree with each statement, by level of education (N=3186)**



Source: Table 6.1 of Annex 1.

Differences in attitudes according to level of education are the most striking, although it is worth remembering that education does not protect women from experiencing violence in the first place, despite attitudinal differences (see Chapter 4). Overall, women educated to tertiary level are far more likely to hold views that support women's human rights and gender equality. Nevertheless, half of tertiary educated women believe that a good wife should obey her husband, and 1 in 3 believe that he should show he is the boss (Figure 6.2).

The view that people outside the family should not intervene if a man mistreats his wife becomes more entrenched as the level of education increases: less women educated to tertiary level (39%) believe that others should intervene, compared with those educated to secondary (42%) and primary (46%) level (Figure 6.2).

There are also some interesting differences in attitudes associated with ethnicity. Indo-Fijian women are substantially more likely to agree that a good wife should obey her husband (67%), compared with 57% of i-Taukei women and 53% of those from other ethnic groups combined. Indo-Fijian women are also more likely to agree that a wife is obliged to have sex with her husband (42%), compared with 29% of i-Taukei women and 30% from other ethnic groups.



These views suggest that Indo-Fijian women may be somewhat less likely to challenge their husbands on issues relating to traditional gender roles and expectations than women from i-Taukei communities. On the other hand, i-Taukei women are far more likely to agree that a man should show his wife that he is the boss (61%), compared with 46% of Indo-Fijian women and 38% from other ethnic groups. Most of these differences are also reflected in different views between the major religions of Christianity, Hinduism and Islam (Table 6.1 of Annex 1).

### 6.1.3 Association between women's attitudes and their experience of violence

Three of the attitudes on gender relations show a statistically significant association with women's experience of physical and/or sexual violence by her husband/partner. Women who agreed that it is important for a man to show that he is the boss were significantly more likely to have experienced violence in their lifetime. They were also significantly more likely to have been subjected to "severe" versus "moderate" physical violence, and to have experienced both physical and sexual violence.<sup>21</sup> In contrast, women's views on the importance of obedience to her husband and her obligations to have sex are not significantly associated with violence (Table 6.1). While all these attitudes are expressions of unequal gender relations, the belief that a man should show that he is the boss provides a licence for men to express this in various ways, including by the use of violence.

**Table 6.1: Women's attitudes to gender relations, according to their experience of physical or sexual violence from their husbands/partners (number and % of ever-partnered women who have and have not experienced intimate partner violence)**

Percentage who agree with the following statement:	% who agree who never experienced violence	% who agree who experienced physical and/or sexual violence	P value
A good wife obeys her husband even if she disagrees	59%	61%	0.56
It is important for a man to show his wife/partner who is the boss	51%	59%	<0.001
A woman should be able to choose her own friend even if her husband disagrees	43%	49%	0.002
It's a wife's obligation to have sex with her husband, even if she doesn't feel like it	32%	35%	0.12
If a man mistreats his wife, others outside of the family should intervene	38%	44%	0.001

Note: A P value of 0.001 means that there is a 0.1% possibility that the association is due to chance or error. Source: Table 6.1 of Annex 1.

Women who believe that a woman should be able to choose her own friends are also more likely to be living with violence. In addition, women who have experienced violence in their lifetime are significantly more likely to believe that others outside the family should intervene if a woman mistreats his wife (Table 6.1).

<sup>21</sup> Among those women who agreed that a man should show he is the boss, 61% had been subjected to "severe" physical violence (hitting with a fist or something else, kicking, dragging, beating up, choking, burning or using a weapon) compared with 54% subjected to "moderate" violence (slapping, throwing something, pushing or shoving), and 62% who had experienced both physical and sexual violence. P values for these associations were less than 0.001.



## 6.2 Women's attitudes to physical violence by husbands/partners

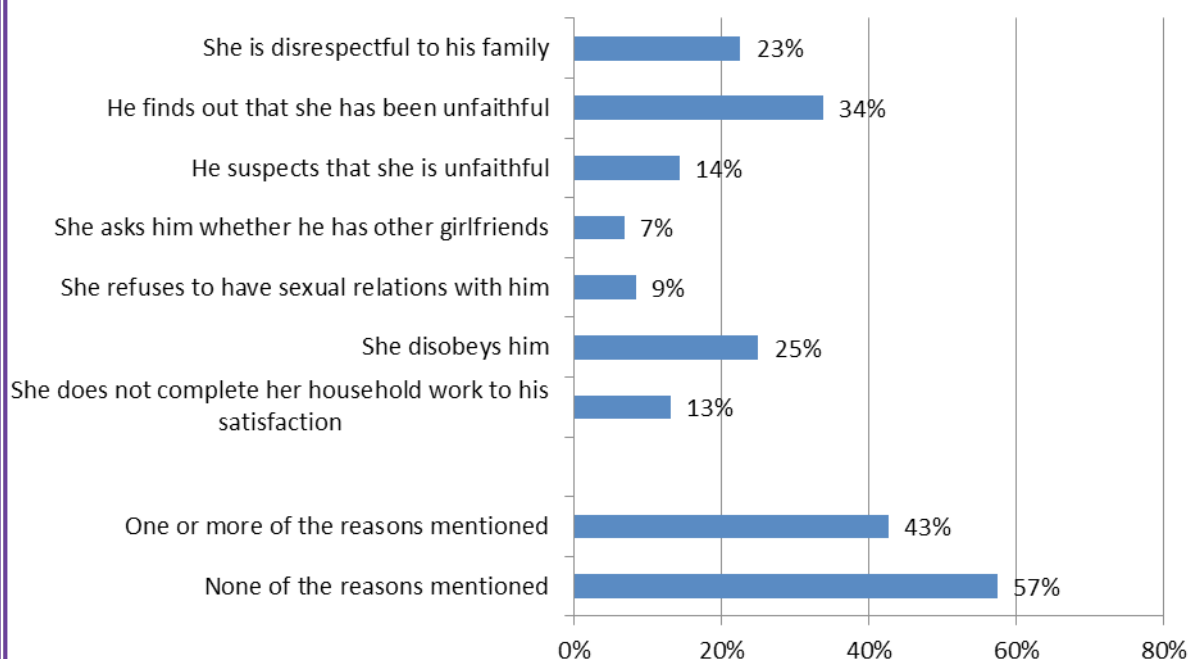
### 6.2.1 Overview of women's attitudes to physical intimate partner violence

Overall, 57% of women do not agree that there are any "good reasons" for a man to hit his wife; conversely, more than 2 in 5 women (43%) agreed with one or more reasons for him to do so. Unfaithfulness (34%), disobeying the husband (25%) and disrespect for the husband's family (23%) were the main reasons that women thought justified physical violence.

Fourteen percent (14%) also thought a man is justified in hitting his wife even if he only suspects she is unfaithful, and 13% thought it justified if she does not complete household work to his satisfaction. Less than 1 in 10 women (9%) agreed that refusal to have sex is a "good reason", and 7% thought asking him whether he has other girlfriends was a "good reason" (Figure 6.3).

**Figure 6.3: Women's attitudes to physical partner violence, percentage of all women interviewed who agree with each statement (N=3186)**

■ Percentage of women who agree that a man has a "good reason" to hit his wife if:



Source: Table 6.2 of Annex 1.

### 6.2.2 Differences in women's attitudes to physical intimate partner violence

Some of the patterns discussed in Chapter 4 regarding the prevalence of intimate partner violence are also evident in women's attitudes to physical abuse. For example, women from the Eastern Division (60%) are substantially more likely to agree with one or more of the justifications for violence than those from urban areas (37%) and from the Central and Western Divisions (40%). Indo-Fijian women are generally somewhat less likely to agree with each statement. Nevertheless 34% of Indo-Fijian women (1 in 3) agree with at least one justification for physical violence compared with 48% of i-Taukei women and 27% from other ethnic groups. This is also reflected in opinions by religion, with Christian women likely to agree with at least one justification, compared with Hindu (32%) and Muslim (40%) women (Table 6.2 in Annex 1).



However, other patterns observed in Chapter 4 are not repeated. For example, opinions on these matters tend to fluctuate with age: although women aged 25-39 are less likely to agree with one or more statements, those aged 18-24 are more likely to do so (Table 6.2 in Annex 1).

Consistent with the attitudes on gender relations discussed above, women educated to tertiary level are somewhat less likely to agree with any justification for physical violence. One in 3 tertiary-educated women (32%) believe that violence is justified for one or more reasons, compared with 44% of those educated to primary level and 45% of those with secondary education (Table 6.2 of Annex 1).

### 6.2.3 Association between women's attitudes to physical violence and their experience of violence

Not surprisingly, there is a highly significant association between believing that a man is justified in using physical violence, regardless of the reason, and women's experience of violence by a husband or intimate partner. Thirty-five percent (35%) of women (about 1 in 3) who have never experienced violence agreed with one or more reasons for using physical violence against a wife/partner. This compares with 48% (almost half) for those who have lived in a violent relationship. Conversely, about half of those living in a violent relationship believe that there is no justification for violence.

**Table 6.2: Women's attitudes to physical intimate partner violence, according to their experience of physical or sexual violence from their husbands/partners (number and % of ever-partnered women who have and have not experienced intimate partner violence)**

Percentage who agree that a man has a "good reason" to hit his wife if:	% who agree who never experienced violence	% who agree who experienced physical and/or sexual violence	P value
She does not complete her household work to his satisfaction	10%	15%	<0.001
She disobeys him	19%	29%	<0.001
She refuses to have sexual relations with him	6%	10%	<0.001
She asks him whether he has other girlfriends	5%	8%	<0.001
He suspects that she is unfaithful	10%	17%	<0.001
He finds out that she has been unfaithful	26%	39%	<0.001
She is disrespectful to his family	18%	25%	<0.001
Agrees with one or more of the reasons mentioned	35%	48%	<0.001
Agrees with none of the reasons mentioned	65%	52%	<0.001

Note: A P value of <0.001 means that there is less than 0.1% possibility that the association is due to chance or error (that is less than 1 possibility in 1,000). Source: Table 6.2 of Annex 1.

### 6.3 Women's attitudes to sexual autonomy

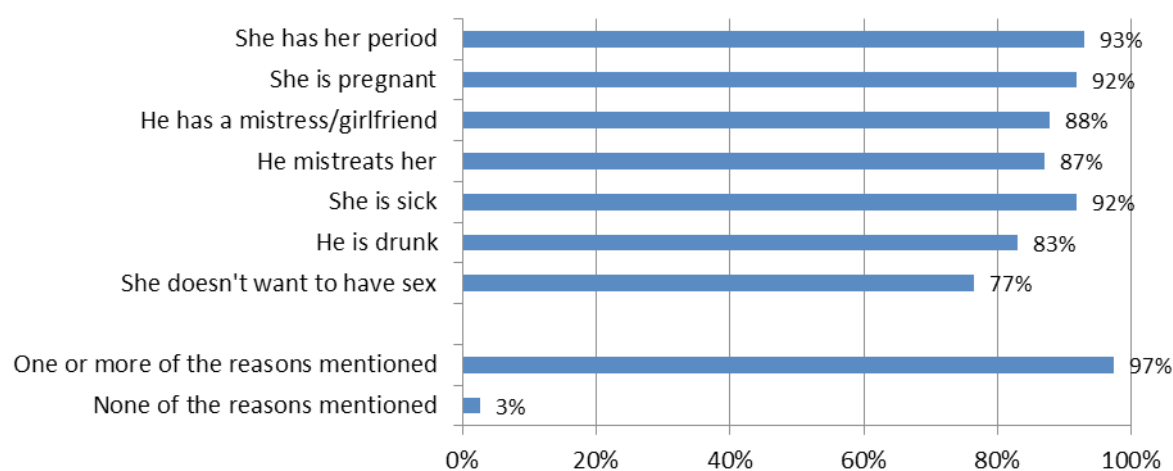
With 97% of women agreeing with one or more reasons for refusing sex with their husbands, it is clear that most women have a sense of sexual autonomy. However, it is worth noting that 23% of women (almost 1 in 4) do not agree that a woman can refuse sex with her husband simply because she doesn't want to have sex with him or doesn't feel like it (Figure 6.4). This suggests that a substantial number of women believe that they must have a good reason to refuse sex within marriage. This reinforces the finding discussed above (section 6.1), that 33% of women feel obligated to have sex with their husband, even if they don't feel like it.



Notwithstanding the fact that 3 in 4 women have a strong sense of sexual autonomy, more than 1 in 10 do not believe she can refuse if he mistreats her (13%) or is having an affair (12%), and almost 2 in 10 do not believe that she should refuse if he is drunk (17%). Almost 1 in 10 (8%) believe she has no right to refuse even if she is sick (Figure 6.4).

**Figure 6.4: Women's attitudes to sexual autonomy, percentage of all women interviewed who agree with each statement (N=3186)**

■ Percentage of women who agree that a married women can refuse to have sex with her husband if:



Source: Table 6.3 of Annex 1.

It is noteworthy that there are no substantial differences in attitudes on sexual autonomy by location, age, education or ethnicity (Table 6.3 in Annex 1). This is in contrast to the patterns discussed above for attitudes to other aspects of gender relations and physical violence, and to the patterns observed in the prevalence of intimate partner violence and non-partner violence discussed in Chapters 4 and 5.

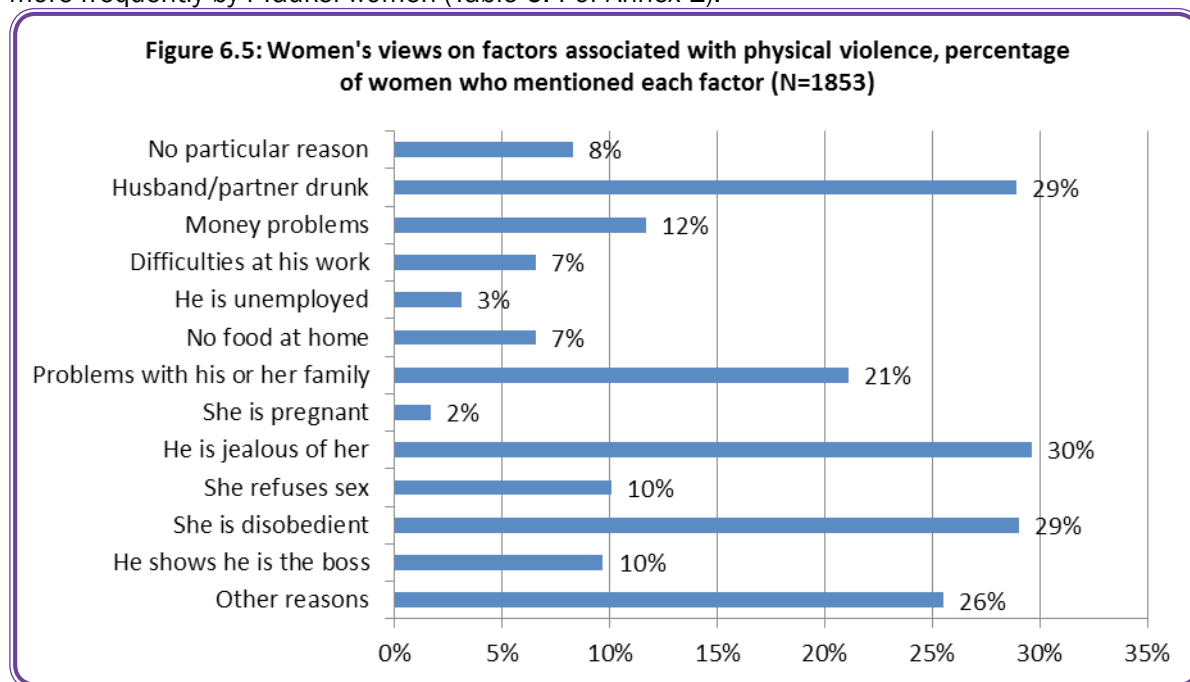
Moreover, there are no statistically significant differences in attitudes to sexual autonomy between women who have experienced physical and/or sexual violence in their lifetime, and those who have not. For example, 78% of women who have not experienced violence believe that a married woman can refuse sex if she wants to, compared with 75% of those who have lived in violent relationships (Table 6.3 in Annex 1).

#### 6.4 Women's views about situations when physical violence occurs

Women who had experienced physical violence in their lifetime were asked what type of situations or factors were associated with their husband's/partner's behaviour. On average, each woman gave 2 responses. It is important to emphasise that a situation or factor associated with violence is not the same as the cause of men's violence against women. The most frequently mentioned factors were the husband/partner feeling jealous of his wife (30%), disobedience by the wife (29%), the husband/partner being drunk (29%), and problems with his or her family (21%). Other factors mentioned included: money problems (12%), her refusal to have sex (10%), his wanting to show that he is the boss (10%), difficulties at his work (7%), no food at home (7%), his unemployment status (3%), and her being pregnant (2%). Eight percent (8%) of women mentioned that there was no particular reason, and 26% also mentioned a variety of other reasons (Figure 6.5).



Women in urban areas more frequently mentioned that there was no particular reason for the violence (14%) or that his drunkenness was a factor (36%). In rural areas and particularly in the Eastern Division, more women mentioned his jealousy (43% in the Eastern Division and 32% in rural areas), her disobedience (40% in the Eastern Division and 35% in rural areas), and him showing that he is the boss (17% in the Eastern Division and 12% in rural areas). Family problems were mentioned more frequently than the national average by Indo-Fijian women; jealousy and disobedience were mentioned more frequently by i-Taukei women (Table 6.4 of Annex 1).



Note: Percentages total more than 100% because women could identify more than one factor. Source: Table 6.4 of Annex 1.

## 6.5 Discussion of findings

The high levels of agreement with many statements that are opposed to women's rights highlights the enormous task ahead for all stakeholders working to eliminate violence. With 3 in 5 women believing that a "good wife" should obey her husband, obedience is a key feature in gender relations for the majority of women in Fiji. Disobedience is seen by 1 in 4 women as a "good reason" for a man to hit his wife. The notion that one adult should be obedient to another in an intimate relationship is demeaning and disempowering, and demonstrates the low status of women in Fiji. One does not expect obedience from people with equal status and power in relationships based on mutual respect. Disobedience also emerged as the major justification for domestic violence in FWCC's 1999 survey, along with adultery and flirting, being cheeky or talking back to the husband, and laziness (FWCC 2001: 33).

Overall, the responses to questions on sexual relations indicate that many women have a strong sense of sexual autonomy. According to FWCC staff, these findings point to attitudinal changes on marital rape in recent years due to long-term campaigns on this issue. Nevertheless, about 1 in 3 women believe that it is a wife's obligation to have sex, that there must be a good reason for her to refuse (not just that she doesn't want to, or doesn't feel like it), and about 1 in 10 still believe that refusing sex is a good reason for man to hit his wife.

The expectation that women should be subservient to men is demonstrated by the fact that more than half of the women who responded to the survey agreed that it is important for a man to show his wife that he is the boss. This attitude legitimises men's violence and controlling behaviours as a way of maintaining their higher status, and is reflected in many common sayings that condition girls and



women to believe that violence is an expression of love. For example, violence may be accompanied by assertions that it is “only to teach her”, or that it is “for her own good”. If a woman has lost her teeth due to repeated physical assaults, people may comment that her husband “loves her too much”.

It is telling that 1 in 3 women identified jealousy as the most important factor associated with physical violence: in other words, men will resort to violence when women are perceived as being more successful than their husbands, or when men believe they have been displaced from their position of higher status and privilege in the household. In these cases, women's actions or achievements challenge men's perceptions of themselves as leaders and decision-makers; men's use of violence is a way of exerting their power and control over women, to keep women in their subordinate place.

A qualitative research project was undertaken by FWCC in 2006; it explored community perceptions of women's rights and the consequences when women do assert their rights. Conclusions from the 2006 study help to contextualise those from the current survey. The overwhelming view expressed by study participants in 2006 (both male and female) was that if a woman is beaten by her husband, she must have “done something wrong” and thus deserved it. The study found that there was a backlash against women who did assert their rights; the prevailing attitude was that such women were “socially deviant, arrogant, power greedy and a source of gossip within the community” (FWCC 2006: 7-8). While it was seen as acceptable for women to publicly voice opinions or criticisms that the whole community agreed with, she would be ridiculed and judged as behaving inappropriately if this involved a challenge to male roles or leadership (FWCC 2006: 7, 46, 58).

The 2006 study found a high degree of confusion about women's rights and how these may impact on traditional roles. There was a prevalent view that if women asserted their rights, this would be at the expense of their household responsibilities and social and cultural obligations, and thus would be harmful to the whole community. Promoting women's rights was perceived as being in direct conflict with cultural and religious norms, which insist that women should submit to their husbands. Asserting women's rights was seen as a foreign way to behave, in addition to being impractical and promoting discord and disharmony (FWCC 2006: 7, 26, 42). Thus, when women choose their own friends or challenge their husbands/partners on this issue, or when they fail to behave as required by traditional norms, the findings from the current study indicate that they are “punished” for doing so (Figures 6.1 and 6.3).

The fact that more than 2 in 5 women still believe that a man has “good reason” to hit his wife in any circumstances shows that a tolerance for men's violence against women and unequal gender power relations are entrenched in some women's belief systems; this is particularly the case in the Eastern Division. Another challenging finding is that only about 2 in 5 women believe that people outside of the family should intervene if a man mistreats his wife. Both attitudes will require clear and persistent government and community leadership to be countered. For this to be done effectively, stakeholders need to be clear about the implications of taking a rights-based approach to addressing men's violence against women; this requires challenging attitudes that legitimise men's use violence and control, and that women should be subservient and obedient. Given the highly significant association between women's experience of violence and women's belief that violence is justified if women “misbehave”, men's power over women has to be confronted head on, to increase the effectiveness of primary and secondary prevention efforts.



Although the discussion above highlights entrenched belief systems that reinforce gender inequality, there are also very positive signs that some attitudes are beginning to change. For example, it is positive that almost 3 in 5 women thought that physical violence could not be justified, and that younger women were less likely to agree with some statements that reinforce unequal gender relations (such as that men should show they are the boss, and that wives are obliged to have sex). It is also encouraging that women educated to tertiary level were substantially less likely to agree with statements that undermine women's rights and justify violence, even though these attitudes by themselves do not protect them from violence. On the contrary, there is some evidence – when we compare findings on attitudes with those on prevalence in Chapter 4 – that challenging traditional norms and beliefs may make women more vulnerable to violence, particularly in the short-term and in the early days of a relationship when power relations are being established. This is also supported by FWCC's 2006 study, which found that men tend to become more abusive, aggressive and violent when women challenge men's domination and control (FWCC 2006: 62).

Although there is no quantitative evidence that women are now any more likely to seek help outside the family, FWCC has anecdotal evidence from counselling that this is the case, particularly when one compares the current situation with that described in FWCC's 2006 study on community perceptions. This found that domestic violence was overwhelmingly seen as private matter, with little awareness of the need for family or community members to provide support to women living with violence (FWCC 2006: 63-64). FWCC Counsellors report that in the past, most women spent many years in a violent relationship before telling anyone, taking the difficult step of seeking help outside the family or taking the decision to leave. In recent years, FWCC has seen an increase in younger clients; Counsellors now report that mothers, other relatives, friends, and neighbours are increasingly referring women for assistance to stop the violence, rather than advising them to put up with the violence or become more submissive to prevent it.

However, the fact that tertiary educated women are less likely to agree that people outside the family should intervene is a worrying finding and points again to missed opportunities for promoting an understanding of women's human rights and violence against women through the education system. This finding may be explained by the extreme humiliation and shame associated with having a problem of domestic violence publicly known or discussed, given that women are often still blamed for the problem rather than men (FWCC 2006: 63-64). All these findings underline how critically important it is for relatives, community members and service-providers to respond appropriately when women do make the very difficult decision to seek help to deal with violence – by reinforcing women's rights, holding men accountable for their behaviour rather than blaming the victim, prioritising the safety of women and children, and supporting women to leave if they decide to do so.

There is anecdotal evidence that positive attitudinal changes have indeed occurred, and that this change is due to a combination of factors – including the persistent work that FWCC has done over many years in raising awareness of women's rights and understanding of the nature of men's violence against women, in addition to the efforts of the women's movement in Fiji more generally. A variety of community leaders and organisations have progressively taken up the issue of violence against women due to FWCC's input and support, and FWCC's male advocacy program has been successful at spreading prevention messages into new places that were previously resistant and opposed to FWCC and its work. Social and economic changes have also played a part, by providing women with more opportunities for education, training and employment, which help to raise the status of women. Overall, the findings on attitudes provide important insights into women's views of gender equality and human rights, including opportunities for consolidating attitudinal change, and key areas of focus for further work to strengthen prevention.

# Chapter 7:

## Impacts Of Violence Against Women On Physical, Mental And Reproductive Health, Including During Pregnancy



### Summary of main findings

#### Physical health

- Almost half (47%) of the women who experienced physical and/or sexual partner violence in their lifetime have been injured; and more than 1 in 10 (13%) have lost consciousness.
- Among those ever injured, 3 in 5 (60%) have been injured more than once and 2% (1 in 50) now have a permanent disability.
- Among those who needed health care due to their injuries, less than 2 in 3 actually received health care; among these, 1 in 3 did not tell the health worker the real reason for the injury.
- Women living with physical and/or sexual violence have much poorer health and are hospitalised more often.

#### Mental health

- Women living with physical, sexual or emotional violence have more symptoms of emotional distress and are significantly more likely to think about and attempt suicide than those who have not experienced intimate partner violence.

#### Pregnancy and reproductive health

- **15% of ever-pregnant women were beaten during pregnancy, and one-third of these were punched or kicked in the abdomen while pregnant by their husband/partner.**
- Women living with physical and/or sexual violence are more likely to have unwanted pregnancies; their husbands/partners are also more likely to have prevented them from using contraception.
- Women beaten during pregnancy are more likely to have had a miscarriage



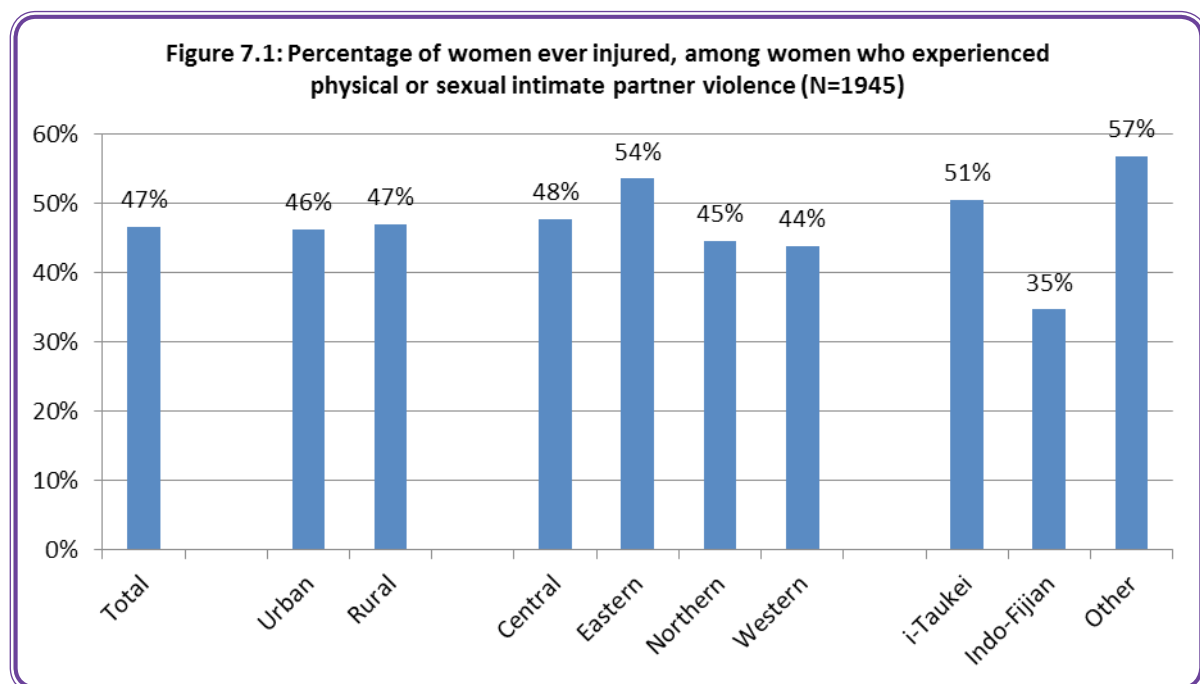
This chapter presents findings on the impact of physical and sexual partner violence on women's physical health, including the frequency and type of injuries women experienced, and their use of medication and health services. It also discusses the impacts of physical, sexual and emotional violence on women's mental health, and their likelihood of thinking about or attempting suicide. Findings are presented on the prevalence of violence against women during pregnancy and the association between intimate partner violence and reproductive health outcomes. Women's use of contraception is discussed, and how this is affected by intimate partner violence.

The survey posed most questions on women's physical, mental and reproductive health before women were asked to disclose whether they had experienced violence by a husband/partner. This approach minimises bias in women's responses and provides robust evidence on the impact of violence on women's health. Other questions focused on women's views of the specific impacts of partner violence (section 7.1.1).

## 7.1 Impacts of partner violence on physical health

### 7.1.1 Injuries caused by partner violence

Of the 1945 women who experienced physical and/or sexual violence by their husbands/partners, 909 were injured as a result of the violence; this is almost half (47%) of the women who are living with violence (Figure 7.1). If we consider the whole sample of 3035 ever-partnered women who participated in the survey, about 1 in 3 (30%) have been injured.

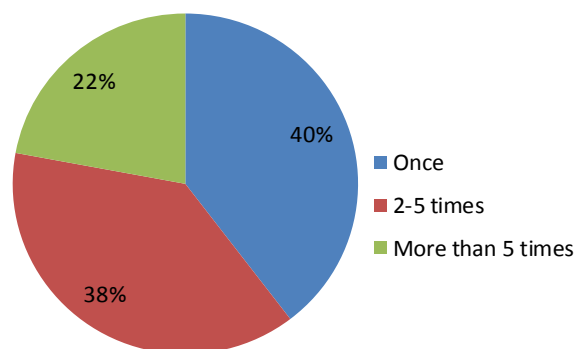


Source: Table 7.1 of Annex 1.

There is little difference in the rates of injury between rural and urban areas. However, women in the Eastern Division are more likely to have suffered from injuries (54%), as are i-Taukei women (51%) and those from other ethnic groups (57%), compared with 35% for Indo-Fijian women (Figure 7.1). It is reasonable to conclude that these higher rates of injury are due to higher prevalence of the most severe forms of physical violence within these groups, including assaults with fists and weapons, kicking, dragging and being beaten up (see section 4.3 and Table 4.3 in Annex 1). Conversely, young women aged 18-24 were somewhat less likely to experience the most severe forms of violence, and they also have lower rates of injury (38%) compared with the national average of 47% (Table 7.1 of Annex 1).



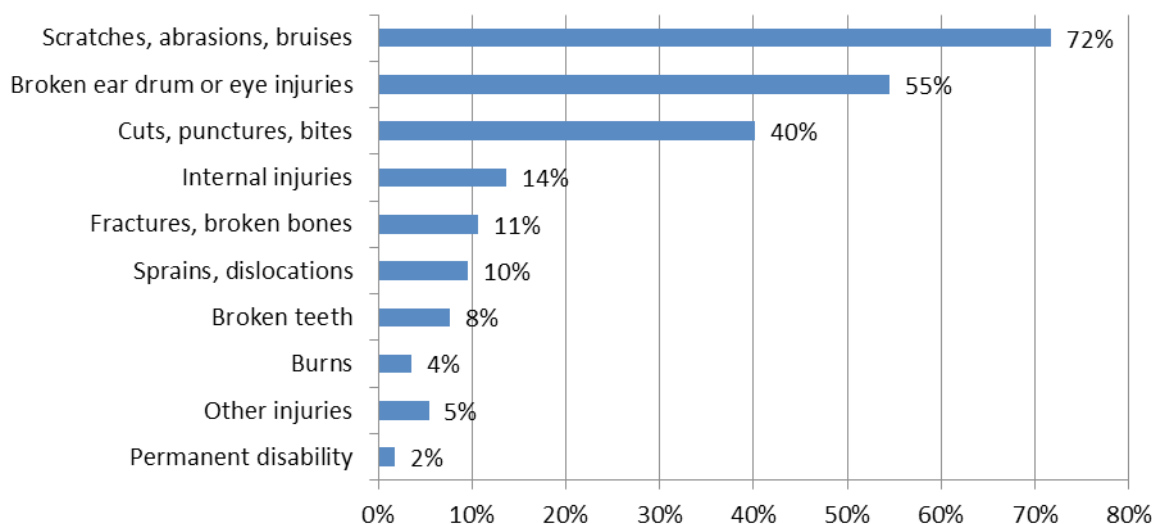
**Figure 7.2: Frequency of injuries, percentage of women ever injured due to physical or sexual violence (N=909)**



Among the 909 women who were injured in their lifetime, 2 in 5 (40%) were injured once, about 2 in 5 (38%) were injured 2 to 5 times, and the remaining 1 in 5 (22%) were injured more than 5 times (Figure 7.2). Sadly (but not surprisingly), the women most likely to be injured are those who have suffered from both physical and sexual violence: 61% of these women have suffered injuries, compared with 2% who experienced only sexual violence, and 37% who were only subjected to physical violence by their husbands and intimate partners (Table 7.1 of Annex 1).

Among the women injured, scratches, abrasions and bruises make up the largest category of injuries (72%); followed by broken ear drums and eye injuries (55%) and cuts, punctures and bites (40%). More than 1 in 10 had internal injuries; fractured and broken bones and sprains and dislocations also affected about 1 in 10 of those injured, along with broken teeth. Four percent (1 in 25 or 4%) of those injured were burned; 2% (1 in 50) now have a permanent disability as a result of their injuries (Figure 7.3).

**Figure 7.3: Types of injuries experienced by women in their lifetime, percentage mentioned by women who were ever injured (N=909)**



Note: Percentages total more than 100% because women identified more than one type of injury. Source: Table 7.2 of Annex 1.

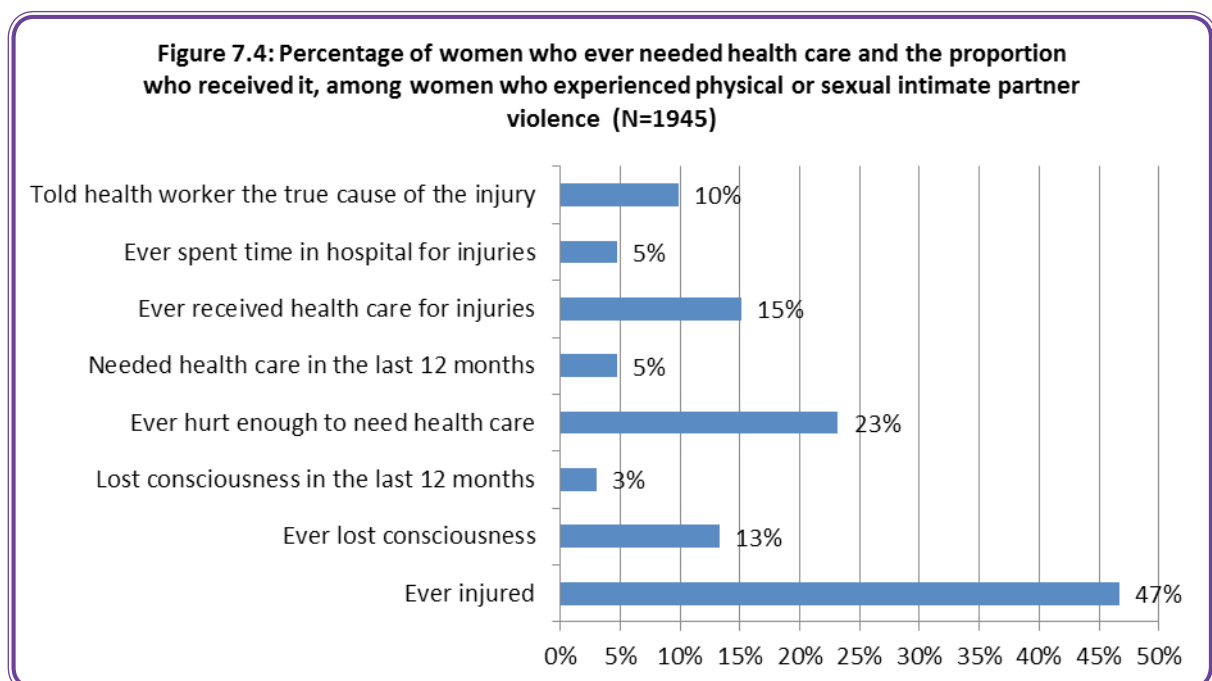
More than 1 in 10 of the 1945 women living with violence lost consciousness at some time in their life (13%) and 3% in the 12 months before the survey was conducted. One in 4 (23%) were hurt badly enough to need health care, and 1 in 20 in the last 12 months. Although 450 women needed health care due to their injuries, only 293 ever received it; in other words, one-third of those who needed health care did not get it. Of the 293 women who did receive health care, only 193 (about two-thirds) told a health worker about the true causes of her injury; this means that of all the women injured due to intimate partner violence, only about 1 in 10 tell a health worker the truth about the cause of the injury (Figure 7.4 and Table 7.2 of Annex 1).



Women were also asked about injuries inflicted during the 12 months prior to the survey. These figures paint a shocking picture for the individual women concerned (Table 7.2 of Annex 1):

- 252 women were injured and 5 were injured so badly that they were permanently disabled.
- 172 women had eardrums broken or eye injuries, 30 had a bone fractured or broken.
- 59 women lost consciousness and 30 suffered internal injuries.
- 91 of the women who participated in the survey needed health care for their injuries.

Despite the evidence above of extensive and serious injuries, women themselves tended to downplay the impact of violence on their well-being. For example, although 47% of women had been injured in their lifetime, 58% said that the violence had no effect at all on their physical or mental health. About a quarter (26%) said that the violence had affected them a little, and 17% said it had affected them a lot – even though 23% said they had been hurt badly enough to need health care (Table 7.3 of Annex 1 and Figure 7.4).



Source: Table 7.2 of Annex 1.

### 7.1.2 Other impacts on physical health

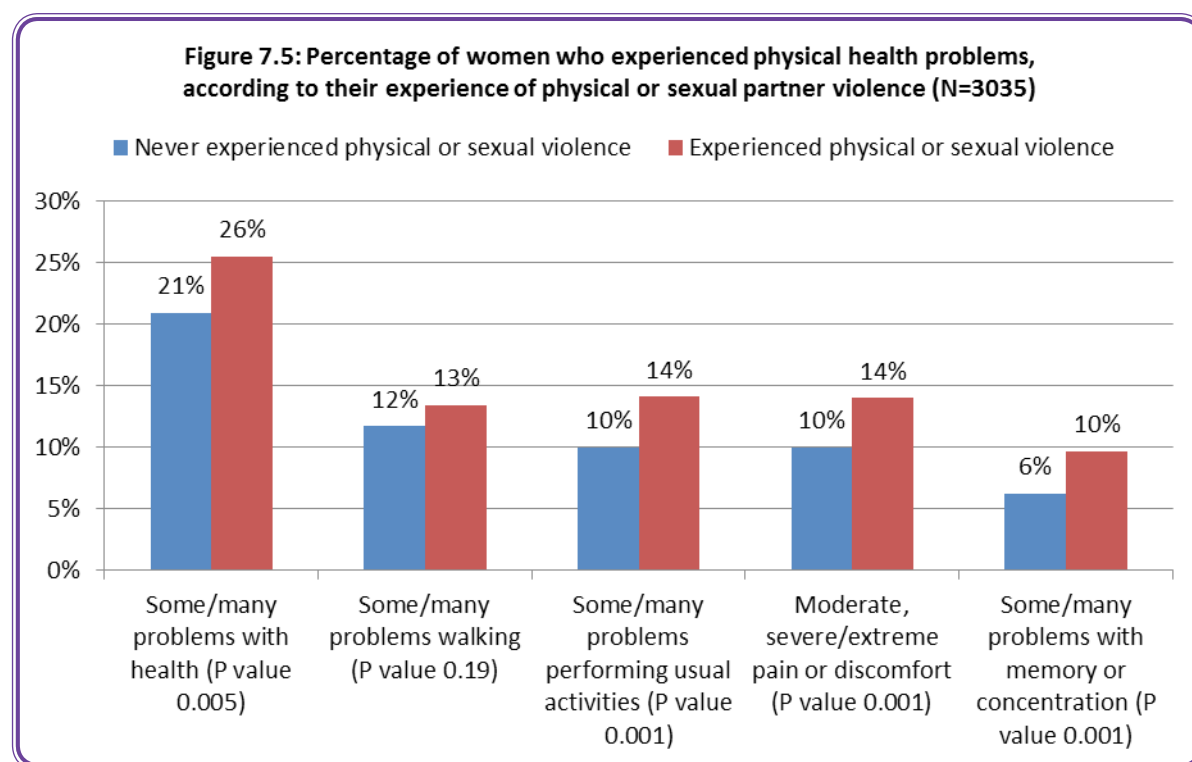
A range of other physical health issues were explored before women were asked about intimate partner violence, including the prevalence of asthma, diabetes, high blood pressure, and physical disabilities. Women who experienced intimate partner violence were significantly more likely to have asthma: 4.2% of women who had not experienced violence had asthma, compared with 6.5% among those who were living with violence (the P value for this association was 0.011). Women in urban areas who had experienced partner violence were more likely to suffer from high blood pressure: 19.8% compared 15.2% who had not experienced violence (with a P value of 0.028). Although there were more women with physical disabilities who suffered from violence (2.7% compared with 1.7% who had not experienced violence), the association was not statistically significant, with a P value of 0.08. Nor was there any association between diabetes and violence (Table 7.4a of Annex 1).



Women were also asked about their overall health before they were asked about their experience of intimate partner violence. There were highly significant associations between most of the health issues explored and women's experience of violence (Figure 7.5):

- women living with violence were more likely to have poorer health (26% had poor health, compared with 21% who had not experienced violence);
- they had greater difficulties with performing their daily activities and were more likely to be suffering from pain (14% compared with 10% who had not experienced violence); and
- they were more likely to have problems with memory and concentration (10% compared with 6%).

These associations were found to be more significant in urban areas than rural areas; rural women tended to provide a more positive assessment of their health than their urban sisters, although they were more likely to be suffering from pain (Figure 7.5 and Table 7.4a of Annex 1). However, this does not mean that rural women have better health overall. FWCC's interpretation is that rural women tend to downplay their health issues and problems even more than urban women, and they also have less access to health services, and thus less access to information about their general health. This interpretation is supported by the findings on women's own assessment of the impact of violence on their well-being: 60% of rural women said there was no impact compared with 55% of urban women; and 14% of rural women said that intimate partner violence had a big impact on their physical and mental health compared with 21% of urban women, despite the fact that they both suffered from similar rates of injury (Table 7.3 of Annex 1).



Note: P values less than 0.05 indicate that the association with intimate partner violence is statistically significant. Source: Table 7.4a of Annex 1.



### 7.1.3 Use of health services and medication

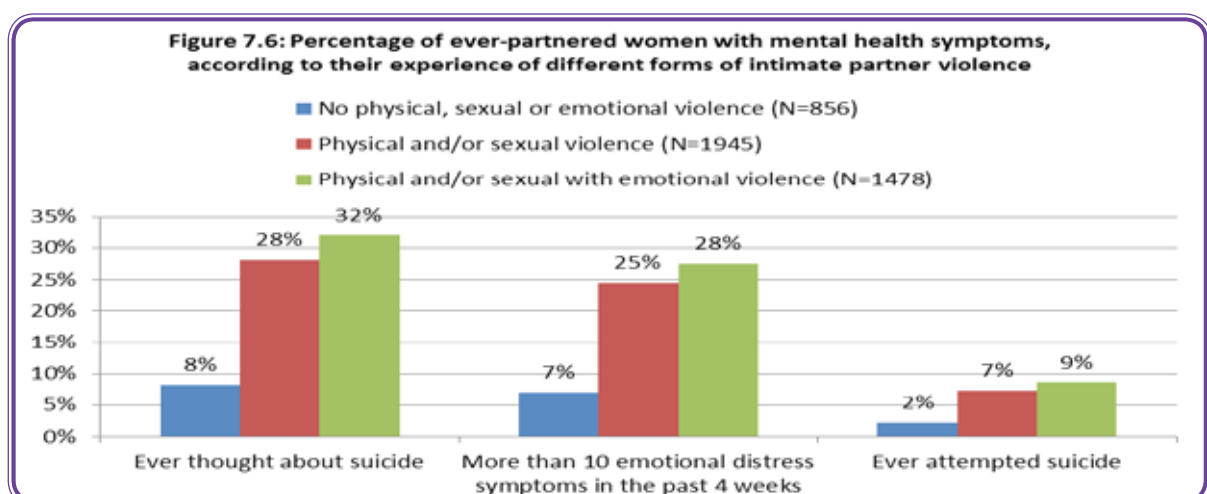
Even though many women who had been injured by their husbands/partners did not always get the health care they needed (see Figure 7.4), women living with violence were nevertheless significantly more likely to need to consult a doctor or other health worker, spend a night in hospital, and take medication for pain (Table 7.5 of Annex 1):

- One in 3 women living with violence (33%) needed to consult a doctor or health worker in the 4 weeks before the survey, compared with 25% who had not experienced violence and 31% of all respondents (P value less than 0.001).
- Half of the women (50%) living with violence needed to take medicine for pain in the 4 weeks before the survey, compared with 44% who had not experienced violence and 48% of all respondents (P value less than 0.001).
- Almost 1 in 10 women (9%) living with violence needed to spend at least one night in hospital in the 12 months before the survey, compared with 5% among those who had not experienced violence and 8% of all respondents (P value less than 0.001).

### 7.2 Impacts of partner violence on mental health

Mental health status was assessed using 20 questions developed by the WHO as a screening tool for emotional distress. These were included in the health section at the beginning of the questionnaire before women were asked to disclose their experience of violence (see section 2 of Annex 2). The use of these 20 questions has been validated as a robust method for assessing mental health status in a wide range of settings. Respondents were asked whether, within the 4 weeks prior to the interview, they experienced a range of symptoms that are associated with emotional distress, such as crying, inability to enjoy life, tiredness, and thoughts of ending life.<sup>22</sup> The number of symptoms that women experience can be aggregated to provide an overall score of emotional distress, where 0 represents the lowest level of emotional distress and 20 represents the highest level.

Women living with intimate partner violence are significantly more likely to experience more than 10 symptoms of emotional distress. The findings also indicate that the mental health impact of partner violence increases for those women who experience all three forms of violence: emotional, physical and or sexual violence. Seven percent (7%) of women with no physical, sexual or emotional partner violence had more than 10 symptoms of emotional distress in the 4 weeks before the survey, compared with 25% of those who experience physical and/or sexual violence, and 28% of those who also experienced emotional abuse (Figure 7.6).



Note: Symptoms of emotional distress used the WHO SRQ-20 (self reporting questionnaire with 20 questions (see section 2 of Annex 2). Source: Tables 7.4a and 7.4b in Annex 1).



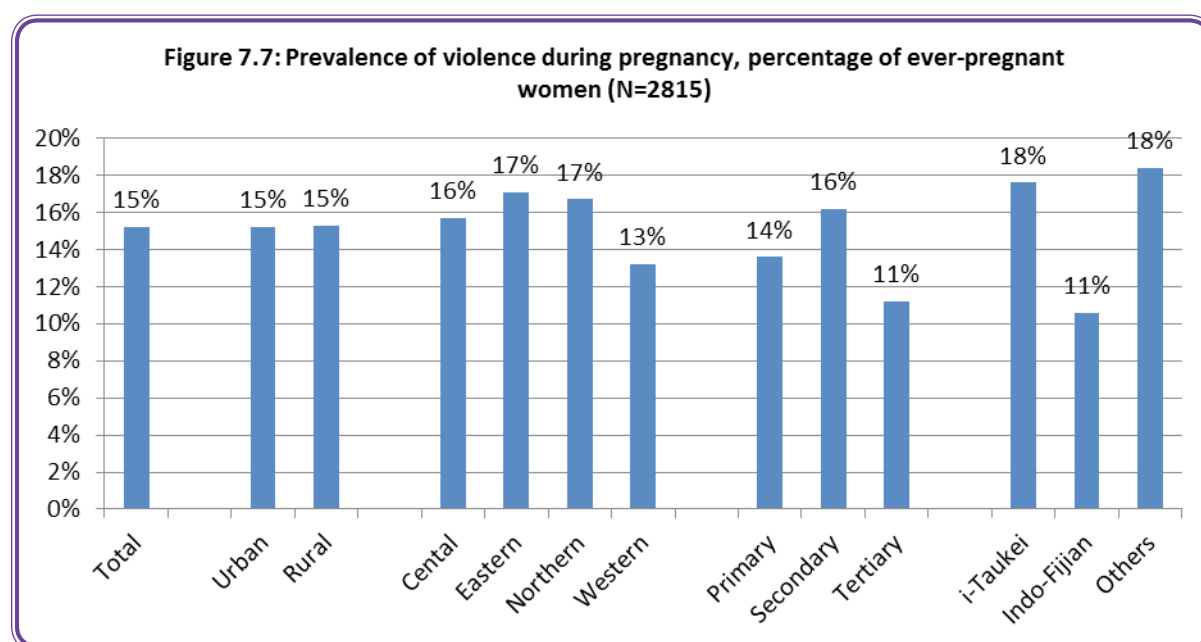
Eight percent (8%) of women with no physical, sexual or emotional violence had ever thought about suicide. This compares with 28% of those living with physical and/or sexual violence, and 32% of those who are also subjected to emotional abuse. Similarly, 2% of women with no intimate partner violence had ever attempted suicide, compared with 7% for those who experienced physical and/or sexual violence and 9% for those who also experienced emotional abuse (Figure 7.6). The P values for associations between mental distress, suicidal thoughts and actions, and the experience of partner violence indicate a high level of statistical significance for these findings (Tables 7.4a and 7.4b in Annex 1).

### 7.3 Prevalence of partner violence during pregnancy and other impacts of partner violence on reproductive health

#### 7.3.1 Prevalence and features of violence during pregnancy

Among 2815 women who had ever been pregnant, 15% had been hit or beaten while pregnant. There was little variation in the prevalence of violence by location, with the Western Division having the lowest (13%) and Eastern Division (17%) the highest. Tertiary-educated women had the lowest prevalence at 11%, compared with 16% for those educated to secondary level and 14% for those educated to primary level (Figure 7.7 and Table 4.5 of Annex 1).

Differences in prevalence by ethnicity were the most marked and followed the patterns noted in Chapters 4 and 5 for other forms of partner and non-partner violence: 11% of Indo-Fijian women were hit or beaten during pregnancy, compared with 18% of i-Taukei women and 18% of those from other ethnic groups combined. There were also some differences in prevalence by age: 20% of women aged 18-29 were hit during pregnancy, compared with around 16% for those aged 30-49, and 10% for those aged over 50 (Figure 7.7 and Table 4.5 of Annex 1). These variations suggest that violence towards women in pregnancy may have increased in recent years. However, comparisons of prevalence by age demonstrate that this has been a persistent problem over many generations.

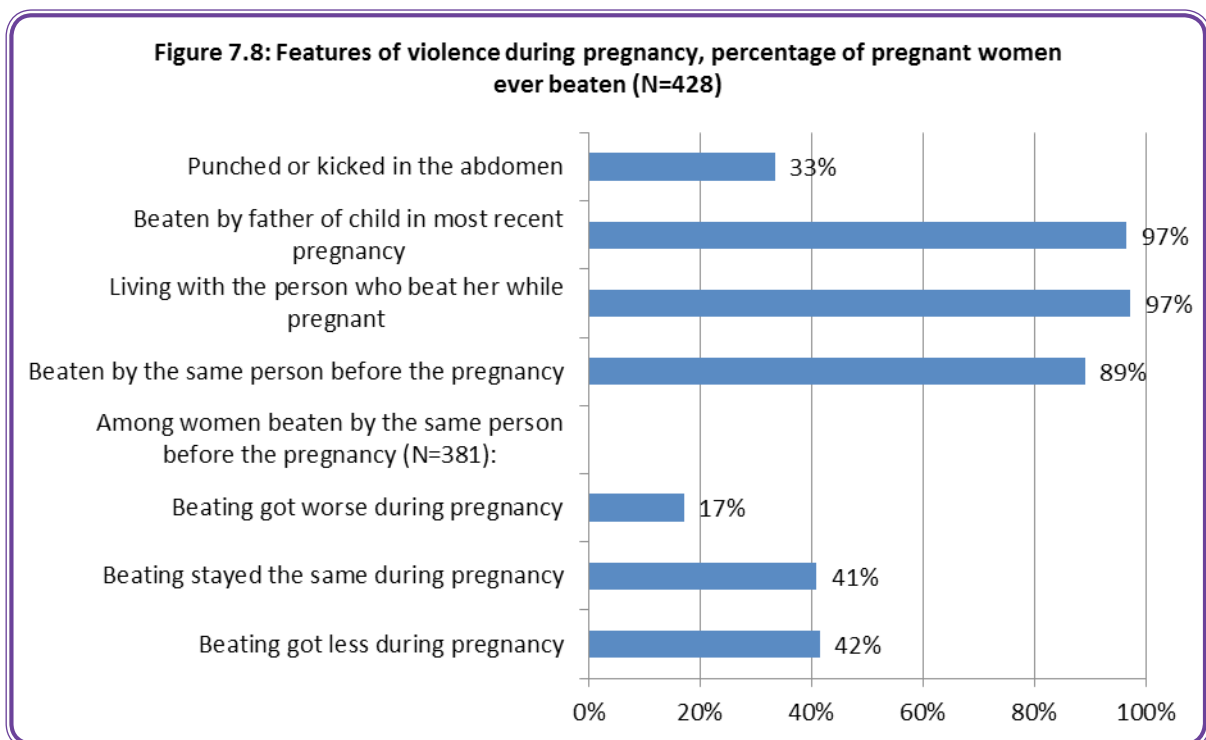


Source: Table 4.5 of Annex 1.



Among the 428 women who were hit or beaten during pregnancy, 33% were punched or kicked in the abdomen. This is a shocking finding and represents 5% of all women ever-pregnant in Fiji (1 in every 20). The vast majority of women (97%) were hit, slapped or beaten by the father of the child, and they were living with the perpetrator at the time of the attack (Figure 7.8).

The majority of women (89%) were also beaten by the same person before the pregnancy. Sadly, pregnancy did not protect the majority of these women (3 in 5) from violence: for 41% the violence stayed the same as before the pregnancy and for 17% it became more frequent or more severe. For 41% (2 in 5), the violence got less during the pregnancy (Figure 7.8).



Source: Table 4.6 of Annex 1.

### 7.3.2 Impacts of partner violence on reproductive health behaviours and outcomes

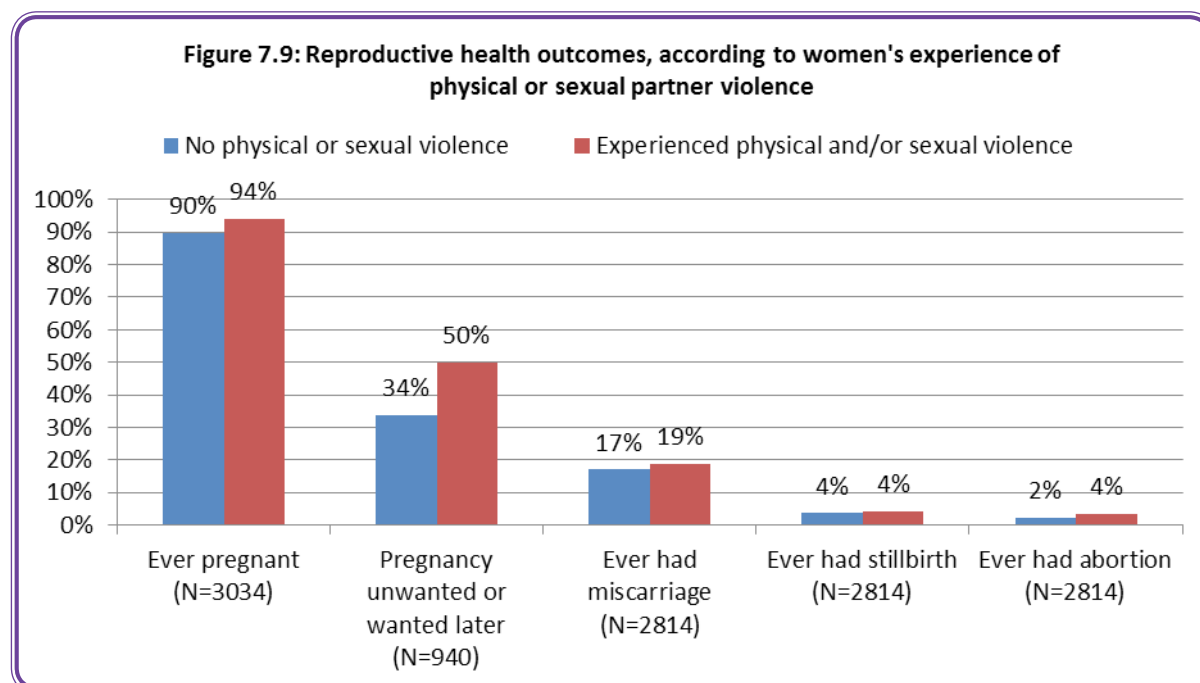
Questions on reproductive health behaviours and outcomes were posed before women were asked about their experience of intimate partner violence. Women who experienced physical and/or sexual partner violence were significantly more likely to have an unwanted pregnancy, or one that they would have preferred to have later: this occurred for 50% of women living with violence compared with 34% of those who had never experienced partner violence. Four percent (4%) of women living with violence have had an abortion, compared with 2% of those who had not experienced violence. Both these associations were statistically significant, with P values of less than 0.001 and 0.05 respectively (Figure 7.9 and Table 7.6 of Annex 1).

Although women living with violence were slightly more likely to have miscarriages or stillbirths, these associations with intimate partner violence were not statistically significant. However, women who were physically assaulted during pregnancy were significantly more likely to miscarry: 22% of these women had miscarriages, compared with 18% of those who had not been hit, kicked or beaten during pregnancy, and this association was statistically significant (P value of 0.017) (Tables 7.6a and 7.6b of Annex 1).



Being exposed to physical or sexual violence by a husband or intimate partner had several other impacts on women's behaviour while pregnant which were statistically significant (Figure 7.10):

- Nineteen percent (19%) of women living with partner violence did not have a post-natal check-up, compared with 13% who had not experienced violence (P value of 0.031).
- Almost twice as many women living with partner violence smoked during pregnancy (13.2%), compared with 7% of those who had not experienced violence (P value of 0.009).
- Similarly, twice as many women living with partner violence drank alcohol during pregnancy (8.3%), compared with 3.6% who had not experienced violence (P value of 0.011).

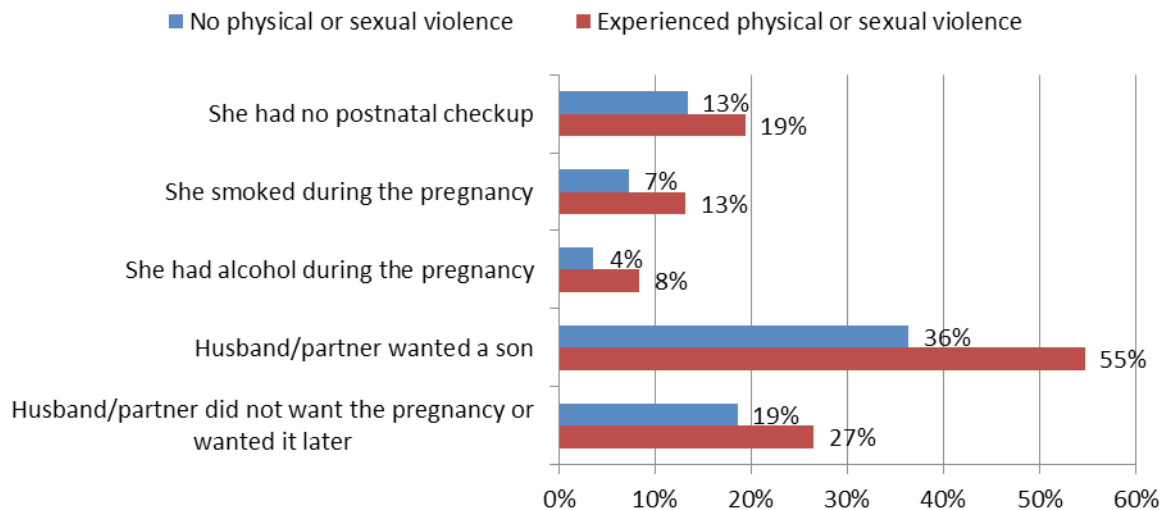


Note: P values indicate statistically significant associations for “ever pregnant” (<0.001), “pregnancy unwanted or wanted later” (<0.001), and “ever had an abortion” (<0.05). Source: Table 7.6a of Annex 1.

Women were asked whether their husband/partner had a preference for a son or a daughter during their last pregnancy, and whether the pregnancy was wanted by their husband/partner. For the women living with violence, husbands/partners wanted a son in 55% of cases, compared with 36% for those women who had not experienced violence. The husbands/partners of women living with violence were also far more likely not to want the pregnancy, or to want it later: more than 1 in 4 felt this way (27%) compared with 19% (less than 1 in 5) for those who had not experienced violence. Both these associations with intimate partner violence were statistically significant, with P values of less than 0.001 and 0.009 respectively (Figure 7.10 and Table 7.7 of Annex 1).



**Figure 7.10: Factors relating to the last pregnancy, percentage of women with a live birth in the last 5 years, according to experience of physical or sexual partner violence (N=940)**



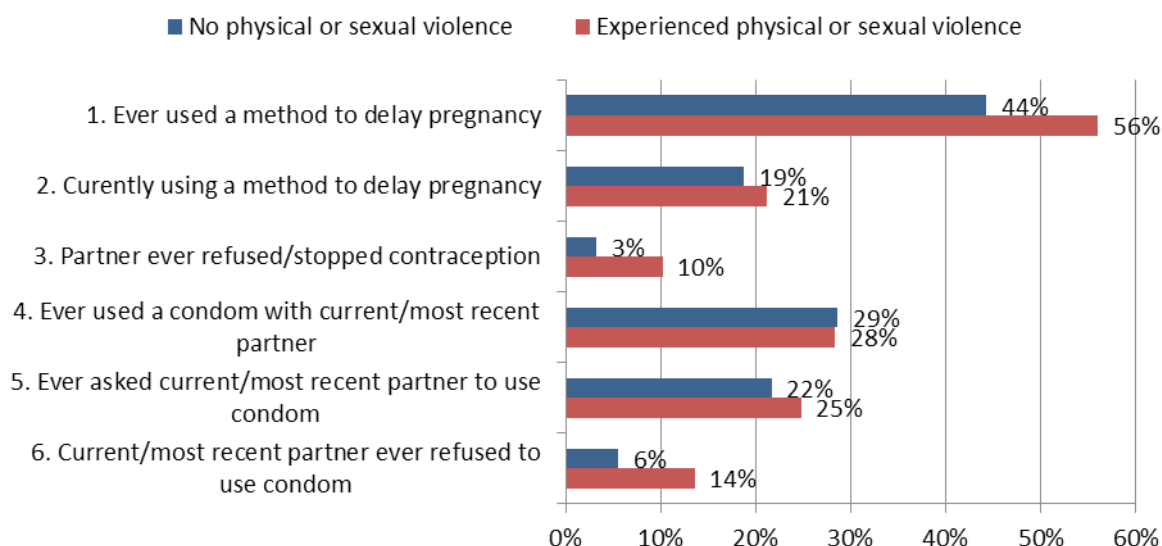
Note: All associations between the experience of intimate partner violence and the above were statistically significant. Source: Table 7.7 of Annex 1.

Associations between intimate partner violence and women's use of contraception were also highly significant. The questionnaire explored the use of contraception in general, and the use of condoms in particular (both before the questions on experience of partner violence). On the one hand, women living with violence were far more likely to have ever used a method to prevent or delay pregnancy (56% compared with 44% of those not living with violence, with a P value of less than 0.001); they were also more likely to be currently using such a method (21% compared with 19%, although this difference was not statistically significant with a P value of 0.12). On the other hand, women living in violent relationships were also significantly more likely to have had their husband/partner prevent them from using contraception; this affected 10% of women living with violence compared with only 3% of those not living with violence, with a highly significant P value of less than 0.001 (Figure 7.11 and Table 7.8 of Annex 1).

There was a similar pattern for the findings on the use of condoms: 25% of women in violent relationships had ever asked their current or most recent partner to use a condom, compared with 22% of those who had not experienced violence (statistically significant with a P value of 0.055). At the same time, the husbands/partners of women in violent relationships were much more likely to have refused to use a condom: 14% had refused, compared with only 6% of men who had not been violent (statistically significant with a P value of less than 0.001). In addition, women with violent husbands/partners were significantly less likely to tell their husbands/partners that they were using contraception (91% compared with 96%), and they were also less likely to have used a condom during the last time they had sex (22% compared with 29%) (Figure 7.11 and Table 7.8 of Annex 1).



**Figure 7.11: Use of contraception, percentage of women according to their experience of physical or sexual partner violence (N=3024)**



Note: P values indicate statistically significant associations for items 1, 3 and 6 (<0.001), and item 5 (0.055). Source: Table 7.8 of Annex 1.

As noted above, a proportion of husbands and partners had disapproved, refused or tried to prevent their wives from using contraception, and showed their disapproval in various ways. The majority told their wives/partners that they did not approve: 86% of men did so for contraception, and 82% for the use of condoms. Of the 265 women whose husbands refused to use condoms, 17% said that using a condom was not necessary, 13% shouted or got angry, 5% accused her of being unfaithful or not being a good woman, 4% laughed at her or did not take her seriously, 4.3% either physically assaulted her or threatened to do so, and 2.5% destroyed the condoms. Similarly, of the 206 women whose husbands had tried to prevent women from using other forms of contraception, 15% shouted or got angry, 6% either assaulted her, or threatened to do so or throw her out of the home, and 3% destroyed the contraception (Table 7.9 of Annex 1).<sup>1</sup>

## 7.4 Discussion of findings

### 7.4.1 Physical and mental health impacts

The findings illustrate enormous pain and suffering by individual women living with violence as well as enormous costs to the economy, families and communities. They also provide further evidence to challenge some common myths:

- The physical health impacts of domestic violence are widespread and serious. Many women are experiencing a range of injuries that impact directly on their physical health, and on their ability to carry out their daily activities of caring for the family and earning income.
- The mental health impacts of all forms of violence by husbands/partners are also extremely serious, including emotional abuse.
- Women do not exaggerate the impacts of domestic violence. On the contrary, the findings show that many women under-estimate the impact on their health and emotional well-being, and this appears to be an important coping mechanism for women living with violence.

<sup>1</sup> Percentages add to more than 100% for husband's/partners' ways of showing they disapproved of contraception and condoms, because women could give multiple responses to these questions.



Survey findings on the percentage and type of injuries inflicted during the 12 months prior to the survey can be applied to the total population of ever-partnered women in Fiji to provide a minimum estimate of the annual, weekly and daily impact of intimate partner violence. This paints a shocking picture for the women affected, and a huge cost to the health system and economy (Box 7.1).

**Box 7.1: Estimates of the impact of intimate partner violence in Fiji each year**

According to Fiji's 2007 Census there were 189,385 women in Fiji aged 18-64 who were ever in an intimate relationship with a man. Using the data from this survey, it is possible to estimate the number of women affected by partner violence each year, each week and each day:

- 15,725 women will suffer from injuries each year – this is an average of 302 women every week or 43 women injured every day due to violence by their husband/partner. However, only about 1 in 10 of these women will tell a health worker the true cause of their injury.
- 312 women will become permanently disabled – 6 every week or almost 1 every day.
- 3,682 women will be physically assaulted so severely that they lose consciousness – 71 each week or 10 every day.
- 5,678 women will need health care for their injuries – 109 each week or about 16 each day; but many of these women will not get the health care they need.
- 10,733 women will have eardrums broken or eye injuries – 206 per week or about 29 every day.
- 1,872 women will have a bone fractured or broken – 36 each week, or 5 each day.
- 1,872 women will suffer from internal injuries – 36 every week or 5 each day.
- 1,622 women will have sprains or dislocations – 31 each week or 4 each day.
- 437 women will suffer from burns – 8 each week or 1 each day.
- 936 women will have their teeth broken – 18 each week or 3 every day.

Note: Estimates are calculated as follows: the percentage of women who said they were injured in the previous 12 months before the survey (Table 7.2 of Annex 1) is applied to the number of ever-partnered women in Fiji, based on 2007 Census data (Table 3.3 of Annex 1). These are minimum estimates because they use 2007 Census data, and because the survey counted the number of women with each type of injury (whereas some injuries may happen multiple times). Source: Table 7.10 of Annex 10.

The rates of injury in Fiji due to intimate partner violence are among the highest in the world. Of 15 sites included in the WHO multi-country study and 5 other studies that used the WHO methodology, Fiji's rate of injury is exceeded in only 3 cases: Kiribati, provincial Peru and urban Thailand (Fulu 2007: 60; Jansen et. al. 2009: 72; SPC 2009: 105; SPC 2010: 123; VWC 2011: 109; WHO 2005: 58).

With 30% of ever-partnered women injured in their lifetime, intimate partner violence is undoubtedly one of the biggest risks to women's physical health and well-being in Fiji. For example the prevalence of diabetes is estimated to be 16-18% of the total population, raised blood glucose affects 16% of Fiji's women, raised blood pressure affects 30% of women and hypertension 19% (AusAID 2010: 57; MOHa: 14; MOHb: 10; WHO 2013a: 2). According to the WHO, the rates of injury reported in the survey are likely to be significantly lower than the actual rate, due to evidence that women are less likely to recall or mention minor injuries (WHO 2005: 61). This view is supported in the current survey by the finding that women in Fiji tend to downplay the impact of violence on their health, an attitude which is reinforced by women's low status and the view that women's health is not important (see the discussion on women's health in section 4.7.2 in Chapter 4).



The highly significant association between women's experience of physical or sexual partner violence and their use of medication for pain and health services including hospitalisation is of great concern. Health workers throughout the country are treating women who are living with violence every week – for their injuries, and ongoing general health problems due to violence. However in many cases the health workers may not be aware of the cause of the health problems suffered by their patients, since many women do not tell health workers about the violence.

The attitudes and responses of health workers including the way they communicate with women patients is recognised as a key gender issue affecting women's use of health services. Many factors can make it difficult for a woman to disclose physical and sexual violence: whether the health worker is male or female, long waiting times, lack of privacy in the physical environment of health centres, lack of confidence that health staff will respect confidentiality, and lack of empathy from the health worker. In addition, many clients have told FWCC staff that her husband/partner will take her to the hospital or health centre for injuries caused by his violence; in most cases the doctor or health worker does not ask her husband to leave, and her husband does most of the talking. It is impossible for women to disclose the true cause of her injuries in these circumstances.

The strong association between mental health problems and all forms of violence is alarming, including symptoms of emotional distress such as depression, anxiety, suicidal thoughts and attempted suicides. The proportion of women who have more than 11 symptoms of emotional distress paints a devastating picture of life for women who are being subjected to domestic violence. An Australian study undertaken of the burden of disease caused by intimate partner violence found that it had the greatest impact on the health of women aged 15 to 45, compared with any other risk factors such as obesity, high cholesterol, high blood pressure and illicit drug use. The same study found that 60% of the increased burden of disease due to intimate partner violence was associated with mental health impacts (VicHealth 2004: 25-27; see also Box 7.2).

The WHO multi-country study on the prevalence of violence against women also concluded that mental health problems such as anxiety and depression are widely recognised as consequences of intimate partner violence around the world, rather than pre-conditions or precursors that may exist before the violence begins (WHO 2005: 61). It is clear that having these symptoms would have a negative impact on a woman's ability to work at her full capacity, and thus on overall national social and economic development. The fact that so many symptoms of emotional distress were experienced by women in the 4 weeks prior to the survey also indicates that the mental health impacts of physical, sexual and emotional violence last long after the violent incident may have occurred.

Many other studies have identified the devastating consequences of intimate partner violence on mental health. A meta-review undertaken by WHO found that 16 studies had identified statistically significant associations between unipolar depressive disorders and intimate partner violence, and that women living with violence were twice as likely to experience depression; 31 studies identified an association between alcohol abuse by women and partner violence; and 3 found a substantially increased risk of suicide (WHO 2013: 29). Since it is not possible to know how many women from the total sample of households in the Fiji survey have actually committed suicide, the strong association between violence and suicidal behaviour may be underestimated.

There has been recent acknowledgement of suicide as an increasing problem in Fiji. The Ministry of Health (MOH) draft National Suicide Prevention Policy notes that the rates of both suicide and attempted suicide among Indo-Fijian women (and young women) are very high compared with global data, as is the overall suicide rate, and that available data under-estimates the extent of the problem (MOH 2008). In a summary of health issues in the Western Pacific region, the WHO noted that global



trends show a higher male to female suicide rate (approximately 3 to 1), but suicides in Fiji go against this trend and show a more equal gender ratio. The WHO also noted that depressive disorders account for nearly 42% of the disability from neuropsychiatric disorders among women compared to 29% among men in the Western Pacific region (WHO 2009; WHO 2013b: 22).

Women in Fiji face a double burden of stigma if they try to get help to deal with the emotional distress associated with living in a violent relationship: there is shame, humiliation and blame attached to domestic violence, in addition to the stigma associated with disclosing psychological and emotional distress. The WHO noted that “authoritarian” attitudes of some health workers can make the disclosure of emotional distress even more difficult (WHO 2009).

There is recognition by the Fiji Government and some donors of the need to invest in suicide prevention and mental health, which has been labelled an “iceberg disease” because much of the problem remains hidden (AusAID 2010: 15; MOHa: 17; MOH 2008; WHO 2013b). Although some program documents acknowledge the contribution of intimate partner violence to suicide risk (AusAID 2012a), overall there is little explicit recognition of the impact of domestic violence to suicide risk and mental health problems in policy, planning or health reporting (for example MOHa; MOHb; MOH 2008; MOH 2011; WHO 2013b).<sup>2</sup>



Nor is there acknowledgement of the complex interplay between domestic violence and other risk factors and health outcomes. On the positive side, the MOH draft National Suicide Prevention Policy does identify the need for a gender analysis of legislation and policies that may impact on suicide prevention (MOH 2008). In addition to reliable sex-disaggregated data on depression and suicide, further research is needed on the ways that intimate partner violence contributes to physical, mental and reproductive health problems, and how these issues can be addressed in community based suicide prevention and health promotion efforts (Box 7.2).

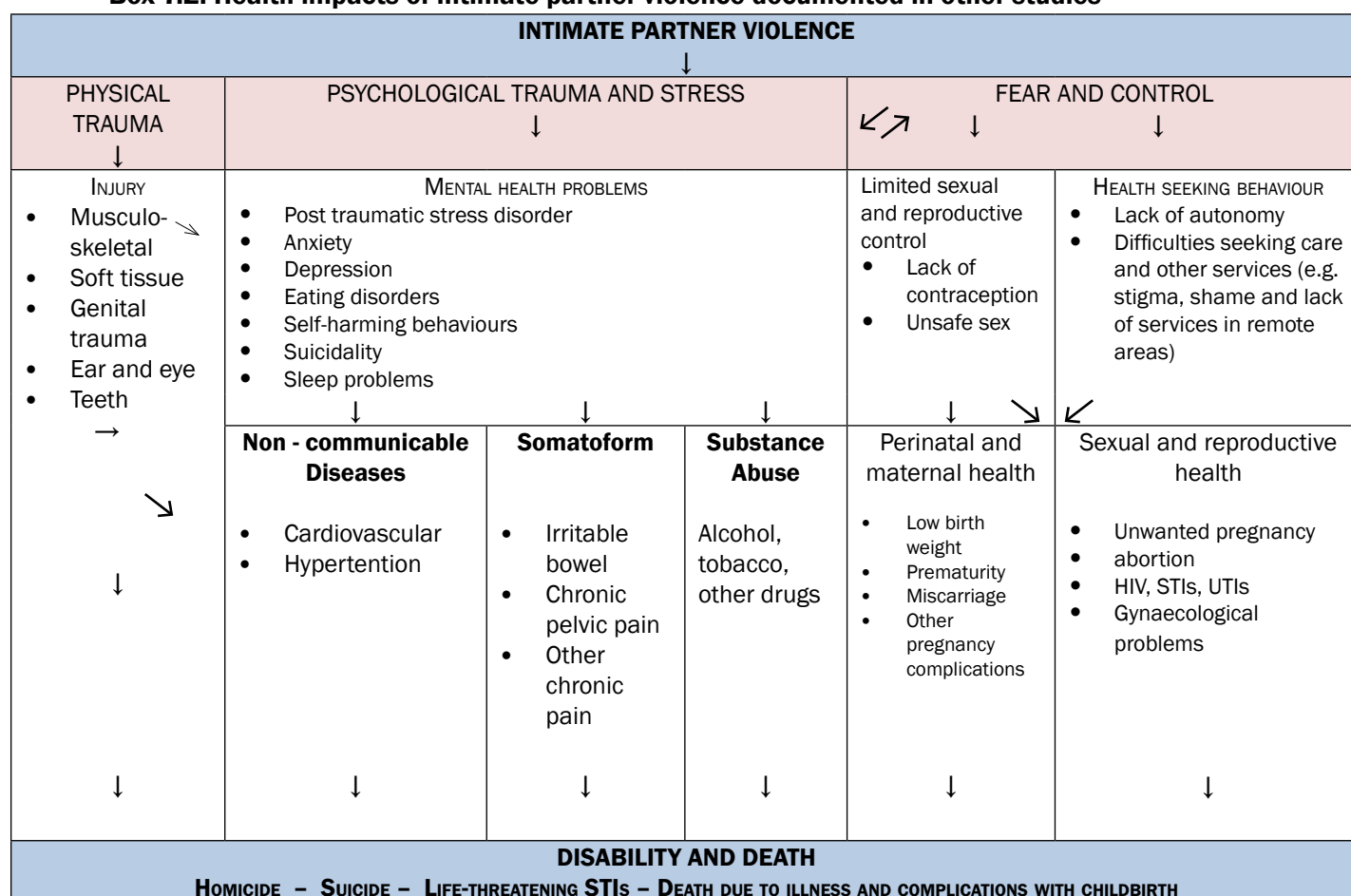
Although this study shows that violence against women results in disability, it has not been possible to determine whether disabled women experience physical or sexual violence at higher rates than other women; nor is it possible to draw conclusions about the impact of violence on the health of disabled women and girls. However, research from other countries indicates that violence against women with disabilities far exceeds that of non-disabled women, with a broader range of types of violence and perpetrators (International Network of Women with Disabilities 2010: 6-7). Dedicated research is needed on the prevalence of partner and non-partner violence against disabled women and girls in Fiji, and its impacts on their health.

<sup>2</sup> The WHO (2013b) notes that a draft National Mental Health policy has been developed, but this is not yet available for review.



This study has not explored the relationship between non-partner violence and physical and mental health outcomes for women. However, this is also worthy of future research, keeping in mind that non-partner violence is also significant risk factor for women experiencing violence from their husbands or intimate partners (see Chapter 11). The WHO's meta-review on health impacts of violence against women found some similar health impacts for both non-partner and intimate partner violence including depression, anxiety and alcohol abuse (WHO 2013: 27-30).

**Box 7.2: Health impacts of intimate partner violence documented in other studies**



Sources: Adapted from WHO 2013: 8 and VicHealth 2004: 21.

UTIs: urinary tract infections; STIs: sexually transmitted infections; HIV: human immunodeficiency virus; Somatoform: involving the physical expression of psychological symptoms (VicHealth 2004: 21).

#### 7.4.2 Reproductive health impacts

The findings on prevalence of physical violence during pregnancy are shocking and show that this has been a persistent problem over many generations. For many women, pregnancy is not a time when they are protected from violence: for almost 3 in 5 women, the violence either stayed the same during the pregnancy, or increased in frequency or intensity. The prevalence of physical assault during pregnancy – and the high rate of targeted attacks to the abdomen – is among the highest in the world. In the Pacific region Fiji's prevalence of 15% of ever-pregnant women is only exceeded by Kiribati which has a prevalence of 23% (SPC 2009: 115; SPC 2010: 135; VWC 2011: 125; WHO 2005: 66-67). These findings challenge widespread perceptions that family and children are highly valued in Fiji. They also demonstrate that intimate partner violence increases the likelihood of unwanted pregnancies and children, miscarriage and abortion. Similar impacts have emerged from other studies globally (see Box 7.2).



Although it is seen as unacceptable by to hit a woman when she is pregnant, nevertheless 15% of pregnant women are subjected to these attacks. The survey did not explore why husbands/partners beat their wives when they are pregnant. However, FWCC's counselling experience provides insight into this question. Regardless of ethnicity, reasons for being beaten cited by women during counselling include jealousy (of the future child), and the fact that she may not be able to do as much household work while pregnant, or care so attentively for her husband's needs. Other reasons mentioned include: infidelity by the husband/partner, who therefore doesn't want the child; an intention to bring on a miscarriage; and punishment for women who have not provided a boy child, which may begin after female children have been born. These interpretations are supported by the data from the survey: 27% of women who experienced violence in their lifetime had husbands/partners who did not want the pregnancy, and 55% had husbands/partners who wanted a son (Figure 7.10).

Control over reproductive rights emerges as a key factor for women living with violence. They are both more likely to have initiated contraception than women who have not experienced domestic violence, and more likely to have been prevented from using family planning methods. This is a common trend seen in other country studies, along with the finding that men who perpetrate domestic violence are also more likely to have multiple sexual partners (WHO 2005: 69-70). This is also the case for Fiji (see Chapter 11). This increases women's risk of contracting sexually transmitted infections including HIV/AIDS and suggests that women living with violence may have other reasons for initiating condom use, in addition to the need for family planning.

FWCC has long been aware of the serious physical, mental and reproductive health impacts of domestic violence from counselling and other anecdotal evidence. In addition to the suffering of individual women, the survey findings demonstrate that there are substantial direct and indirect economic costs of domestic violence – including the costs to health services, and the loss to women's productivity due to injury, ongoing poor health, and emotional distress and suicide attempts. The findings point to the need for increased awareness-raising with community members. Training for health workers is needed on the health consequences all forms of domestic violence, including how to respond appropriately to women to ensure that they receive the best possible care.

## Chapter 8: Impacts On Children Of Intimate Partner Violence



### Summary of main findings

- More than half (55%) of the women who experienced physical violence from their husband/partner said that their children had witnessed the abuse.
- Violence against women by husbands/partners has a range of negative impacts on children including behavioural problems and failure to progress at school.
- Women whose mothers were beaten are more likely to be living in violent relationships.
- Men whose mothers were beaten and men who were hit as children are more likely to perpetrate violence in their intimate relationships.
- However, some women and men who witnessed violence as children are not living in a violent relationship, which indicates that this learned behaviour can change.



This chapter presents findings on the impact of physical and/or sexual partner violence on children's behaviour and schooling. It also explores the association between growing up in a family where there is domestic violence, and being in an adult relationship where there is domestic violence. Most questions on these matters were posed before women were asked to disclose whether they had experienced violence by a husband/partner. This approach provides robust evidence of the impact of violence on children.

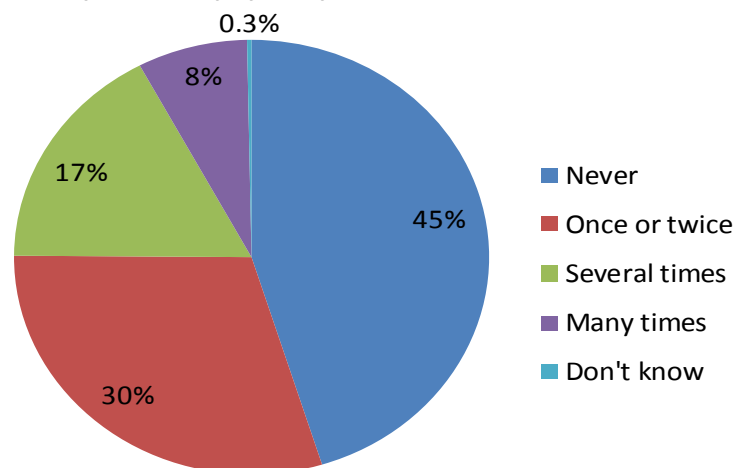
### 8.1 Impacts of intimate partner violence on children's well-being

Of the 1692 women who experienced physical violence by their husbands/partners, 45% said that their children had never witnessed violence, and the remaining 55% said that children had either seen or heard the violence. Thirty percent (30%) had witnessed the violence once or twice only, 17% had witnessed it several times, and 8% had seen or heard the violence many times (Figure 8.1). Children were slightly more likely to witness the violence many times in urban areas (11%) and in the Central Division (10%), compared with rural areas and the other Divisions (Table 8.2 of Annex 1).

Before being asked about their experience of domestic violence, women were asked several questions about the behaviour of children aged 6 to 14 (section 4 of Annex 2). Among women who had experienced physical or sexual violence, 34% had children who had 2 or more behavioural problems, compared with only 18% of those who had not experienced violence.

The most frequent behavioural problem was aggressiveness towards the mother or other children: this affected 36% of the women who were living with violence, compared with 23% of those who were not.

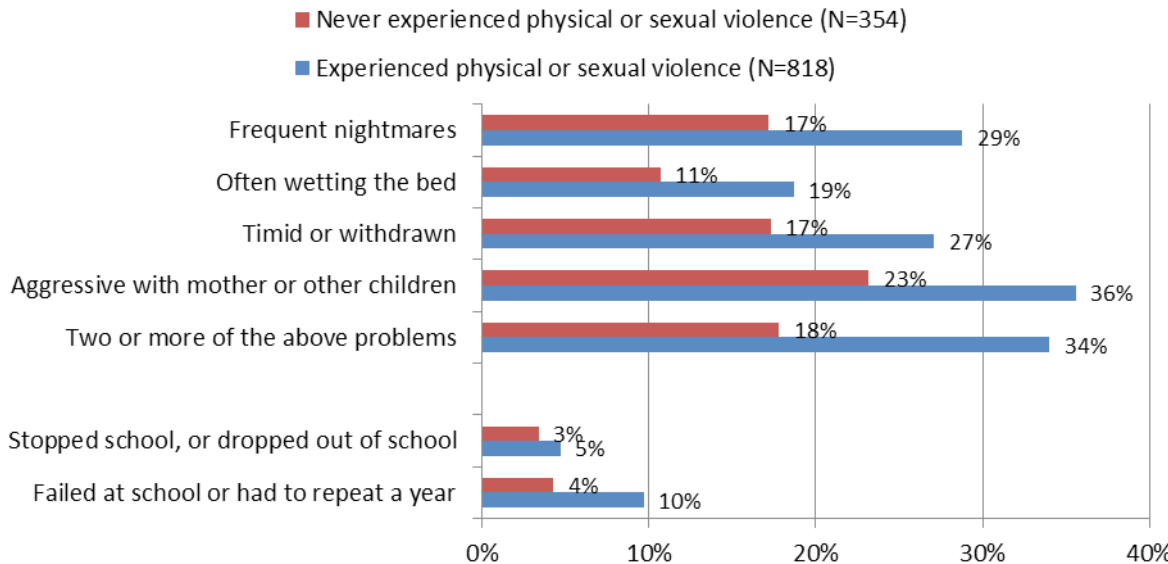
**Figure 8.1: Percentage of women who reported that their children witnessed violence, among those who experienced physical partner violence (N=1692)**



Twenty-nine percent (29%) of children living in a household with domestic violence had frequent nightmares and 27% were timid and withdrawn, compared with 17% among those where there was no physical or sexual partner violence. Frequent bedwetting was also more of a problem for 19% of children of women suffering from domestic violence, compared with 11% for those who were not living with violence. All these associations between intimate partner violence and children's behavioural problems were highly significant, with P values of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).



**Figure 8.2: Percentage of women reporting behavioural problems with children aged 6-14, according to experience of partner violence (N=1172)**



Note: Associations with intimate partner violence are highly significant with P values of less than 0.001, with the exception of “stopped school, or dropped out of school”. Source: Table 8.1 of Annex 1.

Mothers were also asked about issues with schooling. Although a higher percentage of children had stopped school or dropped out of school in families where there was domestic violence (4.7% compared with 3.4% for families without domestic violence), this association was not statistically significant. However, children were more than twice as likely to fail or repeat a year at school if their mothers were subjected to physical or sexual violence: 9.7% of children in families with domestic had problems with progress at school (about 1 in 10), compared with 4.3% of those where there was no domestic violence. This association was also highly significant with a P value of less than 0.001 (Figure 8.2 and Table 8.1 of Annex 1).

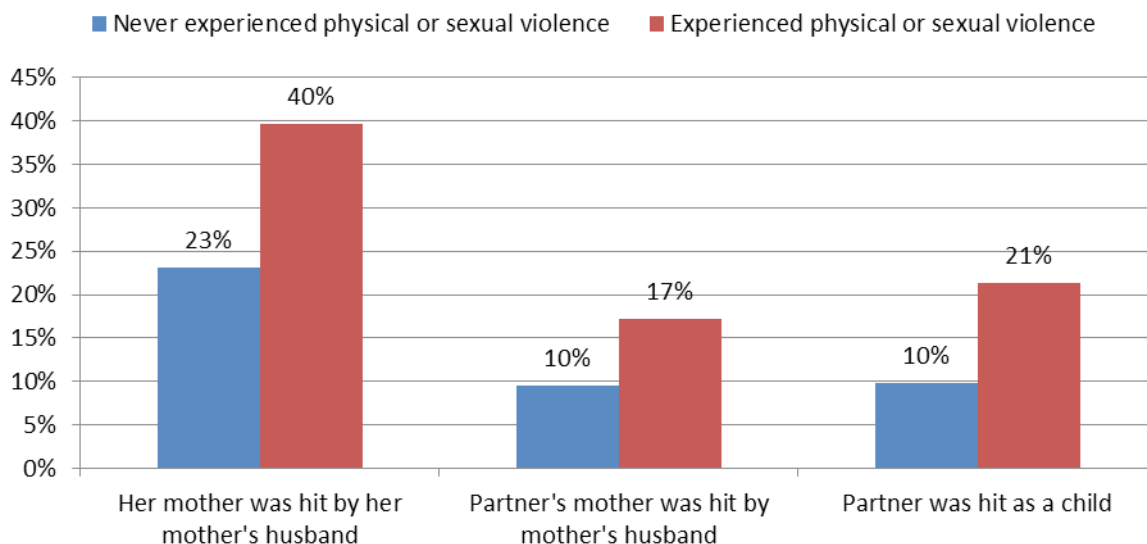


Women living with intimate partner violence were significantly more likely to have a history of violence in their own family background and in the family background of husband/partner. Among all ever-partnered women, 34% said that her mother was hit by her mother’s husband (Table 8.3 of Annex 1). However, 40% of women living with domestic violence had mothers who were in violent relationships, compared with 23% for those who had not experienced intimate partner violence. Similarly, women who experienced physical or sexual violence were also more likely to report that their partner’s mother was hit (17% compared with 10% for those women who had not experienced violence). Twenty-one percent

(21%) of women who had experienced intimate partner violence had husbands/partners who were hit as children, compared with 10% for women who had not experienced partner violence. All these associations were highly significant, with P values of less than 0.001 (Figure 8.3).



**Figure 8.3: Physical violence in the family of the respondent and her partner, according to the respondent's experience of partner violence (N=2955)**



Note: All associations with intimate partner violence are highly significant with P values of less than 0.001. Source: Table 8.3 of Annex 1.

Women who had experienced both physical and sexual partner violence were far more likely to have had a family history of intimate partner violence than those who experienced only one form of violence. Similarly, these factors were also more prevalent for women who experienced the most “severe” types of physical violence rather than “moderate” physical assault.<sup>3</sup> This effect is most significant when the woman’s mother was hit: 47% of women experiencing both physical and sexual violence had a mother who was hit, and 43% suffered from the most severe types of physical violence, compared with 33% who had been subjected to only one form of violence or who had experienced moderate types of physical violence (Table 8.3 of Annex 1).

## 8.2 Discussion of findings

The findings demonstrate that violence against women has long-term and negative impacts on children. These are damaging both for the individual children affected, and for national social and economic development. Children whose mothers are subjected to violence clearly need emotional support to address the emotional and behavioural problems that they experience, and that are likely to affect them throughout their lives; but what they need most is for the violence to stop.



<sup>3</sup> “Severe” physical violence includes hitting with a fist or weapon, kicking, dragging, being beaten up, choked or burned; “moderate” violence includes slapping, throwing something, pushing or shoving (see Chapter 4).



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



FWCC's counselling experience provides additional insight into the damaging effects on individual children: many blame themselves for the violence they witness against their mother, or they blame themselves for not being able to stop the violence; and these feelings can make it more difficult to establish healthy relationships in their own adult lives. The study indicates that in addition to symptoms of stress such as bedwetting, nightmares, and failure at school, children may react with either aggression or timidity to the experience of violence in their households. The finding that 36% of children respond to domestic violence by being aggressive towards their mother and other children is very worrying.

The study findings show very clearly that men's violence against women is learned behaviour, with women who experience partner violence being about twice as likely to have had a mother, mother-in-law or partner who was hit. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality.

This interpretation is strongly supported by international evidence that children who grow up in families where there is intimate partner violence learn to accept this behaviour as normal (WHO and London School of Hygiene and Tropical Medicine 2010: 17, 21-23). These damaging attitudes are reinforced by the media, schools, religious and other institutions. Furthermore, having a mother or mother-in-law who was subjected to domestic violence can make it even harder for women to take steps to end the violence, in the context of family, cultural and religious tolerance for this behaviour by men.



On the positive side, the findings also provide evidence that an acceptance of violence is not inevitable for children living in families where their fathers physically or sexually abuse their mothers. Both boys and girls can reject the violence and learn other ways of managing relationships based on gender equality and respect for human rights. This is evident if we look at the findings from another perspective: among those women who have not experienced violence, 23% did have mothers who were hit, 10% have husbands whose mothers were hit, and 10% have partners who were also hit themselves as when they were boys

FWCC staff have explored the factors that may influence whether or not a child grows up to repeat the damaging behaviour patterns of intimate partner violence. If violence is equated with love, or if children blame the mother for the violence, FWCC has found that the patterns are more likely to be repeated. On the other hand, FWCC has anecdotal evidence that its education, information and awareness activities are having an impact, with examples of young men taking FWCC's brochures back home to their mothers to help them to take action to deal with the violence. Among the women who come to FWCC for counselling, there are many cases where their children don't want the mother to tolerate the violence any longer. Another factor is change within mothers themselves: FWCC is increasingly finding that mothers and grand-mothers are bringing their daughters and grand-daughters for counselling early in their relationships, because these mothers and grand-mothers no longer accept or tolerate the violence that they put up with in their own married life, due to FWCC's counselling or community education.

One of the factors that sometimes prompt clients to seek help from FWCC is when her husband starts to abuse her sexually in front of the children, or when he no longer cares if the children witness the most severe types of violence. Many women say that this is when they knew that they had to take the decision to get out of the relationship. The long-term impacts on children of intimate partner violence underscore the importance of FWCC's work to assist women to take decisions which stop the violence. This is not only an essential service for survivors of violence; it is also a critically important investment in the prevention of violence, given that the children of women living with violence are at high risk of repeating these damaging behaviour patterns in adult life.

# Chapter 9: Economic Abuse And Impacts Of Partner Violence On Women's Work



## Summary of main findings

- Women who experience physical or sexual partner violence are significantly more likely to have their husbands take their savings or earnings and refuse to give them money, compared with women who have not experienced partner violence; they are also less able to raise enough money to feed themselves and their families in case of emergency.
- Among those women living with violence who earn an income, about half have had their work disrupted due to their husband's/partner's violence.
- Women living with violence are significantly more likely to be prevented from participating in organisations and meetings.



This chapter begins by presenting the proportion of women in Fiji who earn an income and own assets. Findings are then presented on the prevalence of economic abuse, and the impact of physical and sexual partner violence on women's financial autonomy. Findings are also presented on the impact of physical and sexual partner violence on women's participation in organisations.

Questions on these issues were posed in various sections of the survey. Questions on participation in organisations were put to all women before they were asked to disclose whether they had experienced violence by a husband/partner (section 1 of Annex 2). Questions on financial autonomy and the prevalence of economic abuse were posed at the end of the survey to all women (section 11 of Annex 2). Questions on the impact of partner violence on women's work were posed only to those who had disclosed partner violence (section 9 of Annex 2).

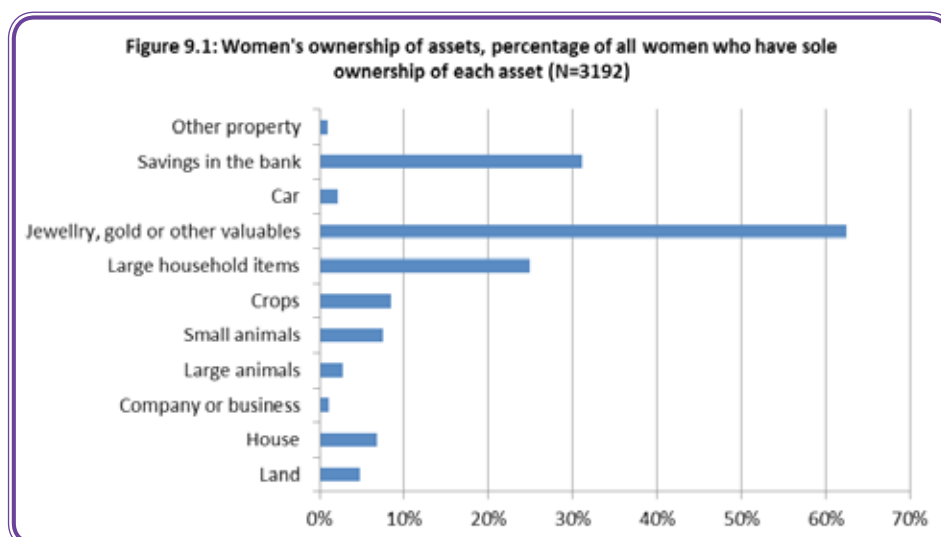
## 9.1 Women's financial autonomy

### 9.1.1 Income generation and ownership of assets

Of the 3193 women who participated in the survey, 35% said they were earning money; 17% were doing so by selling or trading, 14% had a job, 1.8% were doing seasonal work, 1.6% were receiving remittances, and 2.8% were doing other activities to earn money (Table 3.13 of Annex 1). With about 1 in 3 women earning an income, it is not surprising that few women own key assets such as land and housing in Fiji. Only 5% of women own land by themselves, 39% own it with others, and the remaining 56% do not own land. Seven percent (7%) of women own their own house, 53% own their house with others in the family, and 41% do not own a house. The highest rates of asset ownership by women on their own account include the following (Figure 9.1):

- Jewellery, gold or other valuables are wholly owned by 62% of respondents, with 6% sharing ownership of these assets with others; 31% did not own these types of things at all.
- Savings in a bank account were wholly owned by 31% of women (less than 1 in 3), and 19% have bank savings with others; 50% do not own any bank savings at all.
- Large household items such as a television, bed or cooker are wholly owned by 25% of women, 60% own these types of assets with others in the family, and 15% own none at all.

Very few women own crops (8%), small animals (8%) or large animals (3%) on their own; 48% own crops with others in the family but 44% do not own any crops at all. For small animals, only 31% own these with other people, and 61% do not own them at all. Fewer women share ownership of large animals (20%) compared with 77% who do not own them at all (Figure 9.1).



Source: Table 3.12 of Annex 1.



### 9.1.2 Prevalence of economic abuse and impacts of partner violence on financial autonomy

More than 1 in 4 ever-partnered women (28%) were subjected to at least one type of economic abuse: 12% had her husband/partner take her earnings or savings against her will (more than 1 in 10); and 21% (more than 1 in 5) had her husband/partner refuse to give her money for household expenses, even when he had money for other things. This type of control over women is more prevalent in rural than urban areas, and this is mainly due to a much higher rate of economic abuse in the Eastern Division, where it affects 42% of women (Table 9.1 of Annex 1).



I-Taukei women are far more likely to experience economic abuse by their husbands/partners: 36% of i-Taukei women had one or more types of financial control, compared with 16% for Indo-Fijian women, 34% for other ethnic groups combined, and an average of 28% for the country as a whole. Women with secondary education are most likely to be controlled in this way (30%) compared with 25% who were educated to primary level and 21% who were educated to tertiary level. There were no marked differences in the prevalence of financial control by age, which indicates that these types of abuses of women's rights have been occurring for many generations. Women

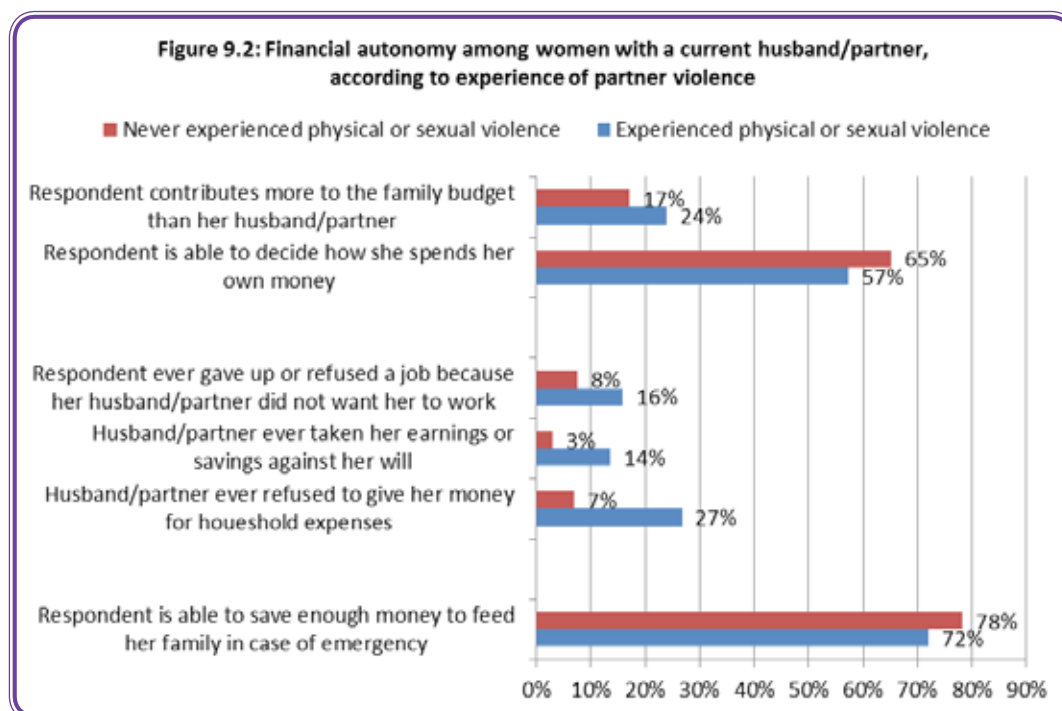
from the lowest socio-economic group face this problem more than those from medium or higher socio-economic clusters, with prevalence of 41%, 33% and 21% respectively (Table 9.1 in Annex 1).

Women subjected to physical or sexual violence are significantly more likely to be subjected to economic abuse by their husbands/partners (Figure 9.2 and Table 9.2 of Annex 1):

- 24% of women living with domestic violence contribute more to the family budget than their husband/partner, compared with 17% for those who have not experienced violence, and 22% overall for all women.
- However, they are less likely to have control over how their earnings are spent: 57% of women who experienced physical or sexual partner violence said they have control over their own earnings. This compares with 65% of those who never experienced violence, and 60% for all women currently married.
- Women living with partner violence are twice as likely to have given up a job compared with those who have never experienced violence (16% compared with 8%).
- 14% of those who experience violence have husbands/partners who have taken their earnings or savings against their will. This compares with only 3% of women who never experienced partner violence.
- More than 1 in 4 women who have experienced partner violence (27%) have had their husband/partner refuse to give them money for household expenses, compared with only 7% for those women who have never experienced violence.

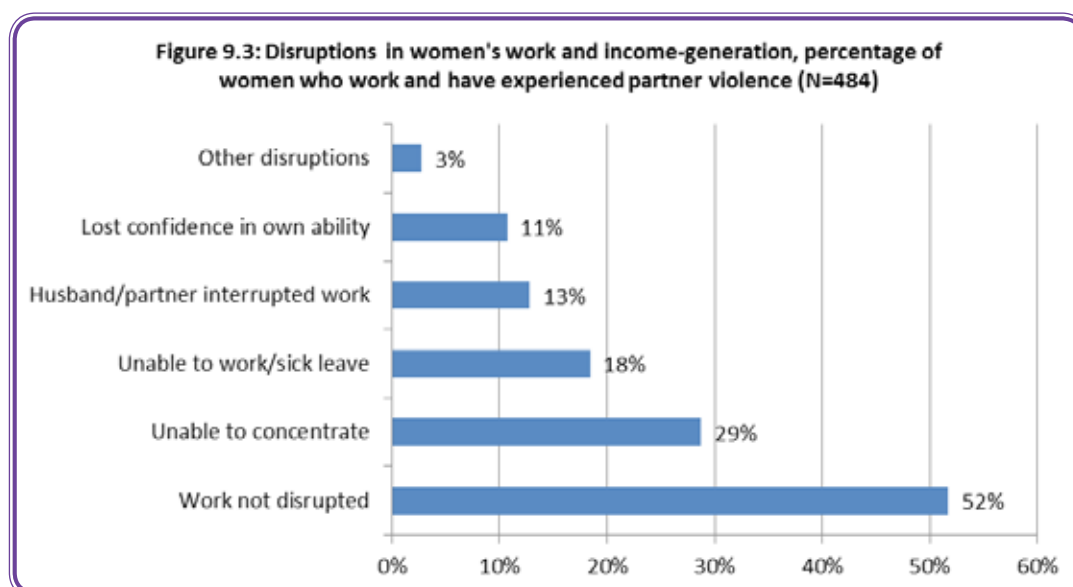


All respondents were asked whether they would be able to raise enough money to house and feed their families for 4 weeks, such as by selling assets or borrowing money. Seventy-two percent (72%) of women who are living with violent partners said they would be able to do so; this compares with 78% of women who never experienced violence and 74% for all women (Figure 9.2 and Table 9.2 of Annex 1).



Note: N is 877 for the first 2 indicators (number of women with a current husband/partner who are earning cash) and 2593 for the remaining indicators (number of women with a current husband/partner). All associations are statistically significant with P values of 0.031 and 0.027 for the first 2 indicators and less than 0.001 for the remainder. Source: Table 9.2 of Annex 1.

Women who experienced violence were also asked how their husband's/partner's abuse had affected their work or income-generation. About half (48%) said that their work was disrupted in some way. Impacts included: 29% were unable to concentrate due to the violence; 18% were unable to work and/or had to take sick leave; in 13% of cases their husband/partner interrupted their work; 11% said they lost confidence in their ability; and 3% mentioned other impacts (Figure 9.3).

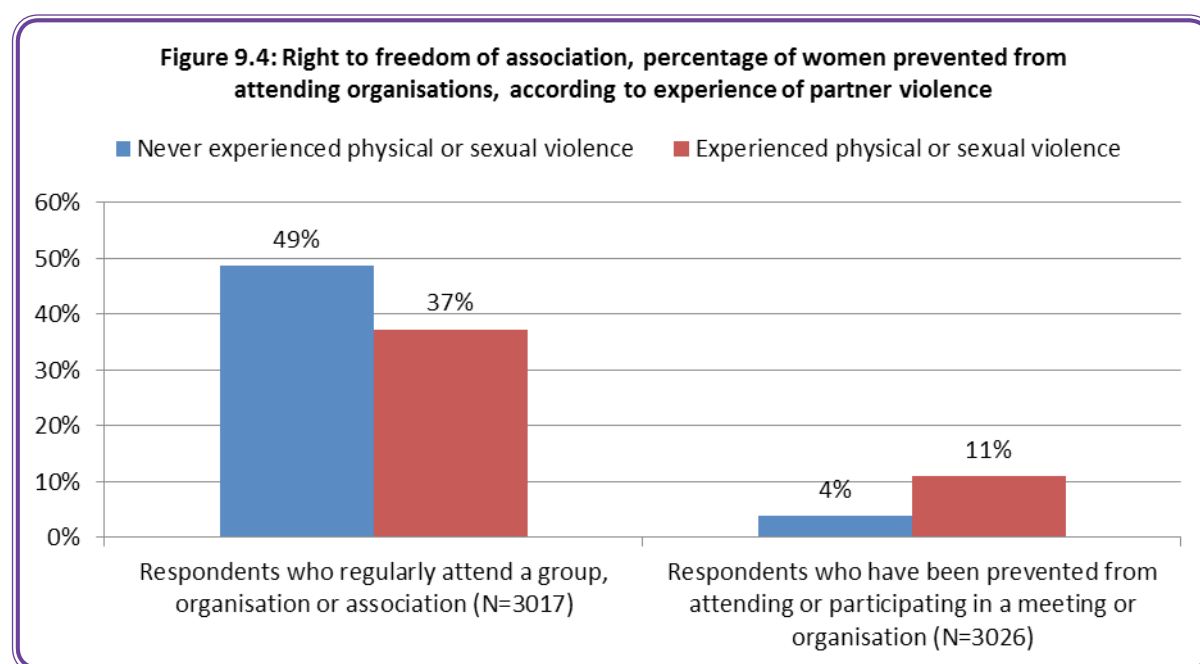


Source: Table 9.3b of Annex 1.



## 9.2 Women's participation in organisations

Overall, 41% of women said that they regularly attend a group, organisation or association. However, women who experience partner violence are significantly less likely to do so: 37% of these women regularly attend organisations, compared with 49% of women who have not experienced partner violence. Moreover, women who experience partner violence are also far more likely to be prevented from attending or participating in a meeting or organisation: 11% were prevented, compared with 4% of those who never experienced violence (Figure 9.4). Among those prevented from attending a meeting, most were prevented by husbands/partners (58%), 8% were prevented by parents, 5% by parents-in-law, and the remaining 28% were prevented by other people (Table 9.4a of Annex 1).



Note: Associations are highly significant with P values of less than 0.001 (Table 9.4b of Annex 1).

## 9.3 Discussion of findings

The findings on financial autonomy provide further insight into women's low economic status in Fiji, regardless of whether they experience partner violence. Men's control over women's earnings is common: overall, regardless of whether or not they experience violence, 3 in 5 women are able to decide how they spend their own money, and the remainder (40%) said they have to give all or part of their own income to their husband; 35% of those who never experienced violence do not control their own income (Table 9.2 of Annex 1). The financial dependence of women – with only 1 in 3 earning cash income, and very low rates of asset ownership particularly land, home and savings – increases their vulnerability to all types of abuse. Although ownership of house and land do not by themselves protect women from intimate partner violence, the lack of ownership of these vital assets makes it more difficult for women to escape from violent relationships temporarily or permanently when their lives and health are at risk. The fact that women also have very few savings or other liquid assets to support themselves compounds this problem: about 3 in 10 are women cannot raise enough funds to support themselves and their families for 4 weeks if they need to do so.



The relationship between women earning income and the experience of partner violence is complex. On the one hand, the findings show that women living with violence have an even greater need to earn money than other women, since their husbands and intimate partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without their permission. Although the survey shows that 14% of women who experience partner violence have their earnings or savings taken by their husband/partner, the proportion of FWCC clients who raise this as an issue during counselling is much higher. FWCC staff also suggested that the greater levels of financial control experienced by i-Taukei women and those from the Eastern Division may be partly due to pressure placed on them by husbands/partners to meet cultural obligations.

On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence. FWCC's counselling experience indicates that when women earn more than men, husbands and partners are often jealous of their wives – and as discussed in Chapter 5, 30% of women living with physical violence identified jealousy by her husband as a factor associated with a violent attack. The power and status that may accompany earning money and making decisions about spending challenge men's higher status, their traditional role as the household head and their view of themselves as providers who should be obeyed.



At the same time, most types of economic activity will take a woman out of the house, where she is not available to fulfil her husband's needs. Women's increased mobility due to the need to earn an income means they interact with a range of men, and this also challenges traditional views of appropriate gender roles. As discussed in Chapter 4, almost 2 in 3 women have husbands who exert control over their mobility and 1 in 3 have husbands who get angry if she speaks with another man (Figure 4.22). The fact that about 1 in 10 women who experience partner violence also have restrictions placed on the meetings and organisations they attend provides further evidence of the power that some men seek to have over their wives.



Yet earning an income is difficult to do without freedom of mobility, and access to organisations that may provide formal employment, build capacity, and provide support and resources. The fact that women living with violence are twice as likely to give up a job because their husband did not want them to work is another example of this pattern of intense controlling behaviour.



The findings on health impacts in Chapter 7 provided evidence that women tend to minimise the impacts of domestic violence on their health and emotional well-being. FWCC believes that the findings in this chapter (Figure 9.3) indicate that women also downplay the impact of partner violence on their work. Even so, about half of the women who live with partner violence and earn an income said they have had their work disrupted. This loss of productivity is a substantial cost to the economy and to individual women and their families in Fiji. Research in other countries has found similar impacts to those in the workplace in Fiji, including harassment by the husband at work, sleep deprivation, injuries, women being prevented from attending work, being dismissed from work, or having to resign from work due to lack of safety when her husband harasses or abuses her at the workplace (Australian Services Union 2011: 8).

Being employed does not protect women from violence. Nonetheless, employment can be a key pathway that helps women to leave a violent relationship. Without employment, women have no means to support themselves and their children, and therefore have no escape route from the violence. Examples of best practice by employers who have taken steps to address domestic violence include (Australian Services Union 2011: 9-10):

- raising awareness of the problem throughout the workplace, so that women know they will not be blamed by their employer if they disclose the reason for difficulties with attendance or performance at work;
- supporting women to be safe at work, for example by providing security measures to protect all staff at workplaces if needed; and
- providing special paid leave (up to 20 days) for women who need to attend hospital if they are injured, or court cases if they decide to leave a violent partner.<sup>1</sup>

<sup>1</sup> Paid leave to deal with issues related to men's violence against women has been introduced as a workplace entitlement for women in Australia to the NSW public service, more than 20 Victorian councils, and the private-sector employer Queensland Rail (Schneiders 2012).



The response of some community members and leaders to the findings in this chapter may be that women should not work, or that they should avoid violence by putting men's needs first and acknowledging that he is "the boss" – but many families depend on women's earnings for basic needs. Both women and men have a right to seek and undertake work, and economic development requires both women and men to earn income. The problem is not the fact that women work, but men's lack of respect for women's right to earn, and their right to make decisions about spending their earnings.

Development agencies and government programs need to continue to support both women and men to earn an income. Programs aimed at increasing the productivity of women's small and medium enterprises need to be based on an understanding of how gender inequality impacts on women's lives. Such programs can empower women and advance social and economic development. However, for this to occur gender inequalities need to be discussed and addressed, to ensure that women are supported to earn an income by their husbands/partners, and that they can control their income and savings (WHO and London School of Hygiene and Tropical Medicine 2010: 47-49; Kabeer 2001: 19; and Hunt et. al. 2009: 44-46). For women who are just beginning to earn an income from trading, such programs could help prevent partner violence.

The findings in this chapter highlight the importance of social welfare and other measures to help women who make the decision to leave a violent relationship either temporarily or permanently. In addition to emergency assistance with food, housing and other essentials, support is needed to assist women to gain long-term housing and secure income. Findings on the impacts of domestic violence on women's work and productivity – including those on the proportion of women prevented from working – should be taken into account when estimating the total overall economic cost of violence against women.

# Chapter 10: Women's Coping Strategies



## Summary of main findings

- Almost half (47%) of the women who experienced physical or sexual violence in their lifetime never told anyone about the violence. When women did tell someone, they most often told their family members, friends, or their husband's family.
- About 3 in 4 (76%) have never sought help from any agency to help deal with the violence. Among those who did seek help, most went to the police, courts, or health services.
- Two in 5 women who experienced violence (40%) had to leave home at least once due to the violence; 4% left permanently.
- When women asked for help or left home, the most common reasons given were that they couldn't take any more of the violence, or they were badly injured.
- The most common reasons for returning home, and for never leaving at all, were that she didn't want to leave the children, she loved and forgave him, and her belief in the sanctity of marriage.
- About 1 in 4 women (27%) who experienced physical violence have ever defended themselves by fighting back, and most only did so 1 or 2 times.



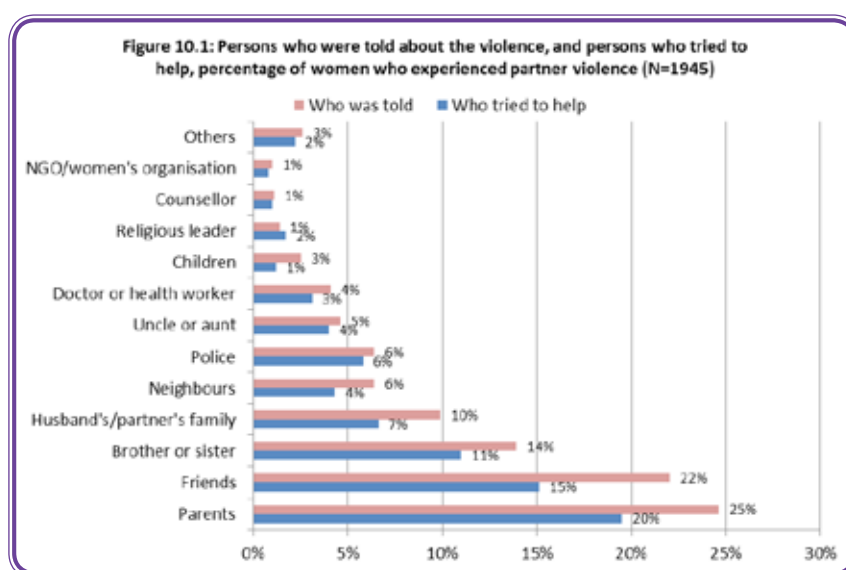
This chapter begins by presenting findings on who women tell about the violence and where they go to seek help and support, their reasons for doing so, and their reasons for not seeking help. Data is presented on the proportion of women who needed to leave home due to the violence, their reasons for leaving, and their reasons for returning to the violent relationship. Responses on whether women ever defended themselves by fighting back are also presented, along with findings on the communication patterns between women and their husbands/partners. All women who experienced physical and/or sexual violence by their husband or partner were asked questions about coping strategies (section 9 of Annex 2).

### 10.1 Who women told about the violence and who helped

Women were first asked who they had told about their husband's/partner's violence, and then whether anyone had ever tried to help them. Almost half of the women who experienced violence (47%) had never told anyone before the survey. Most women who did tell someone about the violence spoke to family members, including their parents (25%), brothers and sisters (14%), and aunts or uncles (5%). Very few women told their children (3%). One in 5 women (22%) told their friends, and 1 in 10 (10%) told their husband's or partner's family. Neighbours and police were told by 6% of women, compared with only 4% for doctors or other health workers, and only 1% for religious leaders such as pastors, priests or nuns, counsellors, and NGOs or women's organisations (Figure 10.1).

There are some interesting ethnic differences regarding who women told about the violence<sup>2</sup> (Table 10.1 of Annex 1):

- On the whole, i-Taukei women were less likely to tell immediate family members, including their parents, brothers and sisters, the husband's/partner's family or children. For example, only 23% of i-Taukei women told their parents and 13% told their siblings compared with 29% and 17% for Indo-Fijian women.
- However, i-Taukei women were slightly more likely to tell their aunts and uncles – 5% had done so, compared with 3% for Indo-Fijian women.
- I-Taukei women were much more likely to tell their friends (26%) compared with only 11% of Indo-Fijian women.
- Indo-Fijian were slightly more likely to tell the Police, with 8% doing so, compared with 6% of i-Taukei women.



Note: Percentages exceed 100% because multiple answers could be given. Source: Tables 10.1 and 10.2 of Annex 1.

<sup>2</sup> Slightly more Indo-Fijian women had never told anyone (50% compared with 47% of i-Taukei women); this is not statistically significant (Table 10.1 of Annex 1).



Sadly, some women received no help, despite the fact that they told these people about their husband's behaviour. Although 53% of the women had told someone, only 46% said that someone had ever tried to help them. For example, even though 25% had told their parents, only 20% of women had been helped by their parents. Similarly, 22% told their friends, but only 15% were helped by their friends (Figure 10.1 and Tables 10.1 and 10.2 of Annex 1).

Women were also asked if there was anyone who they would like to receive more help from. The majority (58% or almost 3 in 5) said they didn't want help from anyone. However, about 2 in 5 mentioned their family, and 1 in 10 (11%) mentioned that they would like help from FWCC. Sadly, 6% said they would have liked more help from their own mother, and 5% said they would like more help from the police (Table 10.3 of Annex 1).

Before women were asked about their experience of violence, questions were asked about how they feel about their communities. These questions indicate that most feel reasonably confident that community members would help people in need. For example: 94% said that neighbours know each other well; 78% believe that neighbours would do something to stop a street fight; 86% believe that most people would contribute to a community project; 84% believe that most people trust each other in matters of lending and borrowing; and 89% believe that neighbours would help each other in case of illness or accident (Tables 3.7 – 3.11 of Annex 1). Although most of these indicators were lower in urban than rural areas, they nevertheless point to a reasonable level of social capital within communities.<sup>3</sup> Nevertheless, only 4% of neighbours tried to help women subjected to partner violence.

## 10.2 Agencies and authorities women asked for help

Although 53% of women who experience partner violence told someone about it, less than 1 in 4 women (24%) have ever gone to any agencies or persons in authority to ask for help to stop or deal with the violence. Among those who have sought help, most went to law and justice sector agencies including the police (15%), courts (6%), and others who provide legal advice (2%). Fourteen percent (14%) of women have asked for help from hospitals or health centres, 3.6% from religious leaders, 3.5% from social welfare services, 2.7% from FWCC or its Branches, 1.1% from shelters, and 0.5% from local leaders (Figure 10.2 and Table 10.4 of Annex 1).

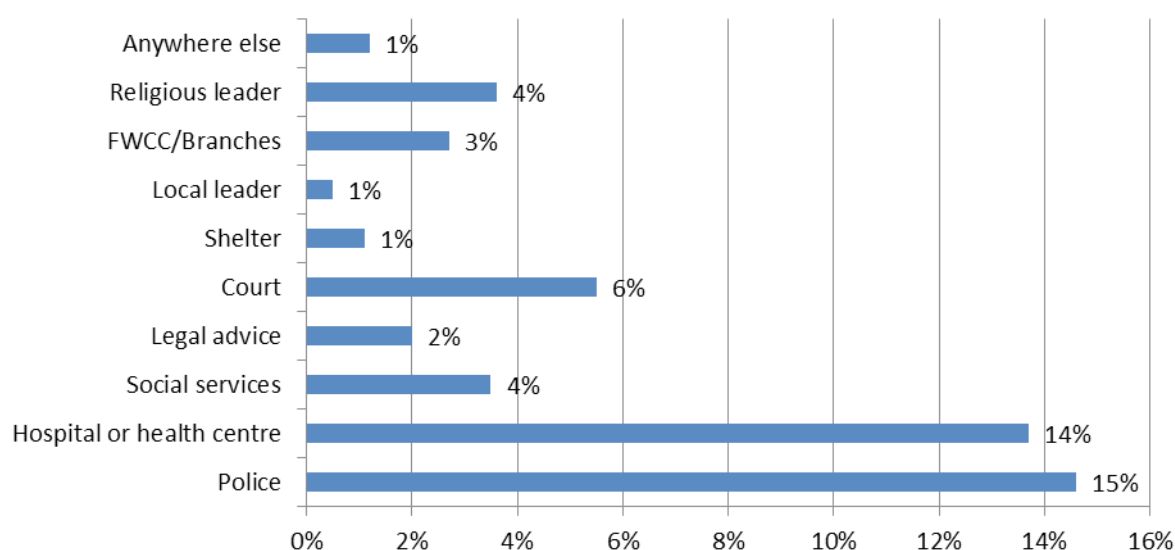


Overall, 77% of i-Taukei women have never gone to any agency for help, compared with 75% of Indo-Fijian women. Although this is not a huge difference, help-seeking behaviour does demonstrate some interesting differences by ethnicity.

<sup>3</sup> Social capital describes social networks characterised by trust and reciprocity, which enable people to act for mutual benefit, resolve problems, and act collectively to promote well-being (Stone 2001).

Indo-Fijian women were more likely to ask for help from the police (18% compared with 13% for i-Taukei women), courts (8% compared with 2%), and to seek legal advice (9% compared with 4%). Indo-Fijian women were also more likely to access social welfare services (8% compared with 2% for i-Taukei women) and FWCC or its Branches (5.5% compared with 1.8%). In contrast, i-Taukei women were more likely to seek help from a hospital or health centre (15% compared with 11% for Indo-Fijian women), or a religious leader (4% compared with 2.4%) (Table 10.4 of Annex 1).

**Figure 10.2: Agencies or persons of authority where women sought help, percentage of women who experienced partner violence (N=1945)**



Note: Percentages exceed 100% because multiple answers could be given. Source: Tables 10.4 of Annex 1.

### Box 10.1: Women's reasons for seeking help, or not seeking help

#### Women's main reasons for seeking help from agencies or authorities (N=465)

Could not endure more violence (53%)

Badly injured (49%)

Encouraged by friends or family (19%)

Fear or threats that he would kill her (13%)

Children suffering, threatened or hit by him (9%)

Aware of her rights (7%)

Thrown out of home (5%)

#### Women's main reasons for *not* seeking help from agencies or authorities (N=1480)

Violence was normal, not serious (48%)

Fear and threats of more violence (27%)

Embarrassed, ashamed, afraid she would not be believed (15%)

Bring bad name to the family (11%)

Afraid would end the relationship (10%)

Afraid would lose children (8%)

Note: Percentages exceed 100% because women could give multiple reasons. Source: Tables 10.5 and 10.6 of Annex 1.



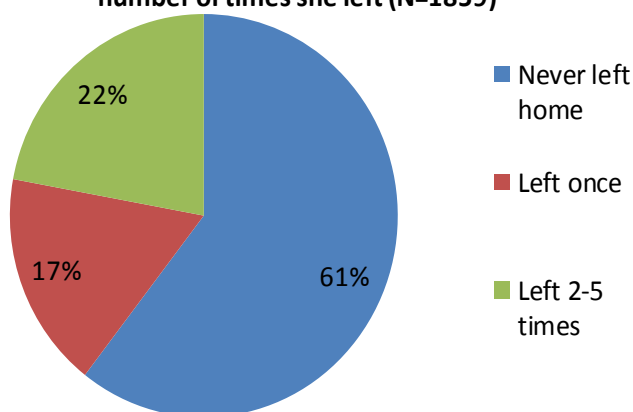
When women were asked about the reasons why they asked for help, about half said that they could not endure any more violence, and that they were badly injured. Fear that they would be killed by their husband and concern for the safety of their children were other major reasons. Almost 1 in 5 women were encouraged to seek help by family or friends (Box 10.1 and Table 10.5 of Annex 1).

Fear and threats of further violence emerged as a major reason that prevented more than 1 in 4 women from seeking help. However, the major reason mentioned by almost half of those who had not asked for help was that they thought the violence was normal or not serious. Shame, humiliation and embarrassment were major reasons that prevented women from seeking help, including the fear that they would not be believed and the fear of giving the family a bad name; these reasons combined were mentioned by about 1 in 4 women. Fear that the relationship would end and that she would lose the children were also powerful motivators that prevented women from seeking help. In 2% of cases women mentioned that either her own or her husband's family had prevented her from seeking help (Box 10.1 and Table 10.6 of Annex 1).



### 10.3 Leaving home

**Figure 10.3: Percentage of women who ever left home because of partner violence, and the number of times she left (N=1859)**



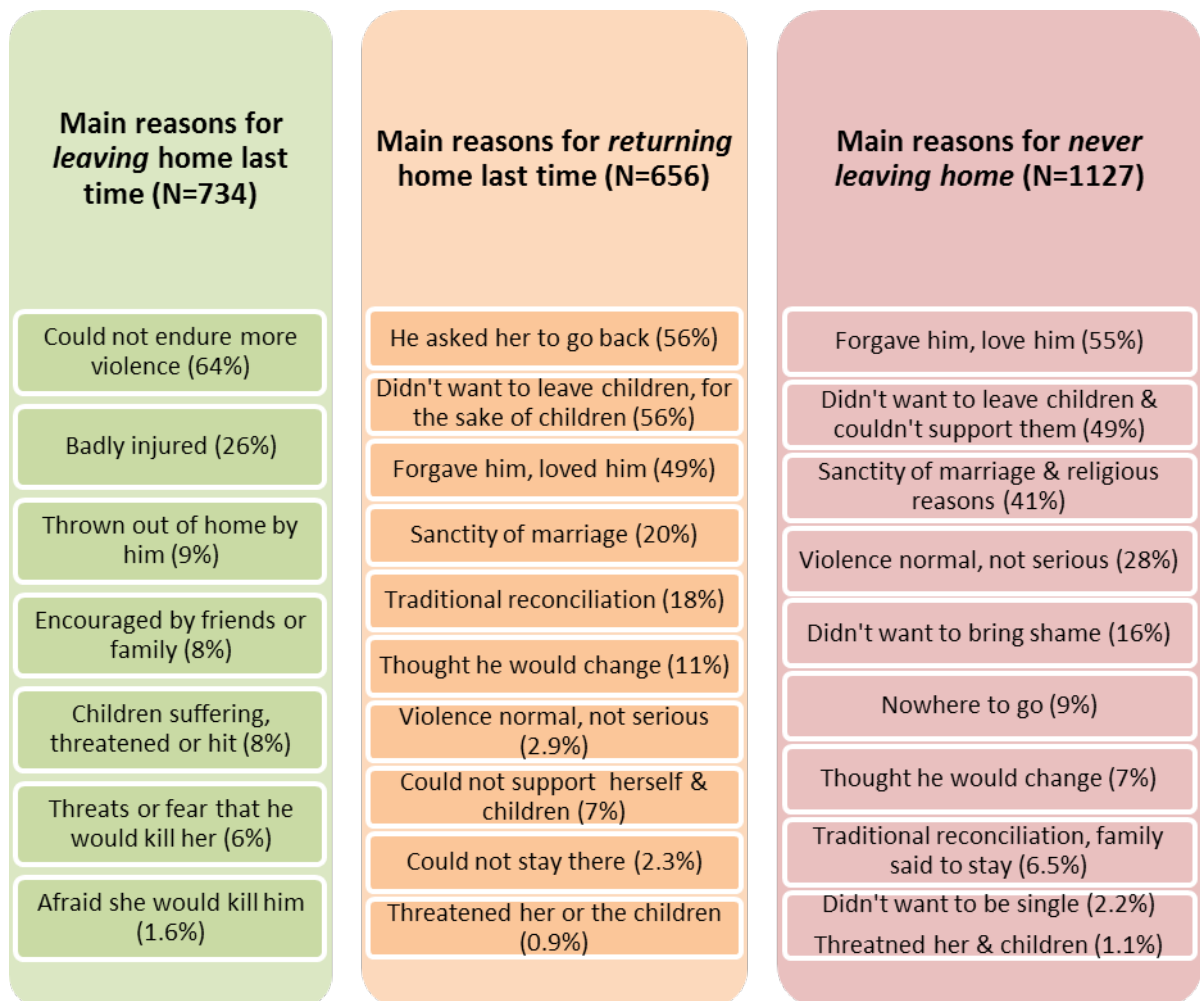
Two in 5 women (39.5%) have had to leave home due to the violence and the remaining 3 in 5 (60.5%) have never left home. About 1 in 5 (22%) have had to leave home several times, and 17% have left home once. The average time women spent away from home was 40 days. Women in urban areas spent a longer time away than those in rural areas (46 days compared with 37). Women from the Eastern Division also spent a longer period away from home, averaging 35 days, compared with 31 for women from the Northern Division (Figure 10.3 and Table 10.7 of Annex 1).

Women were asked where they stayed the last time they left home. Most stayed with her relatives (89%), but a few stayed with her husband's/partner's relatives (5.6%); 5% of those who had left home stayed in other places: most with friends, a few at a church or their children's house, or on the street. None of the women mentioned that they had stayed at a shelter (Table 10.7 of Annex 1).



Most of the 734 women who had left home had done so temporarily. However, 78 women said they had left home permanently. This amounts to 5% of women who experienced physical or sexual violence in their lifetime.

**Box 10.2: Women's reasons for leaving home, returning home, and for not leaving home at all**



Note: Percentages exceed 100% because women could give multiple reasons. Source: Tables 10.8 – 10.10 of Annex 1.

When women were asked their main reasons for leaving the last time, the majority said that they could not endure any more violence. More than 1 in 4 of those who left did so because they were badly injured. Disturbingly, almost 1 in 10 was thrown out and did not make the decision themselves to leave. Some were encouraged to do so by family or friends. The fear and threat of further violence for herself, and her concerns for her children were also mentioned; and a few were afraid that they might kill their husband or partner (Box 10.2 and Table 10.8 of Annex 1).

The reasons that women gave for returning home, or for never leaving home in the first place, were quite similar. Love and forgiveness and concern for her children were reasons given by about half of the women. The sanctity of marriage was an important reason for many of those women who had never left home, and it also features for those who have left and returned, along with traditional reconciliation and a desire not bring shame to the family.



About 1 in 10 women said they went back home or never left because they believed that the husband would change. Sadly, almost 1 in 10 of those who have never left had nowhere to go; this was also a reason mentioned by some women who had returned home, as well as the inability to support herself and her family. More than 1 in 4 of those who have never left said that this was because the violence was normal, or not serious (Box 10.2 and Tables 10.9 and 10.10 of Annex 1).

## 10.4 Self-defence and communication patterns

### 10.4.1 Women's self-defence

The majority of women never fought back to defend themselves when they were being physically attacked: 73% of women who have been physically abused had never done so; 16% have physically fought back in self-defence once or twice, 7% have done so several times and only 3.1% have done this many times. Women living in rural areas are less likely to defend themselves physically: 78% from rural areas and 67% from urban areas had never fought back. When women from rural areas have fought back, they have also done so less often than those from urban areas (Table 10.11 of Annex 1).

The 500 women who have fought back in self-defence were asked what effect this had on her husband's/partner's violent behaviour. Over half said that the violence had either stopped or reduced when they defended themselves physically, and an additional 18% said that it had no effect (that is, her husband/partner neither reduced nor increased the physical violence when she fought back). However, 31% said that fighting back made the violence worse (Table 10.12 of Annex 1).

Women were also asked whether they had ever physically mistreated their husband/partner when he was not physically attacking them: 86% had never done so (section 7 of Annex 2). Among the 14% who have ever initiated physical violence against their husband/partner, the majority (74%) had only ever done so once. Women who have been subjected to physical or sexual violence by their husbands/partners were almost twice as likely to have initiated physical violence themselves: 16% of those of who experienced physical violence had done so, compared with 9.6% of women who had not experienced violence (Table 10.13 of Annex 1). Although this association is highly significant (with a P value of less than 0.001), caution is needed when interpreting these findings since they do not demonstrate causality. In other words, the data by itself does not indicate whether this small group of women were provoked to physical violence because their husbands/partners had already physically attacked them; or conversely, whether women were punished by their husbands/partners for initiating physical violence in the first place. Either of these interpretations could be true.

### 10.4.2 Communication patterns and quarrelling

Before questions were posed about partner violence, women were asked about communication patterns with their husbands/partners (section 7 of Annex 2). Four in 5 women (81%) described good communication patterns with their partners. This included discussing things that happened to both him and her during the day, and discussing both his and her worries and feelings. Women who have not experienced violence were more likely to be in relationships with good communication patterns (85%) compared with those who had been subjected to violence (78%, Table 10.14 of Annex 1).

When asked how often she and her husband/partner quarrelled, 1 in 3 said that they rarely did so (33%), about half (55%) said they quarrelled sometimes, and 12% said they quarrelled often. Women subjected to physical or sexual partner violence were more likely to be in relationships where there was a lot of quarrelling: 17% of women who had experienced partner violence said they quarrelled often, compared with 3% of women who had not experienced violence (Table 10.15 of Annex 1).



Although the associations between partner violence and communication patterns including quarrelling were highly significant with P values of less than 0.001, once again it is not possible to assume causality: that is, the quarrelling may be either a contributing factor, or a form of verbal resistance by women which is a consequence of men's violence, or both.

### 10.5 Discussion of findings

The findings in this chapter once again challenge common myths about domestic violence. First, women are often blamed for men's violence, on the grounds that they argued with their husband or provoked him (FWCC 1992: 8). Such assertions assume that women have no right to argue with men, and that a woman quarrelling with her husband can be seen as a justification for violence. However, putting the issue of gender power imbalance and unequal human rights to one side for the moment, the findings show that 78% of the women who are experiencing violence say they have good daily communication patterns with their husbands/partners, and 83% only quarrel rarely or sometimes with their husbands/partners. In other words, about 4 in 5 women who suffer from violence do not quarrel often. Even if a woman internalises the view that women have no right to quarrel with their husbands, this does not protect her from violence.



Second, the findings in this chapter demonstrate what FWCC staff have always known: that women show enormous resilience and personal strength in the face of serious violence and abuse, and that they try to cope with the violence themselves before taking the difficult step of even telling anyone else about it, let alone asking for help. Women do not seek help to deal with violence or leave home to escape from the violence for frivolous or minor reasons. They do so

because their lives are in crisis – because they cannot take any more, they are badly injured, they fear for their lives, or they are concerned for the impact on their children. More than 1 in 5 women need to leave home several times during their lives because of their husband's/partner's behaviour. They return because they forgive and love their husbands, because they need to care for their children, and because they believe in the sanctity of marriage.

The women who do ask for help show great courage, particularly when we consider that attitudes condoning men's are widespread in the community. These women seek help because the violence and its consequences are serious. Their experiences reinforce the importance of ensuring that, when women do ask for help or leave their home, that family members, church leaders, friends and service-providers take their requests for help very seriously, and respond appropriately to ensure that their lives and their rights are protected, and that their decisions are respected.



The proportion of women who have asked an agency for help (24%) is considerably lower than the 53% who have ever told anyone about their husband's/partner's behaviour: less than half of the women who told someone about the violence have actually sought help. This was also the case in the WHO multi-country study and several other countries (SPC 2009: 123; SPC 2010: 149; VWC 2011: 162; WHO 2005: 75-7). The lack of accessible services in rural areas is one explanation for the smaller numbers of women seeking help from an agency, particularly in the Eastern Division.

However, there are other key barriers: the WHO concludes that "women living in violent relationships often experience feelings of extreme isolation, hopelessness and powerlessness that make it particularly difficult for them to seek help" (WHO 2005: 79). In addition this study has shown that violent partners, by placing restrictions on women's mobility and participation in organisations, often keep women isolated from potential sources of help.

FWCC staff have commented that most rural women don't even get an opportunity to come into the nearest town (due to poverty and the control exerted over their movements by their husbands), and this makes it even more difficult for them to know about the services that are available, and to access these services. In some areas of the Northern Division, this sense of isolation is compounded for Indo-Fijian women who have been evicted from land they have lived on for several generations: having relocated to new areas, women suffering from domestic violence have even less contact with family and community members, and less knowledge of available services.

Even though Police posts are located throughout the country, these are nevertheless difficult for women to get to, particularly the poorest women and those living in the Eastern Division such as in Kadavu and Rotuma. At the time of the research, Government legal aid centres were only located in urban areas such as Suva, Labasa, Lautoka and Ba, and another has since been set up in Rakiraki. The Department of Social Welfare has offices distributed throughout the country in urban areas. However, women face the prospect of shame, humiliation and blame if they ask agencies such as the Police and Department of Social Welfare for help.

On the positive side, the findings indicate that where there are more accessible services, such as in Central and Western Divisions, there are higher percentages of women seeking help. This underlines the importance of outreach and awareness programs that reinforce women's rights to get help and stop the violence; and the need for front-line service providers to be trained to respond sensitively and without blame so that women are encouraged to seek help.

The fear and threat of more violence is another serious barrier to women seeking help, along with the view that the violence is "normal" or not serious. FWCC has found through its counselling and community education that many women themselves minimise the violence and its impact.





This is a very important coping strategy for women who have very few options for dealing with the problem in any other way. “Resisting violence by not resisting” has been recognised in several counselling studies in other countries as an essential coping strategy for some women, who make a conscious decision to “subordinate themselves in different ways in order to avoid escalating verbal or physical violence from their partners, which could ultimately lead to more harm” (Barassi-Rubio 2013: 15).

In Fiji, FWCC staff also have anecdotal evidence that when women say that violence is “just a slap”, or that the violence is “normal”, women are reassuring themselves that they can handle it, particularly when all the other voices around them are reinforcing the view that it is a “normal” part of life as a woman.<sup>4</sup> Hence, these women only seek help when the violence has reached a crisis point and is unendurable or threatens their life.

It is interesting that many more women have left home due to violence (40%) than those who have sought help from any agency or authority (24%). FWCC’s experience is that when women do leave home temporarily, they don’t always disclose the real reason for doing so to their relatives – because they don’t want to shame their family, make their husband look bad, or be blamed for the violence.



In many cases, women who leave home temporarily are not taking a stand against violence; they are trying to handle the situation themselves, and often say that they just leaving “for a break”. For example, it is said that Rotuman women, who often leave the island to give birth, sometimes “forget to go home”.<sup>5</sup> As noted above, women from the Eastern Division tend to stay away from home longer; the Eastern Division also has the highest prevalence of the most severe types of violence. However, the higher numbers of women leaving temporarily may also be due to the fact that some are forced out of the home by their husbands/partners (Box 10.2).

4 Workshop with FWCC staff, September 2012.

5 Workshop with FWCC staff, September 2012.



The ethnic differences noted above regarding help-seeking behaviour – where i-Taukei women are more likely to tell friends and ask for help from health workers and religious leaders, and Indo-Fijian women are more likely to tell family members and seek help from government agencies and non-government services such as FWCC – needs to be taken into account when developing and implementing targeted measures for preventing and responding to men's violence.

In some cases health services may be the only agency that a woman approaches for assistance, because she is injured. Given the extensive and serious health impacts of intimate partner violence documented in previous chapters, health workers need to be able to respond appropriately when intimate partner violence is disclosed by their patients.

They need to be able to refer women to FWCC, the police or other agencies if women give permission to do so, and they need to ensure confidentiality and the safety of women in their care. Religious leaders also have an enormous responsibility; even though only 4% of women overall have approached them for help, the messages that they portray about violence can have a huge impact on women's perceptions of themselves, their problems and their rights, and their decision making about seeking help.



Family members and friends are often the first people whom women tell about the violence; family members are also the ones that many women would like more help from. This is not surprising and it highlights how important it is for family and friends to respond in a sensitive and supportive manner that respects women's rights, when survivors of partner violence finally make the very difficult decision to tell someone, ask for help, or leave their home during crisis. According to the WHO multi-country study and other research, women who have support from family and friends suffer fewer negative effects on their mental health, and are better able to cope with the violence (WHO 2005: 79; Barassi-Rubio 2013: 9, 19-22).

It is very positive that some women sought help because they were aware of their rights, that 11% of women who have experienced partner violence wanted more help from FWCC or its Branches, and that some women were encouraged by family and friends to either seek help or to escape from the violence by leaving home temporarily.

Although there are no direct quantitative comparisons with FWCC's 1999 and 2006 research projects, it is very clear that attitudes have changed over the past decade. For example, in FWCC's 1999 survey, women were also asked their reasons for seeking help from agencies, and no respondents mentioned that they were aware of their rights (FWCC 2001: 49).



In FWCC's 2006 research into attitudes and tolerance of violence, the overwhelming conclusion was that domestic violence was seen as a private matter, and there was little evidence that study participants agreed with either providing assistance to survivors or confronting perpetrators (FWCC 2006: 4-8).

As noted in earlier chapters, FWCC staff are noticing that women are increasingly being referred for counselling by friends, mothers, sons and FWCC's male advocates<sup>6</sup>, who may be relations, community leaders or members or work colleagues. Many women and men have grown up with FWCC and its strong messages on gender equality and human rights. The findings from the survey show that this has led to a strong foundation for further work to strengthen the coping strategies of survivors, and the families and friends who try to support women living with violence.

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6 See Chapter 1 for details on FWCC's programs to eliminate violence against women.

# Chapter 11: Risks And Protective Factors For Violence By Husbands And Intimate Partners



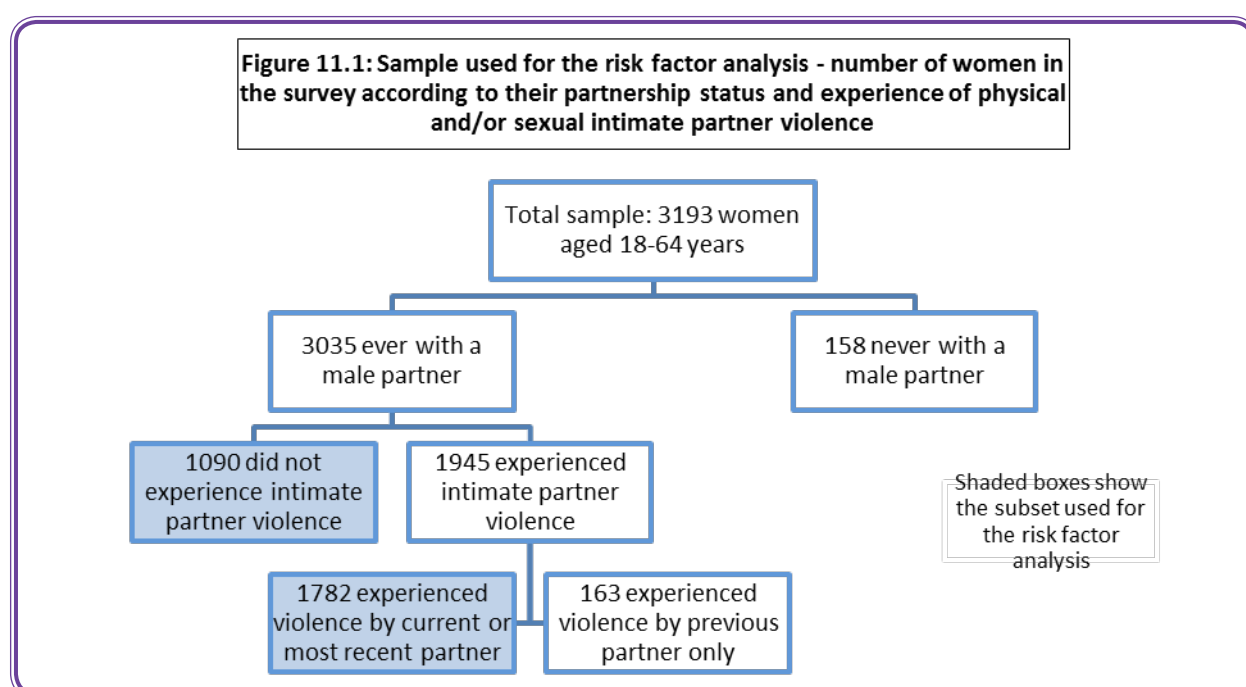
## Summary of main findings

- The most significant risk factors for women experiencing partner violence in Fiji today relate to the behaviour and life history of her husband/partner including: **if he drinks alcohol weekly or daily, has affairs with other women, is violent with other men, or was regularly hit or beaten as a child.**
- Current risk factors in the woman's background are: **if her first sexual experience was forced or coerced, if she grew up in a family where her mother was abused, and if she rarely speaks with members of her family.**
- **Young women under 25 are currently more at risk** from experiencing intimate partner violence, and **young men under 35 are more likely to perpetrate** violence against their wives/partners.
- Other risk factors during a woman's lifetime are: if she was sexually abused since she turned 15 by someone other than her husband/partner, if she has 5 or more children, and if she lives with her husband's/partner's family.

This chapter begins with a brief description of the method for the statistical analysis of risk and protective factors associated with violence by husbands and intimate partners. Both lifetime and current risk factors are presented. The factors that were found to be the strongest predictors of a woman experiencing partner violence are discussed, in addition to those characteristics that protect women from violence. (See Annex 6 for a glossary of the statistical terms used in this chapter).

### 11.1 Method for statistical analysis of risk and protective factors

The aim of the statistical analysis is to identify the factors that increase or reduce women's risk of experiencing violence by their husband or intimate partner. The sample group for the analysis includes ever-partnered women who answered questions regarding their experience of physical and/or sexual violence by a husband or intimate partner. Among those women who did experience partner violence in their lifetime, only those subjected to violence by their current or most recent partner were included in the analysis (Figure 11.1).



Twenty-nine potential risk and protective factors were explored in the statistical analysis. These included the following (Tables 11.1 and 11.2 of Annex 1):

- Characteristics relating to the woman, such as her age, education level, whether she currently has a partner, her age when she first married, whether she earns her own income, the number of children she has, and her ethnicity. Her other experiences of violence were explored, including whether she had been physically or sexually abused by people other than a husband or intimate partner since she turned 15, whether she had been sexually abused as a child, and whether her first sexual experience was wanted, coerced or forced. The history of violence in her family background was considered, including whether her own mother was physically abused by her mother's husband/partner. Variables relating to the woman's immediate support network were also explored including the proximity of the woman's family, how often she talks with family members, whether she feels she can count on their support if she needs help or has a problem, and whether or not she lives with her birth family or her husband's/partner's family.



- Characteristics relating to the husband/partner, such as his age, education level, employment status, how frequently he consumes alcohol, whether he has had fights with other men, and whether he has parallel relationships – that is, sexual relations with other women while still in an intimate relationship with his wife/partner. The history of violence in his family background was also considered, including whether his mother was physically abused by his mother's husband, and whether he was regularly hit or beaten as a child by someone in his family.
- Household and relationship characteristics, including socio-economic status, age differences between the woman and her husband/partner, and differences in educational levels between them.
- Location, including whether women live in the Central, Eastern, Northern or Western Division of Fiji.

Statistical analysis was used to assess the significance of the association between intimate partner violence and each potential risk or protective factor. This was done to assess risk factors over a woman's lifetime; current risk factors was also identified, based on whether women experienced physical or sexual partner violence in the previous 12 months before the survey. The statistical analysis was done in 2 stages:

- Univariable analysis, where each factor was assessed in isolation. For each variable, its statistical significance was calculated (P value), and the effects of each variable were identified in terms of odds ratios, relative to a reference category.
- Multivariable analysis, where the aim was to identify those factors that most significantly affect the likelihood of partner violence, after controlling for all the other variables. Variables with P values of more than 0.1 in the univariable analysis were excluded from the multivariable analysis. The final analysis identifies risk factors that have the strongest association with intimate partner violence including: odds ratios for each variable (an estimate of the likelihood that any woman with that particular characteristic will experience partner violence); confidence intervals (which provides a range of error for the odds ratio); and P values, which show the strength of the statistical association with intimate partner violence (Tables 11.1 and 11.2 of Annex 1).

## 11.2 What factors increase women's lifetime risk of domestic violence?

The multi-variable analysis showed that 12 factors are the strongest predictors of whether women experience physical or sexual violence from a husband/partner in her lifetime. These include characteristics in the women's background, the husband's background, and other factors (Box 11.1).

### Factors relating to the background and characteristics of the woman:

Significant factors in the woman's background include the following (Table 11.1 of Annex 1):

- Women who were sexually abused since they turned 15 by men other than their husbands/partners are 4.6 times more likely to experience partner abuse than women who had not been sexually abused by other men; 86% of women who were sexually abused by others have also experienced partner violence.
- Women with 5 or more children are twice as likely to experience partner violence, and women with 3-4 children are about 1½ times more likely, compared with those who have no children.
- Women whose mothers were beaten are about 1½ times more likely to experience partner violence, compared with those whose mothers were not beaten; 77% of those whose mothers were beaten have also experienced partner violence themselves.
- Women whose first sexual experience was coerced are about 1¼ times more likely to experience partner violence, compared with those who wanted their first sexual experience.
- Women who are living with their husband's family are 1¼ times more likely to experience partner violence compared with those who are not.

Box 11.1: Lifetime risk factors for physical or sexual partner violence	
Factors in her background	Factors in her husband's/partner's background
She was sexually abused since she turned 15 years old by someone other than her husband	He has sexual relationships with other women when he is still in a relationship with her
She has 5 or more children	He has fights with other men
Her mother was hit by the mother's husband or boyfriend	He was hit or beaten regularly when he was a child
Her first sexual experience was coerced	He drinks alcohol weekly or daily
She lives with his family	
Other factors	
Ethnicity, lower socio-economic cluster and location (higher prevalence in the Eastern Division)	

Source: Table 11.1 of Annex 1.

### **Factors relating to the behaviour and life history of her husband/partner:**

Significant factors are as follows (Table 11.1 of Annex 1):

- Women whose husbands/partners have parallel relationships with another woman are 3½ times more likely to have been subjected to physical or sexual partner violence; 87% of these women have experienced partner violence in their lifetime.
- Women whose husbands have been involved in fights with other men are almost 3 times more likely to physically or sexually assault their wives and partners, compared with those whose husbands have no history of violence with other men; 88% of women in relationships with men who fight with other men have been subjected to domestic violence.
- Women whose husbands were regularly beaten as children are 2¼ times more likely to physically or sexually abuse their wives, compared with men who had not been hit by other family members when they were boys; 81% of women in relationships with men who were beaten as children have been subjected to domestic violence.
- Women whose husbands drink alcohol weekly or daily are about 1¾ times more likely to perpetrate domestic violence, compared with those whose husbands/partners drink alcohol less than once a week; 77% of women with husbands/partners who drink frequently have experienced partner violence in their lifetime.

### **Other risk factors:**

Three other factors emerge as being significant predictors of whether a woman will experience partner violence during her lifetime:

- Indo-Fijian women are about half as likely to experience partner violence as iTaukei women, and those from other ethnic groups combined.
- Women from the lowest socio-economic cluster are 1¾ times more likely to experience partner violence than those from the highest socio-economic cluster.
- Women in the Eastern Division are about twice as likely to experience violence during their lifetime as those in the Central Division, women in the Northern Division are about 1½ times more likely, and those in the Western Division are about 1¾ times more likely.

### **11.3 What factors increase women's risk of domestic violence today?**

Twelve factors are strong predictors of whether women are currently experiencing physical or sexual violence from a husband/partner; as noted above, these have been identified based on whether women experienced physical or sexual partner violence in the previous 12 months before the survey. Although there is some overlap with the lifetime risk factors mentioned above, there are also some key differences (Box 11.2).



### Factors relating to the background and characteristics of the woman:

Significant factors in the women's background include the following (Table 11.2 of Annex 1):

- Women whose first sexual experience was coerced or forced are about  $1\frac{3}{4}$  times more likely to experience partner violence, compared with those who wanted their first sexual experience.
- Women whose mothers were beaten are  $1\frac{2}{3}$  times more likely to experience partner violence themselves, compared with those whose mothers were not beaten.
- Women who rarely talk with members of their family (less than once a week) are  $1\frac{1}{3}$  times more likely to experience partner violence, compared with those who see or talk with family members at least once a week.
- Women who are currently married or in an intimate relationship are about 8 times more likely to experience violence, compared with those who are no longer married or in intimate relationships, either because they have separated or divorced from their husbands/partners, or because they are widowed.
- Young women aged below 24 are significantly more likely to be living with partner violence now, compared with older women. The likelihood that women will be subjected to physical or sexual violence reduces steadily until women turn 50, when it drops off markedly (Table 11.2 of Annex 1).

Box 11.2: Current risk factors for physical or sexual partner violence	
Factors in her background	Factors in her husband's/partner's background
Her first sexual experience was coerced or forced	He drinks alcohol weekly or daily
Her mother was hit by the mother's husband or boyfriend	He has sexual relationships with other women when he is still in a relationship with her
She rarely talks with members of her family	He has fights with other men
She is currently married or in an intimate relationship	He was hit or beaten regularly when he was a child
She is young	He is young
Other factors	
Ethnicity and lower socio-economic cluster	

Source: Table 11.2 of Annex 1.

### Factors relating to the behaviour and life history of her husband/partner:

Men's behaviours that increase women's risk during their lifetime are the same as those that increase women's current risk of experiencing partner violence, although the odds vary somewhat compared with lifetime risk factors (Box 11.2 and Table 11.2 of Annex 1):

- Women whose husbands drink alcohol weekly or daily are twice as likely to experience domestic violence, compared with women whose husbands/partners drink alcohol less than once a week.
- Women whose husbands/partners have parallel relationships are almost twice as likely to be subjected to physical or sexual partner violence, compared with those whose husbands/partners who are faithful.
- Women whose husbands/partners have been involved in fights with other men are about  $1\frac{3}{4}$  times more likely to experience domestic violence, compared with those whose husbands do not fight with other men.
- Women whose husbands were regularly beaten as children are  $1\frac{1}{2}$  times more likely to be living with domestic violence, compared with women whose husbands were not hit when they were boys.
- Young men aged below 35 are more likely than other age groups to perpetrate partner violence; those aged over 45 are least likely to do so.

**Other risk factors:**

Two other factors are significant predictors of whether a woman will be experiencing partner violence now:

- I-Taukei women are about 1½ times more likely to be experiencing physical or sexual partner violence now, compared to Indo-Fijian women. Women from other ethnic groups are also about 1½ times more likely to experience partner violence as Indo-Fijian women.
- Women from the lowest socio-economic group are 1<sup>2</sup>/<sub>3</sub> times more likely to experience partner violence than those from the highest socio-economic group.

**11.4 Discussion of findings**

Exploring the factors that increase and reduce women's risk of experiencing intimate partner violence may help to identify the most effective approaches for preventing this serious problem. The risk factors identified above have important implications for all stakeholders who aim to effectively prevent and respond to the problem of violence against women. However, it is very important not to misconstrue any one factor as the cause of violence against women. As stated in the United Nations Declaration on the Elimination of Violence against Women, violence against women is the result of "unequal power relations between men and women" (UN 1993: preamble). Nevertheless, the findings on risk and protective factors give strong pointers to attitudes, beliefs and behaviours that need to change to strengthen prevention strategies on violence against women, particularly those factors that relate to the current risk of violence.

**11.4.1 What factors are protecting women from partner violence now?****Leaving the violent relationship**

By far the strongest protective factor to emerge from the statistical analysis is the finding that women who have separated or divorced from their husbands/partners and women who are widowed are at significantly lower risk of experiencing physical or sexual partner violence in the 12 months before the survey. This may seem self-evident, given the very high prevalence rates in Fiji, with 64% of all ever-partnered women having suffered from physical or sexual abuse in their lifetime and 24% in the previous 12 months (Figure 4.1). However, it is a very important finding from a prevention perspective, because it demonstrates that the violence usually stops when women leave the relationship; only 7% of previously-partnered women experienced partner violence in the year before the survey, compared with 28% of those who were currently partnered (Table 11.2 of Annex 1). Given the significance of inter-generational risk factors – in other words, a history of violence in one's birth family (see the discussion below) – separation from the perpetrator can also be expected to have an important primary prevention impact for the children of women living with domestic violence.

This finding also highlights the importance of counselling to re-build women's self-esteem, confidence and knowledge of their human and legal rights. FWCC's Counsellors have observed that women who are very vulnerable – both emotionally and financially – may tend to fall into other relationships where violent patterns are repeated. However, women who take longer before choosing another partner may be more alert to the early warning signs of violence, including controlling behaviours and emotional abuse. Many community and church leaders and institutions such as the Family Court continue to advise women to reconcile with their violent husbands and partners, without putting in place steps to stop the violence or informing women of their rights and the full range of options available. Service-providers need to be aware of this finding when they provide counselling to survivors, to enable women to make their own informed decisions about whether they leave a relationship temporarily or permanently.



### Socio-economic status

Higher socio-economic status emerges as a protective factor over a woman's lifetime and currently; conversely lower socio-economic status and poverty is a risk factor. However, it must be emphasised that women from higher socio-economic groups nevertheless experience partner violence at rates much higher than the global average prevalence of 30% (WHO 2013: 16). Moreover, poverty as a risk factor has less impact on a woman's likelihood of experiencing violence than the characteristics in her background or her husband's/partner's behaviour. Nevertheless, it is useful to consider this finding in relation to women's options if they are faced with domestic violence: the poorer a woman is, the fewer options she has, and this has a direct impact on her ability to make a decision to leave the violent relationship, which has the strongest protective and preventative impact. On the other hand, few have the resources to support themselves and their children, and women from all socio-economic groups have little financial autonomy, with very high degrees of financial enmeshment and dependence (see Chapter 9).

### Education

Education does appear to have some protective impact on both a woman's lifetime and current experience of partner violence. However, the association between partner violence and education level is only statistically significant for univariable analysis, and not for the multivariable analysis which controlled for all other factors or variables. This suggests that there is enormous potential for preventing violence against women and girls through interventions targeted at young people through the education system; however, the potential for primary prevention has not yet been fully realised.



### Women's support networks

It is interesting to note the factors that neither increased nor reduced women's risk of violence. Although living with the husband's/partner's relatives significantly increases women's likelihood of experiencing partner violence over her lifetime, living with her own relatives does not necessarily protect women. This is true for both lifetime and current experience of partner violence, with 30% of women living with their own families subjected to partner abuse in the 12 months before the survey. Being in frequent contact with her birth family (at least once a week) does not protect women from violence; nor does living close by to her birth family. A woman's belief about whether she can count on her family members for support if she needs help or has a problem also has no protective impact.

One factor relating to women's support networks does have a slight protective effect: women who talk at least once a week with family members are less likely to experience physical or sexual violence. All these findings highlight the need to inform and educate community and family members on how to support women living with violence, including by focusing on the importance of not losing contact with them – since a key feature of domestic violence is that women become progressively isolated, as the husband/partner exerts more power and control over her mobility and freedom of association.



## Location

Location emerges as a key protective factor over a woman's lifetime, but not for her current risk of partner violence. In other words, although women in the Eastern Division have a much greater likelihood of experiencing violence in their lifetime compared with those from the Central and Western Divisions, women from all locations are currently being subjected to violence at about the same rates. Historically, FWCC has had less focus and impact in the Eastern Division. Lack of access to a range of services and the impact of traditional and conservative social structures have also made it harder for women to deal with and escape from partner violence.

### 11.4.2 Gender inequality

Risk factors that increase women's likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence. Looking at the predictors in the background of husbands/partners, most relate to the behaviours of men and the social construction of masculinity; whereas most of the risk factors in the women's background relate to acts of abuse that she has already suffered, or factors in her context that are beyond her control.

Risk factors in both the woman's background and those of her husband/partner can only be addressed if gender equality is promoted and progressively achieved, particularly changing attitudes and mind-sets on women's human rights and their equal value as human beings – including changing men's attitudes that they are entitled to dictate when to have sex and with whom. The implication of all these findings is that social norms around gender relations, men's entitlements and sexual abuse need to be tackled head-on in order to prevent intimate partner violence.

### **Sexual abuse increases women's vulnerability to domestic violence.**

Sexual abuse emerges as the most important risk factor in the background of the woman, over her lifetime and currently. This includes sexual abuse by someone other than her husband, and whether her first sexual experience was coerced or forced. This tells us a lot about gender relations and women's status in Fiji. Women who have been sexually abused are blamed and stigmatised by the community; the assumption is that somehow the woman has brought it upon herself. Women themselves internalise this blame, suffering from low self-esteem and self-confidence as a result, and this increases their vulnerability to physical and sexual partner violence.

#### **How women feel about rape:**

*"She feels that he is more powerful, and that she is now worth nothing. She thinks her life has been ruined because she was raped." (Participants at an FWCC workshop, describing how a woman feels about herself after rape.)*

The notion that women are less worthy or damaged after they have been forced or coerced to have sex highlights the very low status of women and how perceptions of their value are tied to their bodies and their virginity. FWCC Counsellors have countless examples of women who were forced to marry the men who raped them, or who coerced her to have sex the first time; often, they come to the centre to report physical violence, and after several counselling sessions they disclose that they were raped and forced into marriage. The view of the community and society is that after rape, she is no longer good enough for any other man, apart from the perpetrator. In addition, the perpetrator – now her husband – has established extraordinarily unequal power relations from the outset.



Although this survey has shown that most women have a strong sense of their sexual autonomy (Chapter 6), it is also very clear that men who perpetrate domestic violence do not respect this. The power imposed over women through the use of rape and sexual coercion is reflected in another lifetime risk factor, with women's risk of domestic violence increasing steadily with the number of children she has. Having many children can be an outcome of violence and control, due to women's lack of reproductive rights – such as the power to negotiate sex and to make decisions and choices about when to have a baby and the use of contraception. Furthermore, when a woman has many children, it is even more difficult for her to leave the violent relationship, support her children, and find someone in the family or community who will take her in.

### **Unequal gender relations and social constructions of masculinity fuel domestic violence**

The strong association between men having extra-marital affairs (parallel relationships) and perpetrating domestic violence is an important finding that underlines men's sense of privilege including entitlement to sex. Engaging in multiple sexual relationships is clearly seen as more acceptable for men than women, and is also seen as a “manly” thing to do. FWCC Counsellors recount many cases where clients have challenged men over having affairs with other women; this often leads to the angry reply that it is none of her business, and he can do as he likes, in addition to violent attacks. In other cases, FWCC Counsellors have found that men's extra-marital affairs are associated with violence because he feels guilty. There are also examples of men using extra-marital affairs to push their wife out of the marital home; in these situations, men argue that they didn't chase their wife away – rather, she left him because she would not put up with his infidelity.

#### ***Infidelity is an expression of masculinity:***

*“The same notions of masculinity that condone male infidelity also tend to support male violence or control.” (WHO 2005: 69)*

When women refuse to have sex, it is not uncommon for men to threaten that he can go elsewhere if she doesn't give him what he wants. Family and community members will often advise women to just accept men's infidelity, telling women to “just wait, he'll come back”.<sup>7</sup> Many other studies have also found that men who are violent towards their wives and partners are more likely to have multiple sexual partners (SPC 2009: 149; SPC 2010: 173; VWC 2011: 175; and WHO 2005: 69).

Men fighting with other men is also a significant predictor of the risk of domestic violence and is another key part of the social construction of masculinity in Fiji. It is closely linked to a social acceptance of violence as form of conflict resolution, and points to poor communication and negotiation skills. This risk factor has also been found in other studies in the Pacific region (SPC 2009: 139; SPC 2010: 169; VWC 2011: 173).

### **Unequal gender relations, domestic violence and tolerance for violence are learned**

A history of intergenerational violence in the woman's family is an important predictor for lifetime and current partner violence. When a girl grows up in a family where her mother is beaten, she learns that violence is a “normal” part of relationships between women and men. According to FWCC Counsellors, girls growing up in this type of environment often have low self-esteem, and low expectations about relationships. Violence against women by their husbands has also been condoned by some Christian churches as a legitimate form of punishment or discipline – a fact which points once again to the very low status and power of women.

#### ***Men's violence against women is seen as a legitimate form of “discipline”:***

*“I waited until I was not angry, and beat her with ‘love’, to teach her.” (Participants at an FWCC workshop, describing a common statement made by men in community education workshops.)*



Another aspect of learned behaviour is the general tolerance for violence in the community including through corporal punishment in the family and schools. Several of the attitudes discussed in Chapter 6 show that there is a high level of tolerance for violence, as do the findings on non-partner violence reported in Chapter 5. The risk factors discussed above reinforce these earlier findings.

In addition, two other predictors point to a high tolerance for violence. First, the fact that women are at greater risk of partner violence if they live with their husband's/partner's family (a lifetime risk) underlines women's powerless and oppression in a social context where violence is condoned. Second, men who were hit or beaten regularly as children are more likely to perpetrate intimate partner violence, and this is both a lifetime and current risk. Being hit regularly as a child, and learning that power in family relationships is maintained by violence, is another integral part of the social construction of masculinity.

However, it is important to remember that some of the men who were beaten when they were boys are not physically abusing their wives and partners, and that not all women who grew up in families where the mother was beaten are currently in violent relationships themselves. This is a positive finding which confirms that new behaviour patterns can be established and nurtured based on an understanding of equality and human rights. Conversely, some of the men who were not beaten as children are now physically abusing their wives and partners – in these cases, the violent behaviour has also been learned, based on pervasive gender inequality and a general tolerance for violence in Fiji society.

#### 11.4.2 Alcohol abuse

Having a husband who drinks alcohol weekly or daily is a significant lifetime and current predictor of women's risk of intimate partner violence. There is no doubt that excessive and frequent use of alcohol is a factor in contributing to men's use of violence. However, this should not be confused with the causes of violence (see boxes). Moreover, the interplay between alcohol and domestic violence is more complex than it may seem at first glance.

#### **Men's violence against women reinforces gender norms:**

*"When a woman is subjected to violence for transgressing social norms governing female sexuality and family roles, for example, the violence is not only individual but, through its punitive and controlling functions, also reinforces prevailing gender norms. Acts of violence against women cannot be attributed solely to individual psychological factors or socio-economic conditions ... Explanations for violence that focus primarily on individual behaviours and personal histories, such as alcohol abuse or a history of exposure to violence, overlook the broader impact of systemic gender inequality and women's subordination. Efforts to uncover the factors that are associated with violence against women should therefore be situated within this larger social context of power relations." (UN 2006: 29)*

Among the 2829 women who answered questions on their husband's/partner's alcohol consumption, 22% said that he drinks alcohol weekly or daily, and the remaining 78% said that he drinks occasionally, such as 1-3 times a month, or less than once a month. This means that about 1 in 5 men are drinking alcohol weekly or daily.

FWCC Counsellors note that alcohol consumption by the husband/partner can result in arguments about money; women transgressing social norms, by arguing with her husband and questioning his drinking, can be a factor associated with a violent attack. Moreover, being drunk is widely used as an excuse for bad behaviour, and community members will generally be more forgiving if the man is drunk when a violent incident occurs. Being physically or sexually violent while drunk feeds into a common myth that men cannot control their behaviour.



Moreover, the survey findings show that 65% of women have been beaten by husbands/partners who do not drink frequently (compared with 76% who drink daily or weekly, Table 11.1 of Annex 1). FWCC client statistics show that of 586 new cases of women seeking assistance with domestic violence in 2011, only 57 women (less than 10%) indicated that alcohol was involved. In the vast majority of these cases, extra-marital affairs by the husband was a major factor.<sup>8</sup>

**Alcohol is a factor but not a cause of domestic violence:**

*"It is totally wrong to think alcohol is the cause of the violence. ... The causes of domestic violence have to do with the fact that the man believes he has power over the woman and can treat her badly if he wants to. Some men have less control over themselves when they are drunk, and that is why they lash out. But they know that about themselves when they start drinking. They can choose not to drink because they know they become violent when they do. Drunkenness is no excuse for brutal behaviour." (FWCC 1992: 8)*

Addressing alcohol consumption is a sound strategy for its own sake, given the public health costs and the range of damaging social effects on families and communities. Moreover, 29% of women in the survey said that drunkenness by their husband or partner was a factor related to violent incidents, and it ranks among the top 3 factors identified by women living with violence (Figure 6.5). Excessive drinking by men has been strongly associated with partner violence in almost every setting where research has been undertaken on violence against women, including in the Pacific region (Heise 2011: 46; SPC 2009: 144; SPC 2010: 171; VWC 2011: 173; and WHO 2010: 21). A recent evidence-based review of prevention efforts indicates that lowering the rates of binge drinking in high-income countries can reduce the overall level and severity of partner violence, and that alcohol use can be a good entry point for discussing marital relations, given that both women and men associate men's excessive drinking with domestic violence (Heise 2011: xiii, 46). Nevertheless, with so many predictors pointing to unequal gender relations, **reducing alcohol consumption by itself is unlikely to be effective as a primary prevention strategy in Fiji. Other predictors all point to men's sense of entitlement and privilege and women's lower social status, in addition to a high tolerance for violence. These norms and expectations also need to be addressed in the context of any alcohol reduction program that is designed with the aim of reducing or preventing violence.**

#### 11.4.3 Ethnicity

The risk factor analysis confirms the findings from Chapter 4 on lower prevalence rates for women of Indo-Fijian background, compared with i-Taukei women and those from all other ethnic groups combined. These are very challenging findings and they expose a common myth that there is less violence against women in i-Taukei communities. The findings raise several questions, which could be pursued through future research and dialogue:

- Is there a higher tolerance for violence in general among i-Taukei communities? If so, what cultural and social factors contribute to the normalisation of violence, and how can these norms be changed?
- Is the prevalence of partner violence lower in Indo-Fijian communities because women are more likely to internalise attitudes about unequal power relations, and are they therefore less likely to challenge prevailing social norms and practices relating to women's traditional roles and status and other aspects of gender inequality?
- Why are i-Taukei women less likely to report the violence to people outside their families and communities, and more likely to report to hospitals; and why are Indo-Fijian women more likely to report to formal agencies such as the police and courts?
- What are the implications of the survey findings for prevention strategies, and for ensuring that women from all ethnic backgrounds can access services and family and community support when needed?

<sup>8</sup> FWCC client statistics for 2011.



#### 11.4.4 Age

Being young (under 24) is a significant current risk factor for women experiencing partner violence; and younger men (under 35) are more likely to perpetrate violence. These findings accord with FWCC's counselling and community education experience, which provides further insights into why young women are at significantly higher risk than older women.

Violence begins very early in intimate relationships in Fiji, as men establish their power by using both physical and sexual force. FWCC staff have noted that binge drinking occurs more frequently among men under 35; this may also be contributing to the higher risk of partner violence among young women and men. Men tend to have a much more active social life when they are younger; and young women who question the time and money associated with this may be beaten.

As women age in a relationship, they often adapt their behaviour to suit their husband's/partner's preferences and needs. For example, they may question him less, and they narrow their circle of friends. By adapting in this way, women seek to actively avoid situations that challenge his authority or that have been associated with physical violence. However, FWCC's counselling experience and the survey findings demonstrate that emotional violence and controlling behaviours do not reduce as women age, and in some cases they are even more intense.

Similar findings regarding the increased risk of young people were demonstrated in the WHO multi-country study (WHO 2005: 32-33). However, age is a much stronger predictor of intimate partner violence in Fiji than in other Pacific countries (SPC 2009: 149; SPC 2010: 173; VWC 2011: 175). The findings point to the need for specific and targeted interventions to prevent violence among young people, including through the education system.

# Chapter 12: International Comparisons Of Prevalence



## Summary of main findings

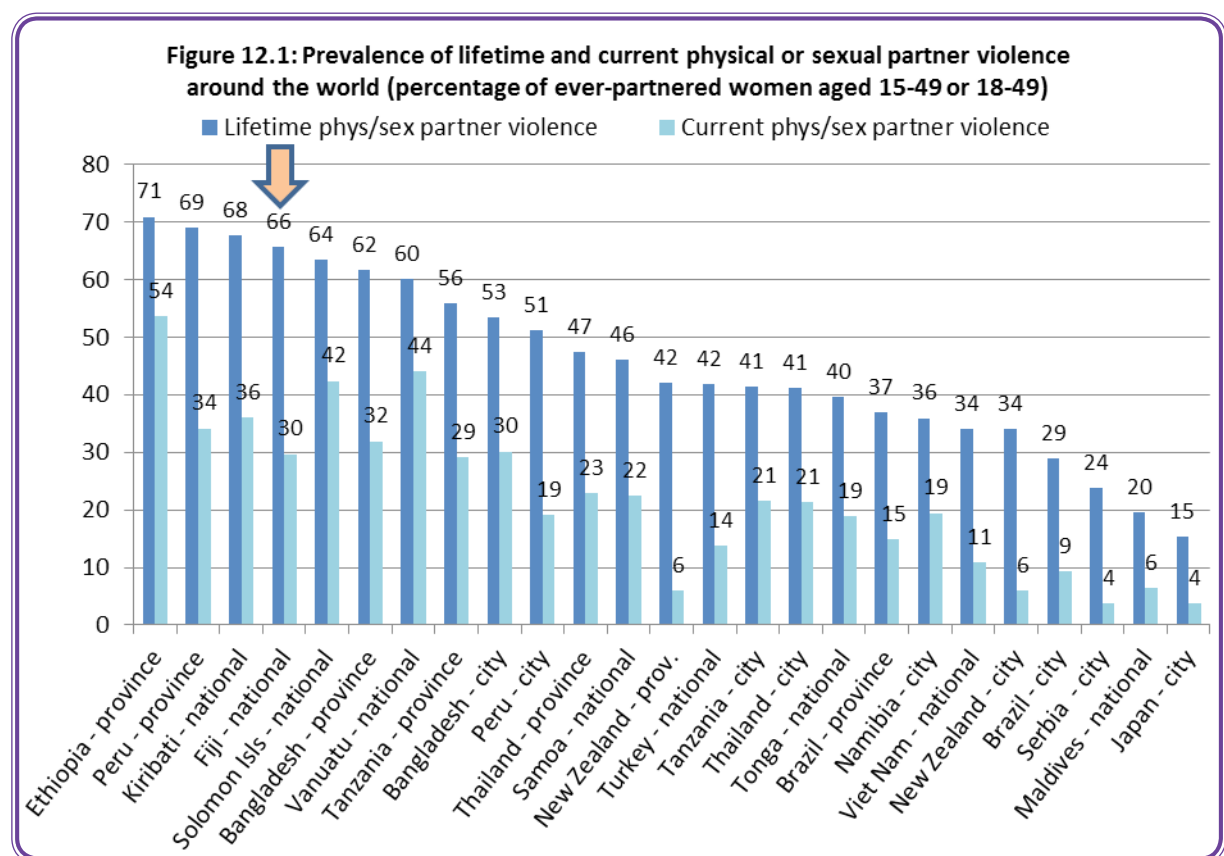
- Fiji has the 4th highest prevalence of physical and/or sexual partner violence over a woman's lifetime, compared with 20 countries that have used the WHO research methodology.
- Six Pacific Island countries have undertaken national research studies using the WHO methodology. Women in all 6 countries experience very high rates of both partner and non-partner violence compared with global averages.



This chapter presents a series of graphs which compare prevalence rates for partner and non-partner violence against women and girls. Comparisons are presented with 24 sites in 20 countries globally, and with 5 other countries in the Pacific region. All these countries have undertaken national, urban or provincial prevalence studies using the WHO methodology.

Prevalence rates in this chapter have been recalculated to use a consistent age range of 15-49 or 18-49 (in Fiji's case) to enable valid comparison. Consequently prevalence rates for Fiji presented in this chapter are slightly higher than those presented in Chapter 4, due to the lower prevalence rates among women in Fiji aged over 49 (see Table 12.1 of Annex 1).

### 12.1 Global comparisons

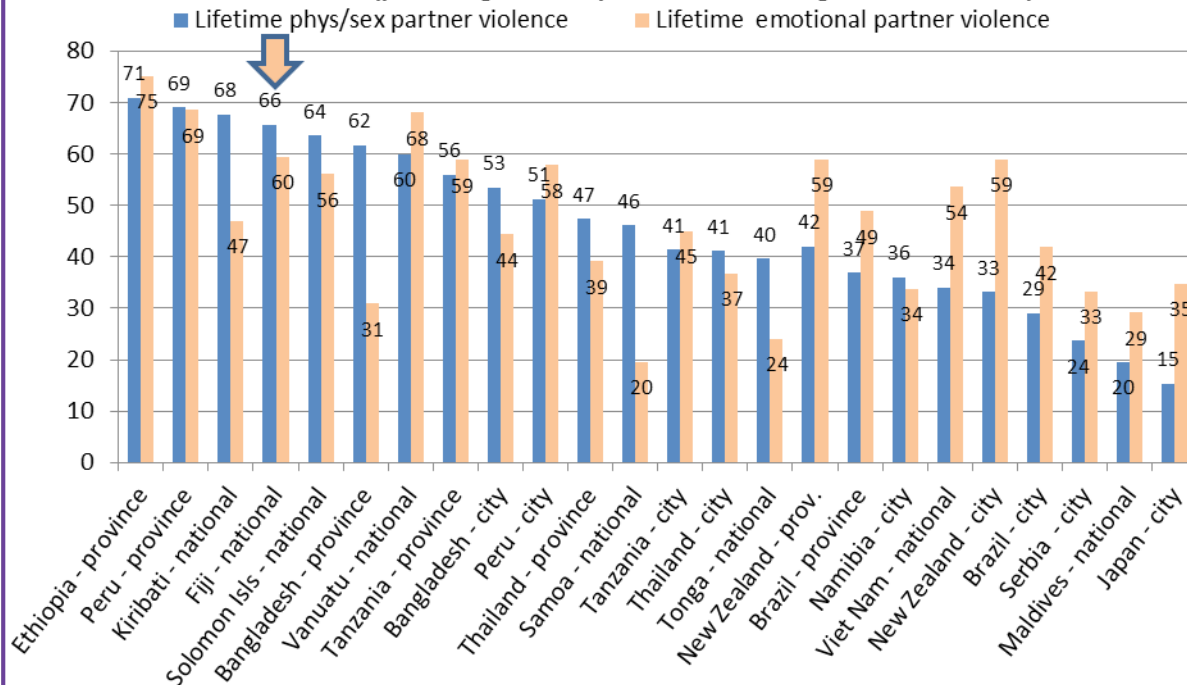


Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.

Among all the study sites that have undertaken research into the prevalence of intimate partner violence against women using the WHO methodology, Fiji has the 4<sup>th</sup> highest prevalence globally at 66%. Three countries have higher rates of lifetime prevalence of physical and/or sexual partner violence: Ethiopia, Peru and Kiribati. Five countries have higher current rates of prevalence than Fiji, including provincial Ethiopia, provincial Peru, Kiribati, Solomon Islands, and provincial Bangladesh (Figure 12.1).

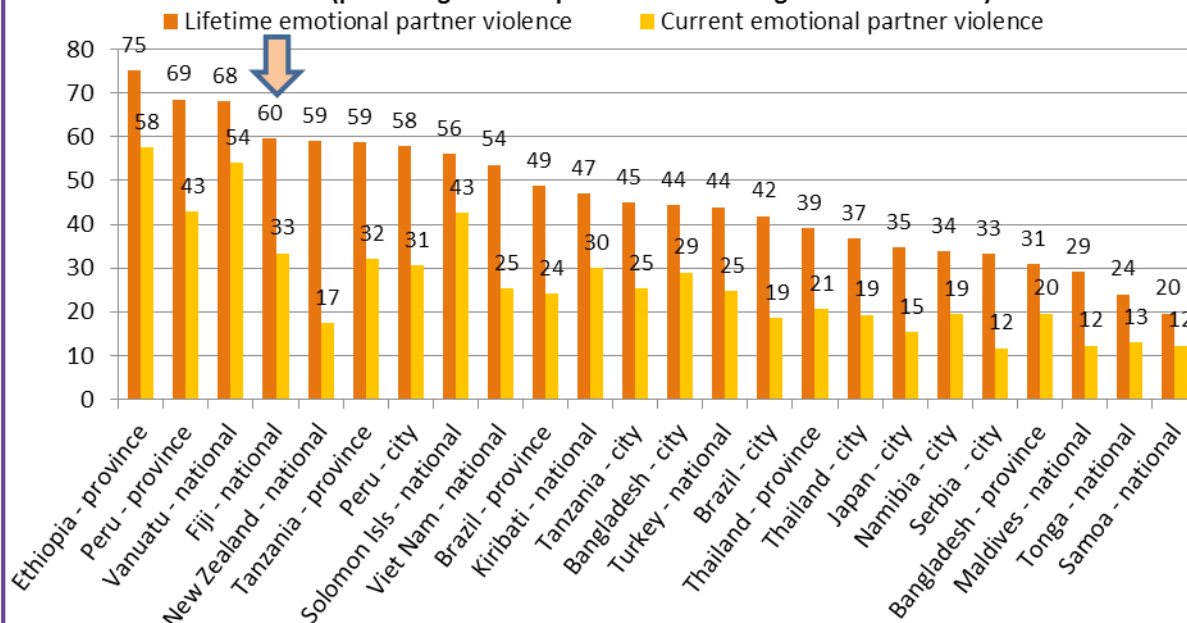


**Figure 12.2: Prevalence of lifetime physical or sexual and emotional partner violence around the world (percentage of ever-partnered women aged 15-49 or 18-49)**



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

**Figure 12.3: Prevalence of lifetime and current emotional partner violence around the world (percentage of ever-partnered women aged 15-49 or 18-49)**



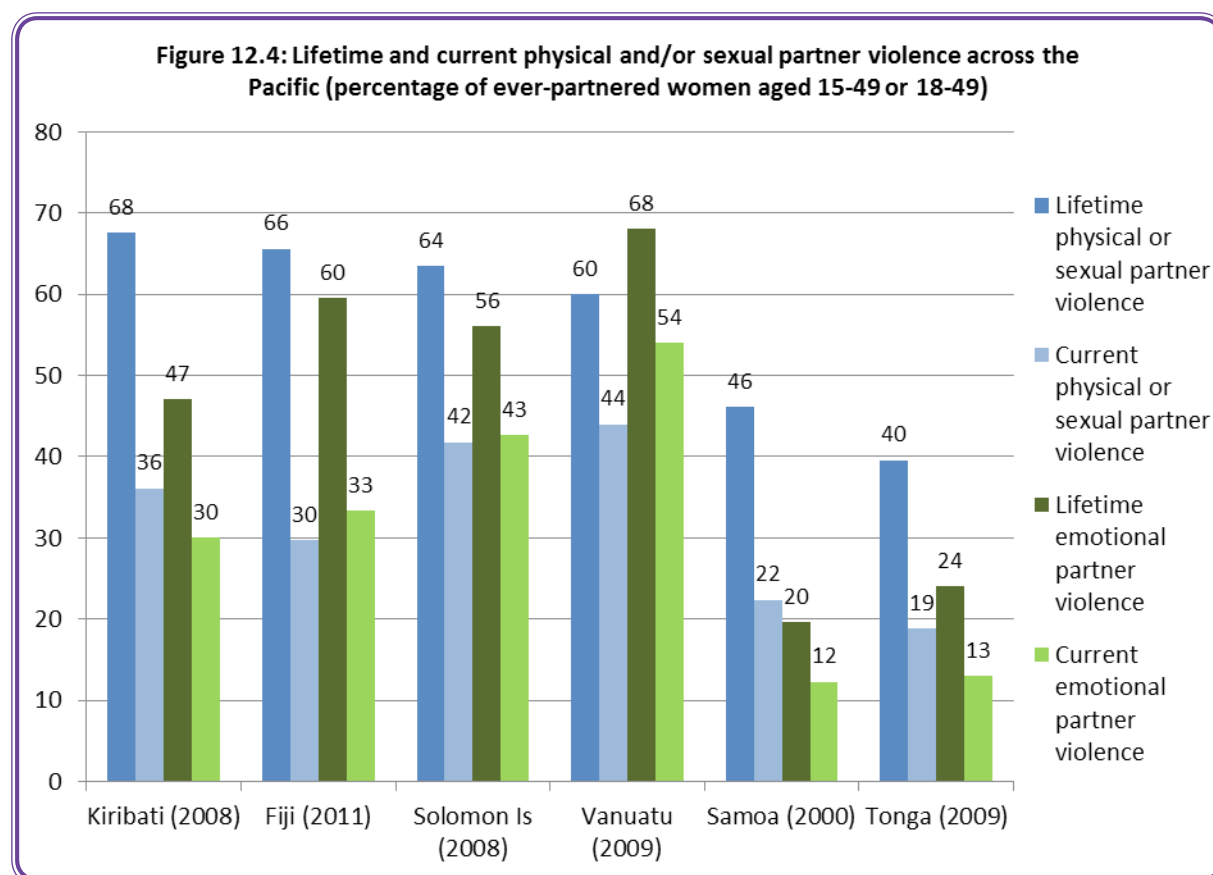
Source: Henrica A.F.M. Jansen for the Fiji Women's Crisis Centre.



Similarly, only 3 countries in the world have higher lifetime prevalence rates for emotional partner violence than Fiji: provincial Ethiopia, provincial Peru and Vanuatu (Figures 12.2 and 12.3). Figure 12.3 compares lifetime and current rates of emotional partner violence; Fiji is again among the top 5 in the world, with current prevalence rates exceeded only by Ethiopia, Peru, Vanuatu and the Solomon Islands (Figure 12.3).

### 12.2 Pacific comparisons

Intimate partner violence is extremely high in Melanesia, although the highest prevalence is in Kiribati with 68% of women experiencing physical and/or sexual violence in their lifetime, compared with 66% in Fiji, 64% in the Solomon Islands, 60% in Vanuatu, 46% in Samoa and 40% in Tonga. Lifetime experience of emotional partner violence is highest in Vanuatu (68%), followed by Fiji at 60%, Solomon Islands at 56%, Kiribati at 47%, Tonga at 24% and Samoa at 20% (Figure 12.4).



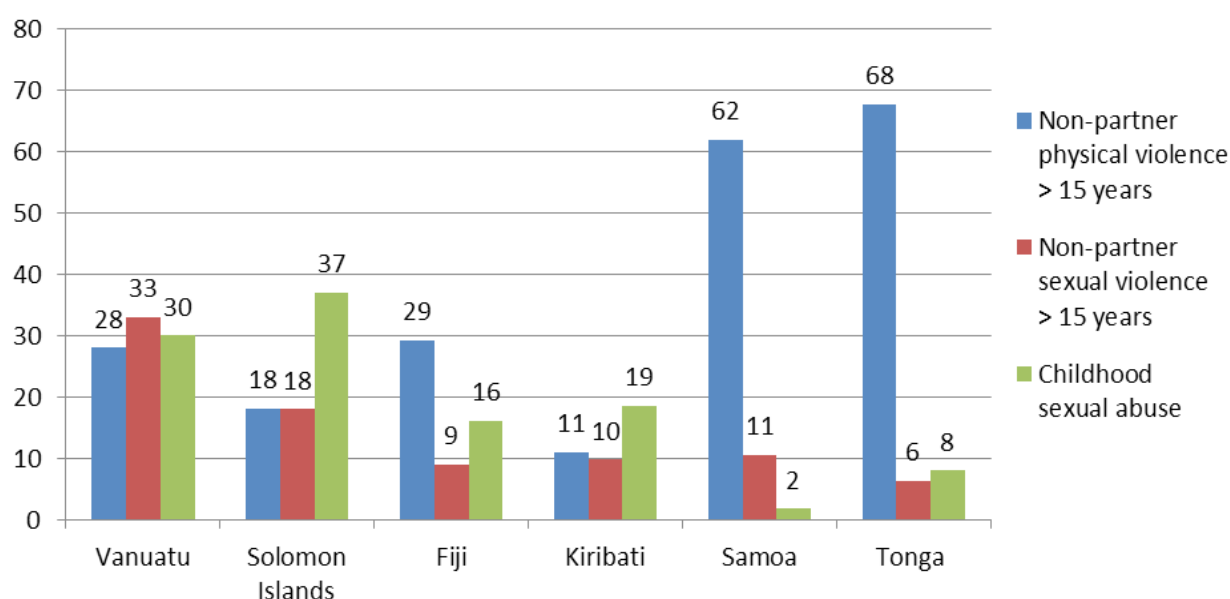
Source: Henrica A.F.M. Jansen et. al. 2013: 139.

Current rates of physical and/or sexual intimate partner violence are also extremely high in all Pacific countries, particularly in Vanuatu (with the highest current prevalence of 44%), Solomon Islands (42%), Kiribati (36%) and Fiji (30%). This compares with 22% in Samoa and 19% in Tonga (Figure 12.4). Current rates of emotional partner violence are also highest in Vanuatu (54%), followed by Solomon Islands (43%), Fiji (33%), Kiribati (30%), Tonga (13%) and Samoa (12%) (Figure 12.4).



Although the rates of intimate partner violence are much higher than non-partner violence in Melanesia and Kiribati, this picture is reversed in Polynesia. Intimate partner violence affects about 2 in every 3 women in Fiji, Vanuatu, Solomon Islands and Kiribati; in Tonga and Samoa, non-partner physical violence affects about 2 in every 3 women. Tonga has the highest rates of non-partner physical violence against women over the age of 15, with 68% of women experiencing this in their lifetime. This compares with 62% in Samoa, 29% in Fiji, 28% in Vanuatu, 18% in the Solomon Islands and 11% in Kiribati (Figure 12.5).

**Figure 12.5: Non-partner violence across the Pacific (percentage of all women aged 15-49 or 18-49)**

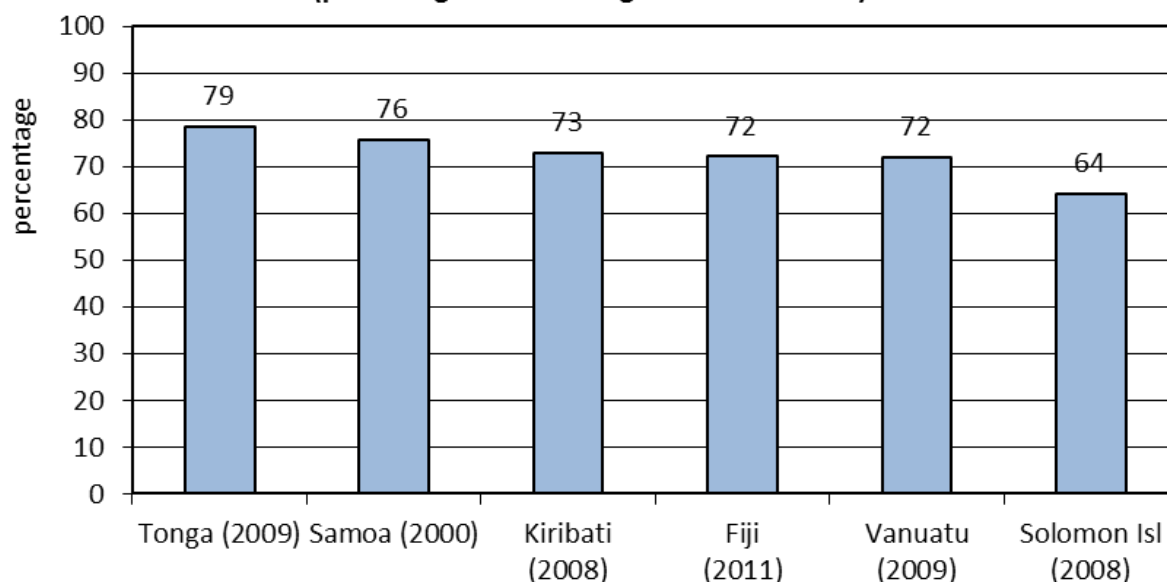


Source: Henrica A.F.M. Jansen et. al. 2013: 139.

Non-partner sexual violence against women over the age of 15 is a significant problem across the Pacific region. One in 3 women in Vanuatu (33%) have been subjected to rape or other forms of sexual assault by someone other than their husband or intimate partner in their lifetime, compared with 18% in the Solomon Islands (almost 1 in 5), 11% in Samoa, 10% in Kiribati, 9% in Fiji and 6% in Tonga. The prevalence of childhood sexual abuse is extremely high in the Solomon Islands (37%) and Vanuatu (30%), and is also a significant problem throughout the region: 19% of girls in Kiribati are sexually abused under the age of 15 (1 in 5), 16% in Fiji, 8% in Tonga and 2% in Samoa (Figure 12.5).



**Figure 12.6: Prevalence of lifetime physical or sexual violence against women by anyone (partners and/or non-partners) since age 15 (percentage of women aged 15-49 or 18-49)**



Source: Jansen et. al. 2013: 139

One interesting finding is that very similar proportions of women have experienced some form of partner or non-partner physical or sexual violence in their lifetime in all 6 Pacific Island countries, despite the significant differences noted above. Due to the extremely high rates of non-partner violence, Tonga has the highest overall prevalence of non-partner and partner violence combined, affecting almost 4 in 5 women, followed by Samoa (also about 4 in 5). In Kiribati, Fiji, Vanuatu and Solomon Islands, more than 3 in 5 women experience some form of partner or non-partner violence in their lifetime (Figure 12.6).



The rates of controlling behaviour by husbands and partners in Pacific Island countries are considerably higher than most other countries where the WHO methodology has been used.

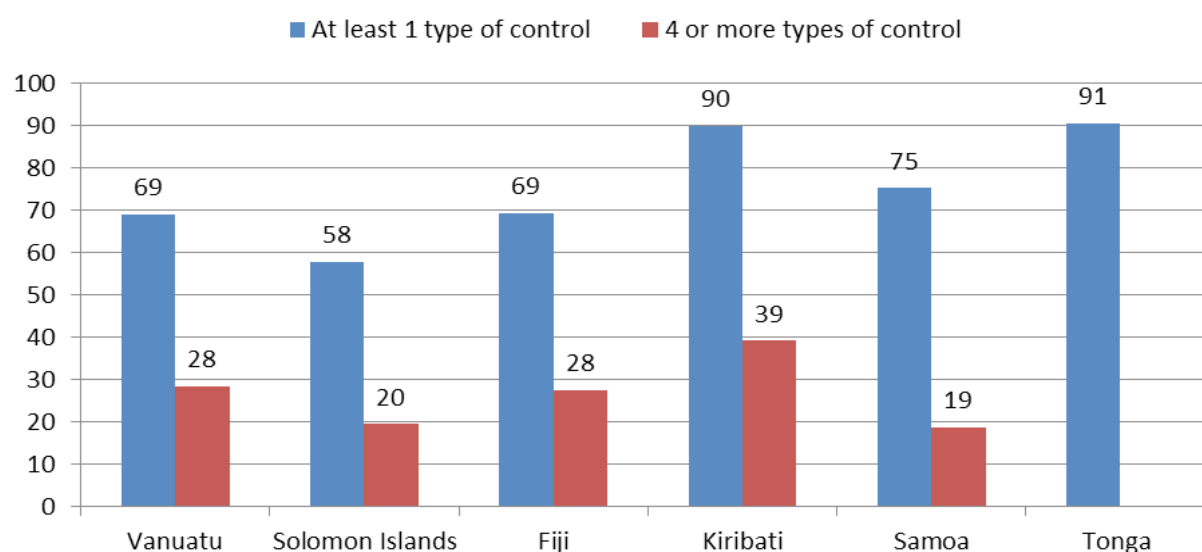
For example, among the countries included in the WHO multi-country research, the percentage of ever-partnered women subjected to 4 or more controlling behaviours ranged from a low of 2% in Japan to a high 30% in provincial Peru, with an average of 14% across all 15 sites (WHO 2005: 35).



This is considerably less than the rate of controlling behaviours experienced by women in the Pacific region: 19% of women in Samoa experienced 4 or more forms of control, 20% in the Solomon Islands, 28% in Vanuatu and Fiji, and 39% in Kiribati (Figure 12.7).



**Figure 12.7: Lifetime prevalence of controlling behaviours by husbands/partners across the Pacific (percentage of all ever-partnered women)**



Notes: The percentage of women in Tonga who experienced 4 or more types of control is not available; prevalence has not been recalculated for consistent age ranges for this graph. Sources: Table 4.11 of Annex 1; VWC 2011: 70; SPC 2009: 65; SPC 2010: 85; WHO 2005: 34-35; and Ma`a Fafine mo e Famili 2012: 207).



### 12.3 Discussion of findings

Caution should be applied when comparing the prevalence of violence against women, since all 6 Pacific Island countries have disturbingly high rates of violence against women, regardless of which indicator is used. The global average for lifetime non-partner and partner violence combined is 35.6%, compared with just over 60% for the Solomon Islands with lowest combined lifetime prevalence in the Pacific region, and almost 80% for Tonga.

The global rate for intimate partner physical and/or sexual violence is 30%, compared with 40% in Tonga and 68% in Kiribati. Similarly, all but one of the 6 Pacific Island countries have high rates of non-partner sexual violence: the global rate is 7.2% compared with a high of 33% in Vanuatu and 9% in Fiji. Only Tonga (6%) has a prevalence of non-partner sexual violence slightly below the global average (WHO 2013: 16-20).

Although the prevalence of different types of violence varies somewhat between the 6 countries, all face a problem of epidemic proportions. Findings from all 6 Pacific Island country studies show consistent associations with damaging and costly health outcomes for women; there can be no doubt that men's violence towards women, whatever its form, is a key determinant of poor health among women. Similarly the findings from each country point to long-term social and economic impacts on children. Another common finding across all 6 countries – and indeed among all countries where research has been undertaken – is that few women who disclosed violence during the survey had ever sought help to deal with the problem or to stop the violence (Jansen et. al. 2013: 139; and WHO 2013).

# Chapter 13: Conclusion & Recommendations



### 13.1 Conclusions on findings

Men's violence against women is an enormous problem for Fiji with far-reaching and highly damaging impacts on individuals, families, communities and the whole nation. Entrenched social norms and mind-sets about women's roles and status need to be challenged and changed to prevent violence; changes in attitudes, behaviours and institutional practices are also essential to respond effectively to this widespread problem. Concerted action is needed by all stakeholders, and these actions need to be well-informed by an understanding of the problem, its scope and causes.

Although the survey findings reinforce the scale of the problem and the need for long-term commitments to address it, they also provide evidence that attitudes to this problem are changing. Due to long-term and persistent efforts by FWCC, as well as those of the women's movement in general and other organisations, there is now considerable support within the community in favour of women's rights and opposition to the use of violence. This provides a strong foundation for future work to consolidate attitudinal change and secure women's and girls' rights.

#### Prevalence and nature of violence against women and girls

##### *Violence by husbands and partners*

By any measure, Fiji's rates of violence against women and girls are among the very highest in the world: 64% of women who have ever been in an intimate relationship have experienced violence by a husband or intimate partner in their lifetime, and 24% are suffering from physical or sexual partner violence today; 58% experienced emotional violence in their lifetime, and 29% in the last 12 months. Overall, 72% of ever-partnered women experienced physical, sexual or emotional violence from their husband/partner in their lifetime, and many of these suffered from all 3 forms of abuse. In addition, 69% of women have been subjected to one or more forms of control by their husband or partner, and 28% were subjected to 4 or more types of control. Women living with intimate partner violence are also subjected to various forms of economic abuse, with their husbands/partners either taking their savings or refusing to give them money.

FWCC has undertaken previous studies of prevalence and attitudes to violence against women (FWCC 2001 and FWCC 2006), and other organisations have researched violence against children (UNICEF 2009 and Global Initiative to End All Corporal Punishment of Children 2012). Despite these studies, many sections of the media continue to trivialise the problem and many people in Fiji believe that violence happens rarely, or that it is minor. These myths are exploded by the findings in this report, which describe a terrible reality for many women living with violence. This includes severe and repeated attacks akin to torture, coupled with humiliating emotional abuse and high levels of coercive control. The high proportion of women who have experienced very severe physical attacks is alarming: 44% or more than 2 in every 5 ever-partnered women.

Fiji has an image of itself as a society that values family, children and community. Yet 15% of women have been beaten during pregnancy, and one-third of these were punched or kicked in the abdomen by their husband or partner.

The complex web of control, intimidation, humiliation and multiple forms of violence needs to be recognised by all service providers who aim to prevent violence and assist women living with violence. Coercive control by husbands and partners prevents women and girls from finding out about their legal and human rights and the services available to help them. It prevents them from reporting the violence to authorities and getting the help they need for their injuries and trauma. It also prevents women from telling their family and friends about the violence.



### *Physical and sexual violence by non-partners*

There are also high rates of non-partner violence against women and girls: 31% have been subjected to physical or sexual assault since the age of 15 by someone other than their husbands and partners, and 16% were sexually abused as children. For 29% of women, their first sexual experience was either forced or coerced. These findings are disturbing for their own sake, but also because sexual abuse and coercion are significant risk factors which increase the likelihood that a woman will be subjected to intimate partner violence. Overall, 71% of women were subjected to physical or sexual violence by anyone in their lifetime – including partners and/or non-partners.

### **How women cope with the violence**

Women show enormous resilience and strength in the face of repeated and serious violence and abuse. The findings demonstrate that they try to cope with the violence themselves before telling anyone about it. Only about half of the women living with violence have ever told anyone about it; when they do tell someone, they usually turn first to family members or friends. Forty percent (40%) of women who experienced violence have left home temporarily at least once due to the violence, but many have not disclosed the true reason for leaving. Only 24% have ever gone to an agency or formal authority for help, and the police and health services are usually the first agencies that women go to.

Given these findings, it is not surprising that almost 3 in 5 women (58%) believe that people outside the family should not intervene if a man mistreats his wife. These entrenched community attitudes are a serious disincentive to women disclosing violence and taking steps to deal with it.

When women do take the very difficult step of asking for help or leaving home, the evidence shows that the majority do so because the violence is extremely serious, they cannot endure any more, or because they are badly injured. Service-providers, traditional and church leaders, families and friends need to take note of these findings by not condoning, excusing or tolerating the violence. When women do ask for help or leave home, it means that the problem has reached crisis point. Requests for help need to be taken seriously; service-providers, families and friends need to respond appropriately to ensure that women's rights, health, access to resources and life are protected.

### **Health, social and economic impacts of violence against women and girls**

The findings demonstrate costly impacts from Fiji's very high levels of violence against women and girls. These include:

- severe short-term and long-term impacts on the physical, reproductive and mental health of individual women;
- short-term and long-term impacts on children; and
- economic and social costs to families, communities and the nation.

Intimate partner violence against women imposes a high burden of injury on women and the economy: 43 women are injured, 1 is permanently disabled, and 71 lose consciousness every day in Fiji. With 30% of ever-partnered women injured in their lifetime, and a significantly increased risk of emotional distress symptoms including suicidal thoughts and actions, domestic violence is undoubtedly one of the biggest risks to women's physical health and mental well-being in Fiji. Injuries and emotional distress have a severe impact on women's physical health, their ability to care for their families, earn an income, and engage in social and economic development. Higher rates of miscarriage and an increased likelihood of unwanted pregnancies also have damaging health impacts and social and economic costs to the community.

Domestic violence has negative impacts on children's emotional well-being; it is associated with increased aggressive behaviour in some children, and increased timidity and social withdrawal in others. Children whose mothers are subjected to intimate partner violence are significantly more likely to fail or repeat at school. These impacts affect both boys and girls; they reduce their life opportunities and pre-dispose them to the risk of violence in their own intimate relationships in adult life, as either perpetrators or survivors. These findings have highlighted the fact that children need emotional support to address the range of emotional and behavioural problems that they experience due to violence perpetrated against their mothers; and they need the violence to stop.

A range of economic and social costs of domestic violence have been highlighted by the survey findings. Direct costs to the health system are substantial, even though many women do not receive the health care they need for their injuries. High levels of control by men over women's mobility and access to employment reduces women's ability to earn income and provide for themselves and their families, and thus results in direct and indirect costs to families and communities. There are significant and ongoing lost opportunities for social and economic development due to men placing restrictions on women's participation



in organisations and meetings, their disruptions to women's work, the long-term behavioural and educational impacts on children, and enormous costs due to lost productivity as a result of injury, disability and emotional distress.

Men's control over women's access to health care is pernicious and exacerbates health problems for both women and children. It increases the long-term costs of providing treatment, as opposed to early intervention in preventative health care.

#### **Gender inequality: causes, attitudes and risk factors**

The findings describe patterns of extreme gender inequality in Fiji: patterns of physical, sexual and emotional abuse coupled with coercive control, with men imposing power over women in a range of damaging ways, including by intimidation and threats. In addition, many women agree with statements that undermine or negate women's rights, and 43% agree with one or more "justifications" for a man to beat his wife. Sixty percent of women (60%) agree that "a good wife obeys her husband", 55% believe that "it is important for a man to show his wife/partner who is the boss", 53% do not agree that woman has the right to choose her own friends, and 33% believe that a wife is obliged to provide sex, even if she doesn't feel like it.

The most common situations mentioned by women where violence occurs include jealousy by her husband, her disobedience and his desire to show he is the boss, in addition to drunkenness. Women subjected to intimate partner violence are significantly more likely to agree with statements that negate women's human rights, and with a range of justifications for violence by husbands and partners.



This is a common finding in other studies and indicates strongly that unequal gender norms and power relations are reinforced by women as well as men (Fulu et. al. 2013: 4; SPC 2009: 72-73; and VWC 2011: 80-86).

The high rates of both partner and non-partner abuse show that the use of violence as a form of punishment and discipline is accepted within many families and communities. Women themselves minimise the impact of the violence on their health and well-being; many even say that they have not sought help because the violence was “normal”. All these findings demonstrate that a tolerance for men’s violence against women and unequal gender power relations remain entrenched in social norms, and in the belief systems of some women.

On the positive side, most women have a strong sense of sexual autonomy and 57% do not agree with any reasons for physical violence by a husband/partner. Overall, the more education a woman has, the more likely she is to agree with statements that support equal gender power relations and women’s human rights. (However there is one exception to this generalisation: tertiary educated women are less likely to agree that people outside the family should intervene if a man mistreats his wife, compared with secondary and primary school graduates.)

Several findings also demonstrate clearly that men’s violence against women is learned behaviour. Witnessing domestic violence and being subjected to violence as a child can lead to an acceptance and normalisation of violence, an acceptance of the view that men have an entitlement to exert power over women, and thus an acceptance of gender inequality by both women and men. Risk factors that increase women’s likelihood of experiencing intimate partner violence are directly related to social norms that reinforce gender inequality in Fiji society, as well as to norms and practices that condone violence.

Most factors in the background of husbands/partners are related to the social construction of masculinity, such as having multiple sexual relationships and fighting with other men; being regularly beaten as a child and frequent alcohol abuse are also key risk factors. The main risk factors in the women’s background relate to acts of sexual abuse or coercion that she has already suffered, and a history of inter-generational violence.

#### **Differences in prevalence and help-seeking behaviour**

All forms of partner and non-partner violence against women are widespread in urban and rural areas, and in all Divisions of the country. However, prevalence is considerably higher in rural areas, including control over women’s mobility. **The prevalence of intimate partner violence in the Eastern Division of Fiji is one of the very highest recorded to date in the world.**

All forms of partner and non-partner violence against women and girls are very high compared with global averages among all groups, regardless of ethnicity, religion, location, education levels and socio-economic group. Nevertheless, there is a consistent trend in the survey data for the prevalence of all forms of violence to be lower than the national average for Indo-Fijian women, and substantially higher for both i-Taukei women and those from all other ethnic groups combined. This is closely related to the higher prevalence in the Eastern Division, which has a much higher proportion of i-Taukei communities, compared with other Divisions. Seventy-two percent (72%) of i-Taukei women experienced physical and/or sexual violence by a husband or partner in their lifetime, compared with the national prevalence of 64%; 65% of i-Taukei women have experienced emotional violence compared with a national rate of 58%, and they have a higher prevalence of all forms of coercive control by husbands.

These same patterns and differences in prevalence are also found for violence during pregnancy, with 18% of i-Taukei having been attacked while pregnant compared with 11% for women from the Indo-Fijian community and a national rate of 15%. I-Taukei women have a higher prevalence of the most severe forms of physical violence (55% compared with a national rate of 44%); consequently, i-Taukei women and those from the Eastern Division also have much higher rates of injury.

There are some differences in attitudes associated with ethnicity that need to be noted by stakeholders undertaking prevention programs. Indo-Fijian women are substantially more likely to agree that a good wife should obey her husband, and that a wife is obliged to have sex with her husband, compared with i-Taukei women and those from other ethnic groups. On the other hand, i-Taukei women are far more likely to agree that a man should show his wife that he is the boss. Women from the Eastern Division and i-Taukei women are also more likely to agree with statements that condone violence by a husband or partner.

There are also ethnic differences in help-seeking behaviour. Indo-Fijian women are more likely to seek help than i-Taukei women. Indo-Fijian women were more likely to ask for help from the police and courts, and to seek legal advice, social welfare services and assistance from FWCC or its Branches. In contrast, i-Taukei women were more likely to seek help from a hospital or health centre or a religious leader. I-Taukei women were less likely to tell immediate family members about the violence, and more likely to tell aunts, uncles and friends, compared with Indo-Fijian women who were more likely to tell immediate family members (such as parents and siblings).

### **13.2 Has FWCC's work helped to prevent violence and change attitudes?**

FWCC's integrated and holistic approach to addressing the problem of men's violence against women includes the following: counselling and advocacy for individual clients; community education, rural outreach and mobilisation; training and supervision of male advocates; national networking with a range of key stakeholders including training to build their skills and the quality of their responses to the problem and prevention efforts; and high-level/national legal and policy advocacy.

Although the survey was not designed to assess FWCC's impact, there are several sources of evidence that suggest that FWCC's persistent work over the last 28 years has contributed to a reduction in the prevalence of domestic violence, and to some changes in attitudes. Each source requires some degree of caution regarding its interpretation.

However, taken together, a sound case can be made regarding the preventative impact of FWCC's integrated approach to addressing the problem of men's violence against women. These sources of evidence include the following:

- a comparison between the current survey conducted in 2011, with FWCC's first survey on domestic violence and sexual assault undertaken in 1999, and with FWCC's qualitative research on attitudes to women's rights and tolerance for violence undertaken in 2006;
- a comparison of prevalence and attitudes in areas where FWCC has been most active in providing prevention and response services, with those where it has been least active; and
- qualitative evidence collected and analysed annually on impact, as part of FWCC's ongoing monitoring and evaluation of its program.

**Comparing findings from previous FWCC research**

FWCC's 1999 national survey on the prevalence of violence against women found that 66% of the 1500 ever-partnered women surveyed had been subjected to physical abuse by their partners, compared with 61% in the 2011 survey; 30% of the women who participated in the 1999 survey said that they suffered repeated physical violence. The 1999 survey found that hands, fists and legs were used against 61% of respondents and that weapons were used against 30%, including a range of objects such as sticks, belts, knives, brooms, electric cords and steel bars (FWCC 2001: 16, 22).

The two surveys used different methodologies and survey instruments to collect data. Therefore, although it is reasonable to conclude that there has been some reduction in physical violence, it would be unwise to assert a precise 5% reduction in the prevalence of physical violence. The 1999 study was more likely to underestimate the prevalence of physical violence than the current study; this further supports the conclusion that rates of physical violence have indeed reduced.

This is because the questions asked in the 1999 questionnaire were less precise and less comprehensive in their coverage of the various types of physical attack; and because the well-tested methodology of the current survey was also more likely to lead to full disclosure than the 1999 survey. For example, the 1999 survey instrument did not include questions on pushing and shoving, pulling of hair, throwing something at the woman, dragging, choking, burning, or threatening her with a weapon (FWCC 2001: 10-11); these forms of violence were experienced by many women in the current study.

Despite the entrenched attitudes described above on gender relations, comparing findings on attitudes from the 2006 research with the 2011 survey indicates that mind-sets are indeed beginning to change among some sections of the population – towards a greater commitment to women's right to live free from violence. Again, it is not possible to say that there has been a percentage reduction in community tolerance of men's violence against women. However, the overwhelming conclusion from the 2006 research was that most people believed that if a woman is beaten by her husband, she must have "done something wrong" and deserved the ill-treatment.

This contrasts with 57% of women in the current survey who believe there is no justification for a man to hit his wife. The fact that 7% of women mentioned awareness of their rights as a main reason for seeking help from agencies and authorities is also a sign of a very important change compared to 2006, when most respondents were confused about women's rights and their relationship to traditional roles and social and cultural obligations, and many saw women who stood up for their rights as "socially deviant".

The current survey also shows that younger women are less likely than older women to agree with statements that negate women's rights and sanction extremely unequal gender relations – such as the view that a man should show he is the boss, that a wife is obliged to have sex with her husband, and that a woman should not choose her own friends. Compared with the 2006 survey, the 2011 findings suggest that there may be a generational change occurring in attitudes among some young women who have "grown up with FWCC" over the past 20-25 years, and an increased likelihood that they will challenge traditional gender relations.



However, the current survey findings suggest that these changes in attitudes are more likely among tertiary educated women than those educated to primary or secondary level. Moreover, these attitudinal changes are not yet contributing significantly to protecting women from intimate partner violence. For this next step to occur, a broader and deeper transformation is required within Fiji society, including changes to entrenched social norms on a wider scale, a groundswell in changed attitudes and behaviours by men, and systematic improvements in the responses to violence from social and legal institutions.

Another comparison made by FWCC staff between the 1999, 2006 and 2011 studies is the difference in the way people responded to FWCC during each survey. While there was reluctance in some communities to FWCC's approach to undertake research in the previous studies, this was not the case in 2011, when people welcomed FWCC's research teams and FWCC's work more generally.

### **Comparing findings from areas where FWCC has been most and least active**

In addition to the main centre in Suva, FWCC had 2 branches in the Western Division for many years (Ba and Lautoka) and more recently 3 branches (Ba, Nadi and Rakiraki), and one in the Northern Division in Labasa. Although FWCC has had a national program since its establishment, face-to-face community education and counselling work has been focused primarily in the Central and Western Divisions in Viti Levu, in addition to the Northern Division.

The Central, Western and Northern Divisions have significantly lower rates of prevalence than the Eastern Division, particularly the Central Division which has benefitted from FWCC mobile counselling and community education outreach for well over 20 years, as well as the from the efforts of other stakeholders who have progressively taken up FWCC's anti-violence message. The ethnic make-up of the Eastern Division is a key factor in its higher prevalence; nevertheless it is also true that FWCC has focused less on the Eastern parts of the country, with less outreach and community mobilisation. (This has changed in the last few years with concerted efforts to reach out to women in the Eastern Division.)

### **Qualitative evidence from FWCC's monitoring and evaluation**

FWCC collects and analyses qualitative information on several indicators focused on assessing changes in attitudes, behaviours and practices that contribute directly to the prevention of violence. These annual reviews provide a wealth of anecdotal and case study evidence that change is occurring, and that this change is due to a combination of factors – including the persistent work that FWCC has done over many years in raising awareness of women's rights and understanding of the nature of men's violence against women, in addition to the efforts of the women's movement in Fiji more generally. A variety of community leaders and organisations have progressively taken up the issue of violence against women due to FWCC's input and support, and FWCC's male advocacy program has been successful at spreading prevention messages into new places that were previously resistant and opposed to FWCC and its work.

For example, there have been 14 policy and legislative changes in Fiji since 2004 that institutionalise women's rights or criminalise domestic violence – each of these is due wholly or partly to persistent high-level lobbying, community and media advocacy by FWCC and other women's organisations.



These include: the Fiji Police Force No Drop Policy; a Memorandum of Understanding between the Social Welfare Department, the Fiji Police Force and the Health Department on child sexual assault and policies and protocols on child protection; a draft Employment Relations Bill addressing sexual harassment policies; the Act to amend the Criminal Procedure Code 2003 (relating to the sentencing of sexual offences); abolishment of the Law of Corroboration in Sexual Offence (through case law); the establishment of a precedent in case law recognizing marital rape as a serious crime; a review of the Penal Code, Sentencing Act and Criminal Procedure Code; the passing of the Family Law Act; the Employment Relation Promulgation 2007; and several decrees which included content based on FWCC's lobbying – the Domestic Violence Decree, the Criminal Procedure Code Decree, the Crimes Decree, the Child Welfare Decree, and the Family Law Amendment Decree recognising de facto relationships (FWCC 2013).

There are several signs of reduced tolerance for sexual assault (particularly child sexual assault) and marital rape among the community in general and selected institutions, following a series of annual campaigns by FWCC on sexual abuse. There is considerable case study evidence of reduced tolerance of violence among key individuals and institutions, including some faith-based organisations.

There are more well-informed individuals leading and engaging in debate in traditional and social media on women's human rights and gender based violence than there were in either 2006 or 1999 when FWCC's other research studies were undertaken. There is increased awareness and understanding of violence against women within targeted communities and institutions where FWCC has made repeat visits to raise awareness of the problem, change attitudes and improve service delivery. The demand for FWCC community education and training activities continues to grow.

Many organisations now conduct their own activities for the 16 Days of Activism Against Gender Violence, including government agencies, some trade unions and a range of civil society organisations; whereas 10-15 years ago only FWCC led these types of campaigns. Finally, some service providers have been influenced to improve their responses to violence, particularly through FWCC's National Network and the inter-agency committees that FWCC Branches have either established or participated in. All these changes help to prevent violence against women, by changing mind-sets and behaviours.

Positive conclusions about FWCC's impact are supported by international evidence regarding the impact of civil society and particularly home-grown feminist social movements on policy relating to violence against women. A recent quantitative study drawing on data from 70 countries from 1975 to 2005 found that feminist mobilisation in civil society had the greatest impact on bringing about policy change on violence against women, which itself is a measure of changes in attitudes at institutional level (Htun and Weldon 2012: 548). The study identified several drivers of change; each has been used by FWCC over 3 decades. These include (Htun and Weldon 2012: 550-554):

- consistent promotion of women's human rights;
- challenging male privilege in sexual relations and social norms of male domination more generally;
- a focus on mobilising community support through repeated protests and campaigns, coupled with strategic use of the media to influence the political will for change;
- ongoing lobbying of decision-makers to bring about policy, legal and institutional reforms;
- ongoing provision of practical services to survivors;

- strategic use of international norms and forums to reinforce and re-frame the push for change at home;
- modelling new forms of social organisation based on equality and human rights principles;
- producing media to communicate key messages (such as through newsletters, social marketing and community education efforts); and
- organising conferences, seminars and other targeted training and learning events that help to improve services for survivors, and re-shape the public policy agenda.

### **13.3 Implications and recommendations**

The findings from this survey have implications for all stakeholders engaged in efforts to eliminate violence in Fiji, and particularly those who provide services to women, girls and boys who have experienced violence in their families or other contexts. Although substantial progress has been made by FWCC and others to prevent and respond to men's violence against women, long-term and innovative efforts will be needed to reduce prevalence, particularly among those women who are currently most at risk.

While FWCC's strategies have been effective, the findings highlight the need for increased focus in key areas, and for ongoing efforts to promote women's human rights and gender equality and to reduce the tolerance of violence within the community.

The implications and recommendations listed below are based on: the evidence documented in this report; FWCC's experience in trialling, implementing and evaluating strategies over the past 28 years; and the deliberations and resolutions from the Sixth Pacific Regional Meeting on Violence Against Women and Girls in 2012 (FWCC 2014 forthcoming).

#### **Prevention**

Being young is a key risk factor for violence. The findings show that violence begins very early in relationships, that younger women are more likely to experience intimate partner violence, and that younger men are more likely to perpetrate it. The missed potential of the formal education system at preventing violence and changing attitudes has been a consistent theme through several findings discussed in this report.

A family history of violence significantly increases the risk that girls will suffer from violence as adults; men are more likely to become perpetrators if they are beaten regularly during their childhood. This evidence underscores the importance of responding appropriately to violence whenever and wherever it occurs. Service delivery for women living with violence is usually categorised nowadays as an intervention focused on response rather than prevention.

The findings show clearly that helping women to take steps to stop the violence is imperative to prevent violence in future generations of young women and men. Preventing violence towards boys and girls at home and at school is also essential to prevent young men from learning and repeating these damaging behaviours. Rights-based and integrated approaches that encompass both prevention and response are essential to eliminate and circumvent violence before the behaviour is repeated by future generations.



There is strong evidence that men's power over women has to be challenged to increase the effectiveness of prevention efforts. The intense web of coercive control and the damaging impacts of emotional abuse also need to be acknowledged and addressed by stakeholders seeking to prevent violence against women and girls, in addition to physical and sexual violence.

### **Recommendations**

1. *Prevention programs by all stakeholders must be evidence-based, and grounded in a sound understanding and gender analysis of the problem and dynamics of violence against women and girls.*
2. *Gender equality and awareness on violence against women and girls should be included in the education curriculum in schools and in teacher training programs.*
3. *Prevention programs should focus on the prevention of coercive control and emotional violence, as well as physical and sexual violence, in addition to actively promoting the rights of women and girls.*
4. *Innovative methods for reaching young women and men should be trialled to enhance the effectiveness of awareness-raising and behaviour change strategies, such as: building and mentoring a network of creative artists from various forms of performance art and social media; working through sports groups; and through social media.*

### **Targeting high-risk areas and groups**

The different rates of prevalence between ethnic groups is one of the most challenging findings from the survey and suggests that different methods may be needed to reach out to different communities, to both prevent and respond to violence.

High rates of all forms of violence in the Eastern Division require concerted action by all stakeholders. However, the central message that gender inequality and the low status of women are the fundamental causes of violence against women and girls cannot be compromised if prevention strategies are to be effective.

Many women do not seek help because they lack access to services. However, entrenched belief systems that reinforce gender inequality, condone violence and extol the "virtues" of obedience and punishment are also significant barriers to women seeking help, and to the effectiveness of prevention efforts.

When women do seek help, many turn first to law and justice sector agencies including the police; all stakeholders (and relatives) need to heed the evidence in this report that women only ask for help when the violence and its consequences are very severe indeed.

While there is promising evidence that addressing alcohol abuse by men may help to reduce the severity and overall level of violence in some developed countries, there is also strong evidence that focusing on one risk factor alone will not end violence against women.

Most research on men's violence against women in other settings concurs with the evidence in Fiji that intimate partner violence is largely driven by factors related to gender inequality including a sense of sexual entitlement among some men, childhood experiences, and behaviours linked to harmful expressions and interpretations of masculinity (Fulu et.al. 2013: 4).



This study was not designed to investigate whether there is an increased risk of violence faced by women and girls living with a disability, although there is considerable international evidence that this is the case. However, it has demonstrated clearly that intimate partner violence increases disability among women due to a range of serious injuries.

### **Recommendations**

5. *Differences between ethnic groups in help-seeking behaviour, prevalence and severity of violence need to be acknowledged by all service-providers in their prevention and response efforts.*
6. *More attention needs to be given to targeting isolated and vulnerable communities where this research has shown women and girls to be at the greatest risk, including the Eastern Division.*
7. *Traditional leaders need to demonstrate strong commitment and active involvement in community based initiatives and mobilisation to end violence against women and girls.*
8. *Faith based organisations should be actively involved in the prevention of violence against women and girls through their missionary work as well as through their welfare and support programs.*
9. *Community based initiatives and mobilisation should focus on providing knowledge, skills and practical strategies to family and community members and friends who witness violence against women and girls, and assist them to respond appropriately when women turn to them for help or disclose violence for the first time.*
10. *All service providers should be trained to respond appropriately to cases of violence against women and girls using a gender equality and rights based approach, including police, judiciary staff and officers, traditional leaders, faith based organisations and welfare agencies.*
11. *Perpetrator programs should be based on a sound understanding of the causes and dynamics of violence against women; they should focus on behavioural change and holding offenders accountable, and be adequately monitored and evaluated from a rights based perspective.*
12. *Prevention and service delivery programs should take into account the links between violence and disability, and be responsive to the needs and rights of women and girls with disabilities and other vulnerable groups.*
13. *Quality standards should be developed for both prevention and service delivery programs that address violence against women; standards should articulate a rights based and gender equality approach, and be grounded in evidence regarding the scope, nature, dynamics and impacts of violence against women and girls.*
14. *The Fiji Police Force should systematically and consistently implement its No Drop policy for all offences against women and girls; police and other law and justice sector agencies should be adequately resourced and skilled to respond expeditiously and sensitively.*
15. *Donors that support prevention and response programs should assess proposals from a rights based and gender equality perspective, and ensure that funded programs and organisations adhere to quality standards.*



### Improving health sector responses

The high rates of injury and the damaging range of physical, mental and reproductive health problems associated with violence against women calls for informed, skilled and sensitive responses from health sector workers.

The significant burden of injury, disability and emotional distress needs to be acknowledged in health policies and strategies, including in mental health policy and strategy. Health professionals are seeing women every day whose injuries or health problems are directly or indirectly due to the violence in their lives; in many cases, health workers are also the first people to be asked for help.

### Recommendations

16. *Protocols need to be established within the health sector for dealing with cases of violence against women against children.*
17. *All health workers should be trained to ensure sensitive and appropriate responses when victims/survivors access health services, to ensure protection of their rights, confidentiality and their health.*
18. *Health services in rural and maritime areas should be equipped to provide appropriate prevention and response services to women and girls.*
19. *Physical, reproductive and mental health prevention strategies need to take into account the serious impacts of violence against women including men's control over women's access to health care, by reinforcing women's rights to decision-making about their own health, access to health care, and sexual and reproductive rights.*



**Economic empowerment**

Employment and ownership of assets do not protect women from violence. Nonetheless, without employment and assets, women have no means to support themselves and their children, and therefore no escape route from violent relationships. Women in Fiji have very limited access to employment and own few assets; women living with violence need to earn income, since their husbands/partners are significantly more likely to refuse to provide money for household expenses, and to take women's money without permission.

On the other hand, women who are earning money and contributing more to the household than their husbands are significantly more likely to experience partner violence. Programs aimed at increasing women's employment and the productivity of small and medium enterprises have the potential to empower women and advance social and economic development (AusAID 2012:12). However for this to occur, gender inequalities need to be explicitly addressed.

For women who are just beginning to earn an income, economic empowerment programs could help prevent partner violence – by working with women to enable them to claim their rights, and by working with men to increase their understanding of women's rights, and the benefits to the whole family and community when women's productivity is increased.

**Recommendations**

20. *Economic empowerment programs should be based on an understanding of how gender inequality and violence impacts on women's lives and their ability to earn and control income and assets; they should support women to claim their rights to earn and control income and assets, by working with both women and men.*
21. *Targeted activities are needed to support women who have made the difficult decision to leave a violent relationship, to ensure they have access to long-term housing and secure income-generating opportunities.*

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Table 3.1. Household and individual sample obtained and response rates, Fiji 2011

	Urban		Rural		Central		Eastern		Northern		Western		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Total number of households in the sample</b>	<b>1671</b>		<b>1867</b>		<b>1469</b>		<b>320</b>		<b>601</b>		<b>1148</b>		<b>3538</b>	
Dwelling vacant	14	0.8	34	1.8	14	1.0	1	0.3	3	0.5	30	2.6	48	1.4
Dwelling destroyed	1	0.1	5	0.3	2	0.1	0	0.0	3	0.5	1	0.1	6	0.2
Dwelling not found	3	0.2	4	0.2	2	0.1	0	0.0	0	0.0	5	0.4	7	0.2
Strange language (not eligible)	3	0.2	0	0.0	3	0.2	0	0.0	0	0.0	0	0.0	3	0.1
<b>Total number of true (eligible) households visited</b>	<b>1650</b>		<b>1824</b>		<b>1448</b>		<b>319</b>		<b>595</b>		<b>1112</b>		<b>3474</b>	
Household absent	13	0.8	24	1.3	14	1.0	2	0.6	1	0.2	20	1.8	37	1.1
No member at home	5	0.3	0	0.0	4	0.3	0	0.0	0	0.0	1	0.1	5	0.1
Refused at household level	40	2.4	3	0.2	28	1.9	0	0.0	1	0.2	14	1.3	43	1.2
<b>Household interview completed (household response rate, based on true households)</b>	<b>1592</b>	<b>96.5</b>	<b>1797</b>	<b>98.5</b>	<b>1402</b>	<b>96.8</b>	<b>317</b>	<b>99.4</b>	<b>593</b>	<b>99.7</b>	<b>1077</b>	<b>96.9</b>	<b>3389</b>	<b>97.6</b>
No eligible woman in household	63	3.8	79	4.2	58	4.0	3	0.9	20	3.3	61	5.3	142	4.0
<b>Total number of households with selected eligible woman</b>	<b>1529</b>		<b>1718</b>		<b>1344</b>		<b>314</b>		<b>573</b>		<b>1016</b>		<b>3247</b>	
Selected woman not at home	4	0.3	5	0.3	5	0.4	0	0.0	1	0.2	3	0.3	9	0.3
Selected woman incapacitated	5	0.3	7	0.4	2	0.2	0	0.0	4	0.7	6	0.6	12	0.4
Refused by selected woman	8	0.5	5	0.3	4	0.3	0	0.0			9	0.9	13	0.4
Does not want to continue (partially completed)	17	1.1	6	0.4	14	1.0	0	0.0	2	0.4	7	0.7	23	0.7
<b>Completed individual interview (individual response rate based on households with selected eligible woman)</b>	<b>1496</b>	<b>97.8</b>	<b>1697</b>	<b>98.8</b>	<b>1321</b>	<b>98.3</b>	<b>314</b>	<b>100.0</b>	<b>566</b>	<b>98.8</b>	<b>992</b>	<b>97.6</b>	<b>3193</b>	<b>98.3</b>

**Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Fiji 2011**

	Urban (unweighted)				Rural (unweighted)				Total (unweighted)				Total (weighted*)			
	All respondents Number	%	Ever-Partnered Number	%	All respondents Number	%	Ever-Partnered Number	%	All respondents Number	%	Ever-Partnered Number	%	All respondents Number	%	Ever-Partnered Number	%
<b>Total</b>	<b>1496</b>	<b>100.0</b>	<b>1393</b>	<b>100.0</b>	<b>1697</b>	<b>100.0</b>	<b>1642</b>	<b>100.0</b>	<b>3193</b>	<b>100.0</b>	<b>3035</b>	<b>100.0</b>	<b>3193</b>	<b>100.0</b>	<b>3035</b>	<b>100.0</b>
<b>Division</b>																
Central	894	59.8	824	59.2	427	25.2	413	25.2	1321	41.4	1237	40.8	1400	43.8	1304	43.0
Eastern	20	1.34	20	1.4	294	17.3	287	17.5	314	9.8	307	10.1	265	8.3	264	8.7
Northern	151	10.09	144	10.3	415	24.5	404	24.6	566	17.7	548	18.1	529	16.6	518	17.1
Western	431	28.81	405	29.1	561	33.1	538	32.8	992	31.1	943	31.1	999	31.3	948	31.3
<b>Religion</b>																
Methodist	422	28.2	383	27.5	745	43.9	721	43.9	1167	36.6	1104	36.4	1175	36.8	1110	36.6
Catholic	108	7.2	97	7.0	173	10.2	167	10.2	281	8.8	264	8.7	301	9.4	283	9.3
Seventh Day Adventist	65	4.3	62	4.5	79	4.7	75	4.6	144	4.5	137	4.5	138	4.3	132	4.4
Assemblies of God	93	6.2	88	6.3	103	6.1	103	6.3	196	6.1	191	6.3	202	6.3	197	6.5
Anglican	11	0.7	11	0.8	10	0.6	8	0.5	21	0.7	19	0.6	22	0.7	19	0.6
Other Christian	152	10.2	140	10.1	122	7.2	119	7.3	274	8.6	259	8.5	307	9.6	289	9.5
Hindu	500	33.4	479	34.4	350	20.6	335	20.4	850	26.6	814	26.8	791	24.8	757	24.9
Muslim	111	7.4	101	7.3	81	4.8	80	4.9	192	6.0	181	6.0	182	5.7	173	5.7
Other	32	2.1	30	2.2	34	2.0	34	2.1	66	2.1	64	2.1	74	2.3	73	2.4
No Religion	2	0.1	2	0.1					2	0.1	2	0.1	2	0.1	2	0.1
<b>Education of respondent</b>																
Primary**	130	8.7	130	9.3	143	8.4	138	8.4	273	8.6	268	8.8	247	7.7	247	8.1
Secondary	983	65.7	942	67.6	1372	80.9	1,345	81.9	2355	73.8	2287	75.4	2307	72.3	2266	74.7
Tertiary	383	25.6	321	23.0	182	10.7	159	9.7	565	17.7	480	15.8	638	20.0	522	17.2
<b>Ethnicity</b>																
Fijian (iTaukei)	798	53.3	710	51.0	1203	70.9	1155	70.3	2001	62.7	1865	61.5	2082	65.2	1865	61.5
Indo-Fijian	599	40.0	599	43.0	416	24.5	416	25.3	1015	31.8	1015	33.4	932	29.2	1015	33.4
Other***	99	6.6	84	6.0	78	4.6	71	4.3	177	5.5	155	5.1	179	5.6	155	5.1
<b>Age group of respondent</b>																
18-24	233	15.6	152	10.9	168	9.9	130	7.9	401	12.6	282	9.3	522	16.4	350	11.5
25-29	189	12.6	181	13.0	195	11.5	192	11.7	384	12.0	373	12.3	403	12.6	397	13.1
30-34	193	12.9	184	13.2	247	14.6	244	14.9	440	13.8	428	14.1	396	12.4	387	12.8
35-39	181	12.1	181	13.0	199	11.7	199	12.1	380	11.9	380	12.5	321	10.1	328	10.8
40-44	186	12.4	186	13.4	229	13.5	223	13.6	415	13.0	409	13.5	401	12.6	404	13.3
45-49	185	12.4	184	13.2	232	13.7	232	14.2	417	13.1	416	13.7	400	12.5	408	13.5
50-54	131	8.8	129	9.3	192	11.3	190	11.6	323	10.1	319	10.5	318	10.0	323	10.6
55-64	198	13.2	196	14.1	233	13.8	230	14.0	431	13.5	426	14.1	430	13.5	435	14.4
<b>Current Partnership status ****</b>																



**Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Fiji 2011**

	Urban (unweighted)				Rural (unweighted)				Total (unweighted)				Total (weighted*)			
	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered	All respondents	Ever-Partnered
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Never partnered	103	6.9			55	3.2			158	5.0			224	7.0		
Currently married	1069	71.5	1069	76.8	1343	79.1	1343	81.8	2412	75.6	2412	79.5	2254	70.6	2303	75.9
Living with man (not married)	53	3.6	53	3.81	85	5.0	85	5.2	138	4.3	138	4.6	133	4.2	136	4.5
Regular partner (dating)	62	4.2	62	4.45	30	1.8	30	1.8	92	2.9	92	3.0	125	3.9	128	4.2
Divorced/separated	104	7.0	104	7.47	94	5.5	94	5.7	198	6.2	198	6.5	257	8.1	263	8.7
Widowed	104	7.0	104	7.47	90	5.3	90	5.5	194	6.1	194	6.4	200	6.3	204	6.7
<b>Socio-economic clusters#</b>																
Lower	51	3.4	50	3.6	694	40.9	680	41.4	745	23.3	730	24.1	649	20	649	21.4
Medium	325	21.7	308	22.1	577	34.0	555	33.8	902	28.3	863	28.4	874	27.4	835	27.53
Higher	1120	74.9	1035	74.3	425	25.1	406	24.7	1545	48.4	1441	47.5	1669	52.3	1550	51

# See Annex 4 for method used to develop socio-economic clusters.

\* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

\*\* The group primary education includes 47 women who have not received any education.

\*\*\* Other ethnic groups include: Rotuman (2%), mixed (1.4%), other Pacific Islander (0.9%), Chinese (0.4%), European (0.2%), others (0.7%).

\*\*\*\* Results reflect male-female partnerships. Only one woman in the study reported to currently have a female partner; she is however also included in the ever-partnered women because she previously lived with a man and separated from him.



**Table 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population aged 18-64 years in the general population (based on 2007 Census)**

	Unweighted		Weighted*		Census (2007)	
	All respondents		All respondents		Female population 18-64	
	Number	%	Number	%	Number	%
<b>Total</b>	<b>3193</b>	<b>100.0</b>	<b>3193</b>	<b>100.0</b>	<b>247456</b>	<b>100.0</b>
<b>Division</b>						
Central	1321	41.4	1400	43.8	104142	42.1
Eastern	314	9.8	265	8.3	9386	3.8
Northern	566	17.7	529	16.6	37571	15.2
Western	992	31.1	999	31.3	96357	38.9
<b>Religion</b>						
Methodist	1167	36.6	1175	36.8	79378	32.1
Catholic	281	8.8	301	9.4		
SDA	144	4.5	138	4.3		
AOG	196	6.1	202	6.3		
Hindu	850	26.6	791	24.8	75121	30.4
Muslim	192	6.0	182	5.7		
Other+No religion	363	11.4	404	12.6	92957	37.6
<b>Education of respondent</b>						
Primary ***	273	8.6	247	7.7	29859	12.1
Secondary	2355	73.8	2307	72.3	166400	67.3
Tertiary	565	17.7	638	20.0	51078	20.7
<b>Ethnicity</b>						
Fijian (iTaukei)	2001	62.7	2082	65.2	132788	53.7
Indo-Fijian	1015	31.8	932	29.2	101135	40.9
Other	177	5.5	179	5.6	13533	5.5
<b>Age group of respondent</b>						
18-24	401	12.6	522	16.4	53315	21.5
25-29	384	12.0	403	12.6	36101	14.6
30-34	440	13.8	396	12.4	30720	12.4
35-39	380	11.9	321	10.1	27775	11.2
40-44	415	13.0	401	12.6	27678	11.2
45-49	417	13.1	400	12.5	24486	9.9
50-54	323	10.1	318	10.0	19792	8.0
55-59 **	252	7.9	253	7.9	15426	6.2
60-64 **	179	5.6	177	5.5	12163	4.9
<b>Current Partnership status</b>						
Never partnered	158	5.0	224	7.0	58071	23.5
Currently married	2412	75.6	2254	70.6	167235	67.6
Living with man (not married)	138	4.3	133	4.2	2340	0.9
Regular partner (dating)	92	2.9	125	3.9	n.a.	
Divorced/separated	198	6.2	257	8.1	4784	1.9
Widowed	194	6.1	200	6.3	15026	6.1

\* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

\*\* Because of the relatively small number of individuals in these groups in this report most results are presented for the combined group 55-64.

\*\*\* The group primary education includes 47 women who have not received any education.

\*\*\*\* The group 'other' for the census data contains everybody who is not Methodist or Hindu.



**Table 3.4. Prevalence of partner violence, unweighted and weighted for number of eligible women in the household, Fiji 2011**

Type of partner violence	Prevalence unweighted		Prevalence weighted for total eligible women in hh*	
	%	95% CI	%	95% CI
Lifetime physical violence	61.1	59.3 - 62.8	59.4	57.7 - 61.2
Current physical violence	19.4	18.0 - 20.8	19.1	17.7 - 20.5
Lifetime sexual violence	33.9	32.3 - 35.6	33.7	32.0 - 35.4
Current sexual violence	14.2	12.9 - 15.4	13.8	12.6 - 15.1
Lifetime phys/sexual violence	64.1	62.4 - 65.8	62.6	60.9 - 64.3
Current phys/sexual violence	23.7	22.2 - 25.2	23.2	21.7 - 24.7
Lifetime emotional violence	58.3	56.6 - 60.1	57.5	55.8 - 59.3
Current emotional violence	28.8	27.2 - 30.4	28.2	26.6 - 29.8

\* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household.

CI: Confidence Interval (see Glossary of Statistical Terms in Annex 6); hh: households.

**Table 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence, Fiji 2011**

	All ever-partnered respondents (%) (n=3035)	By experience of partner violence			
		No violence (%) (n=1090)	Only sexual violence (%) (n=92)	Only physical violence (%) (n=915)	Both physical and sexual violence (%) (n=938)
<b>The interview made you feel:</b>					
Good/better	91.8	87.8	92.3	92.0	96.4
Same/ no difference	0.9	1.2	0.0	0.3	1.1
Worse	7.3	11.0	7.7	7.7	2.6
<b>Agreed to be contacted again</b>					
Yes	93.8	92.4	94.5	94.5	94.8
No	6.2	7.6	5.5	5.5	5.3
<b>Duration of interview*</b>					
Mean (minutes)	44.7	40.2	43.8	43.9	50.9
Median (minutes)	40	35	40	40	45

\* For the calculation of duration of interview 20 observations were dropped due to "negative" or unlikely short duration (less than 10 minutes).



**Table 3.6. Sex of head of household as reported for the households where a complete interview was obtained, Fiji 2011**

	(N)	Male (%)	Female (%)	Both (%)
<b>Total</b>	<b>3189</b>	<b>83.5</b>	<b>14.9</b>	<b>1.6</b>
<b>Urban- Rural</b>				
Urban	1494	79.6	18.4	2.0
Rural	1695	86.9	11.8	1.3
<b>Division</b>				
Central	1320	81.7	16.7	1.7
Eastern	314	84.4	11.8	3.8
Northern	565	87.3	9.9	2.8
Western	990	83.4	16.4	0.2
<b>Religion</b>				
Methodist	1166	83.4	14.4	2.2
Catholic	281	85.8	13.2	1.1
SDA	144	91.7	6.9	1.4
AOG	195	81.5	17.4	1.0
Hindu	849	80.9	17.6	1.5
Muslim	191	86.4	13.1	0.5
Other+No religion	363	84.3	14.3	1.4
<b>Education of respondent</b>				
Primary	273	75.5	24.2	0.4
Secondary	2351	85.3	13.2	1.4
Tertiary	565	79.6	17.3	3.0
<b>Ethnic group</b>				
Fijian (iTaukei)	1998	84.2	14.5	1.3
Indo-Fijian	1014	83.9	14.9	1.2
Other	177	72.9	19.2	7.9
<b>Age group of respondent</b>				
18-24	400	82.3	15.5	2.3
25-29	384	87.0	12.0	1.0
30-34	439	87.0	11.4	1.6
35-39	380	86.8	11.3	1.8
40-44	414	88.2	9.7	2.2
45-49	417	84.2	14.4	1.4
50-54	322	82.9	17.1	0.0
55-64	431	70.1	27.6	2.3
<b>Socio-economic cluster</b>				
Lower	744	88.2	10.1	1.7
Medium	902	81.8	16.6	1.6
Higher	1542	82.2	16.2	1.6
<b><u>By experience of physical or sexual partner violence*</u></b>				
<b>* Total ever-partnered women</b>	<b>3032</b>	<b>84.0</b>	<b>14.4</b>	<b>1.6</b>
No violence	1090	83.7	14.9	1.5
Physical and/or sexual violence	1942	84.2	14.2	1.6



**Table 3.7. Women's reply to the question on whether the neighbours in her community know each other well (N=3192), Fiji 2011**

	Yes (%)	No (%)	Don't know/ No answer (%)
<b>Total</b>	<b>94.0</b>	<b>5.7</b>	<b>0.3</b>
<b>Urban- Rural</b>			
Urban	89.8	9.6	0.5
Rural	97.6	2.2	0.2
<b>Division</b>			
Central	91.3	8.4	0.3
Eastern	99.0	1.0	0.0
Northern	95.6	3.5	0.9
Western	95.0	4.8	0.2
<b>Religion</b>			
Methodist	96.2	3.6	0.2
Catholic	94.0	5.7	0.4
SDA	90.3	9.0	0.7
AOG	90.8	9.2	0.0
Hindu	94.4	5.5	0.1
Muslim	94.8	3.7	1.6
Other+No religion	88.4	10.7	0.8
<b>Education of respondent</b>			
Primary	94.1	5.1	0.7
Secondary	94.8	4.8	0.3
Tertiary	90.3	9.6	0.2
<b>Ethnic group</b>			
Fijian (iTaukei)	94.1	5.6	0.4
Indo-Fijian	94.4	5.3	0.3
Other	90.4	9.6	0.0
<b>Age group of respondent</b>			
18-24	87.3	11.5	1.3
25-29	90.1	9.6	0.3
30-34	95.7	4.3	0.0
35-39	92.6	7.1	0.3
40-44	97.1	2.9	0.0
45-49	96.4	2.9	0.7
50-54	96.6	3.4	0.0
55-64	95.6	4.2	0.2
<b>Socio-economic cluster</b>			
Lower	97.6	2.3	0.1
Medium	94.0	5.1	0.9
Higher	92.2	7.7	0.1
<b>By experience of physical or sexual partner violence (N=3034)*</b>			
<b>* Total ever-partnered women</b>	<b>94.3</b>	<b>5.4</b>	<b>0.3</b>
No violence	93.8	6.1	0.2
Physical and/or sexual violence	94.6	5.0	0.4

**Table 3.8. Women's reply to the question on whether people would do something to stop a street fight in her community (N=3192), Fiji 2011**

	Yes (%)	No (%)	Don't know/ No answer (%)
<b>Total</b>	<b>79.7</b>	<b>16.1</b>	<b>4.2</b>
<b>Urban- Rural</b>			
Urban	70.9	22.6	6.5
Rural	87.4	10.4	2.2
<b>Division</b>			
Central	75.4	19.6	5.1
Eastern	92.7	7.0	0.3
Northern	85.2	11.1	3.7
Western	78.1	17.2	4.6
<b>Religion</b>			
Methodist	86.7	10.4	2.9
Catholic	86.8	8.2	5.0
SDA	81.9	17.4	0.7
AOG	83.7	12.8	3.6
Hindu	69.3	25.5	5.2
Muslim	70.3	21.4	8.3
Other+No religion	77.7	17.1	5.2
<b>Education of respondent</b>			
Primary	74.4	21.3	4.4
Secondary	80.7	15.4	3.9
Tertiary	77.8	16.7	5.5
<b>Ethnic group</b>			
Fijian (iTaukei)	85.1	11.5	3.5
Indo-Fijian	69.1	25.1	5.8
Other	79.7	16.4	4.0
<b>Age group of respondent</b>			
18-24	77.6	16.2	6.2
25-29	77.6	17.5	5.0
30-34	80.2	16.1	3.6
35-39	78.4	16.3	5.3
40-44	82.2	14.9	2.9
45-49	81.5	14.6	3.8
50-54	78.6	18.6	2.8
55-64	80.5	15.3	4.2
<b>Socio-economic cluster</b>			
Lower	89.5	8.5	2.0
Medium	81.1	15.2	3.7
Higher	74.1	20.3	5.6
<b><u>By experience of physical or sexual partner violence (N=3034)*</u></b>			
<b>* Total ever-partnered women</b>	<b>79.9</b>	<b>16.1</b>	<b>4.1</b>
No violence	77.2	17.7	5.1
Physical and/or sexual violence	81.4	15.1	3.5



**Table 3.9. Women's reply to the question on whether most people in her community would contribute to a community project (N=3192), Fiji 2011**

	Yes (%)	No (%)	Don't know/ No answer (%)
<b>Total</b>	<b>86.2</b>	<b>8.5</b>	<b>5.3</b>
<b>Urban- Rural</b>			
Urban	78.0	13.1	8.9
Rural	93.5	4.4	2.1
<b>Division</b>			
Central	82.1	11.6	6.4
Eastern	98.1	1.6	0.3
Northern	92.1	4.6	3.4
Western	84.8	8.8	6.5
<b>Religion</b>			
Methodist	93.2	4.6	2.2
Catholic	89.3	7.1	3.6
SDA	84.7	9.0	6.3
AOG	87.2	8.2	4.6
Hindu	80.0	12.4	7.7
Muslim	74.5	15.6	9.9
Other+No religion	82.3	9.4	8.3
<b>Education of respondent</b>			
Primary	78.4	15.0	6.6
Secondary	88.1	7.5	4.4
Tertiary	82.3	9.6	8.2
<b>Ethnic group</b>			
Fijian (iTaukei)	90.5	5.7	3.9
Indo-Fijian	79.0	13.1	7.9
Other	80.2	13.6	6.2
<b>Age group of respondent</b>			
18-24	83.5	9.5	7.0
25-29	82.0	10.2	7.8
30-34	87.5	8.0	4.6
35-39	86.8	7.6	5.5
40-44	90.6	6.3	3.1
45-49	88.0	9.1	2.9
50-54	85.8	8.4	5.9
55-64	85.1	9.1	5.8
<b>Socio-economic cluster</b>			
Lower	95.3	3.2	1.5
Medium	87.7	8.7	3.7
Higher	81.0	11.0	8.0
<b>By experience of physical or sexual partner violence (N=3033)*</b>			
<b>* Total ever-partnered women</b>	<b>86.3</b>	<b>8.5</b>	<b>5.2</b>
No violence	84.4	9.6	6.0
Physical and/or sexual violence	87.3	7.9	4.8



**Table 3.10. Women's reply to the question on whether most people in her community trust each other in matters of lending and borrowing (N=3192), Fiji 2011**

	Yes (%)	No (%)	Don't know/ No answer (%)
<b>Total</b>	<b>84.2</b>	<b>13.1</b>	<b>2.6</b>
<b>Urban- Rural</b>			
Urban	74.5	21.1	4.4
Rural	92.8	6.1	1.1
<b>Division</b>			
Central	78.2	18.4	3.4
Eastern	96.5	3.2	0.3
Northern	88.7	8.7	2.7
Western	85.9	11.8	2.3
<b>Religion</b>			
Methodist	90.2	8.1	1.7
Catholic	87.9	9.3	2.9
SDA	82.6	14.6	2.8
AOG	83.7	12.2	4.1
Hindu	79.7	17.9	2.5
Muslim	74.5	19.3	6.3
Other+No religion	79.1	17.9	3.0
<b>Education of respondent</b>			
Primary	79.5	16.9	3.7
Secondary	86.5	11.5	2.0
Tertiary	77.1	18.3	4.6
<b>Ethnic group</b>			
Fijian (iTaukei)	87.7	10.0	2.3
Indo-Fijian	78.6	18.4	3.0
Other	77.4	18.1	4.5
<b>Age group of respondent</b>			
18-24	74.1	21.2	4.7
25-29	81.5	14.6	3.9
30-34	86.6	12.1	1.4
35-39	85.0	12.4	2.6
40-44	89.6	9.9	0.5
45-49	89.5	9.4	1.2
50-54	83.9	14.2	1.9
55-64	83.1	12.1	4.9
<b>Socio-economic cluster</b>			
Lower	95.0	3.9	1.1
Medium	85.2	12.3	2.4
Higher	78.5	18.1	3.5
<b>By experience of physical or sexual partner violence (N=3034)*</b>			
<b>* Total ever-partnered women</b>	<b>84.9</b>	<b>12.7</b>	<b>2.4</b>
No violence	82.8	14.1	3.1
Physical and/or sexual violence	86.1	11.8	2.1



**Table 3.11. Women's reply to the question on whether neighbours in her community would offer help if someone fell ill or had an accident (N=3190), Fiji 2011**

	Yes (%)	No (%)	Don't know/ No answer (%)
<b>Total</b>	<b>88.9</b>	<b>8.4</b>	<b>2.7</b>
<b>Urban- Rural</b>			
Urban	84.9	10.8	4.3
Rural	92.4	6.3	1.3
<b>Division</b>			
Central	86.7	9.6	3.7
Eastern	95.9	4.1	0.0
Northern	90.5	7.6	1.9
Western	88.7	8.7	2.6
<b>Religion</b>			
Methodist	90.9	6.4	2.7
Catholic	90.0	7.5	2.5
SDA	88.9	8.3	2.8
AOG	88.8	9.2	2.0
Hindu	87.7	10.0	2.4
Muslim	88.0	8.3	3.7
Other+No religion	85.1	11.3	3.6
<b>Education of respondent</b>			
Primary	84.6	13.2	2.2
Secondary	89.5	7.9	2.6
Tertiary	88.4	8.2	3.4
<b>Ethnic group</b>			
Fijian (iTaukei)	89.6	7.6	2.8
Indo-Fijian	88.0	10.0	2.1
Other	85.9	9.0	5.1
<b>Age group of respondent</b>			
18-24	87.5	8.0	4.5
25-29	86.7	10.2	3.1
30-34	88.4	9.3	2.3
35-39	88.4	7.7	4.0
40-44	91.6	7.2	1.2
45-49	90.2	8.2	1.7
50-54	87.6	10.2	2.2
55-64	90.3	7.0	2.8
<b>Socio-economic cluster</b>			
Lower	91.0	8.1	0.9
Medium	88.4	8.8	2.9
Higher	88.2	8.4	3.4
<b>By experience of physical or sexual partner violence (N=3032)*</b>			
<b>* Total ever-partnered women</b>	<b>89.0</b>	<b>8.5</b>	<b>2.5</b>
No violence	89.8	8.1	2.1
Physical and/or sexual violence	88.5	8.7	2.8

**Table 3.12. Proportion of women owning assets, either by herself or with someone else, as reported in the survey (N=3192), Fiji 2011**

	Yes, own by herself (%)	Yes, own with others (%)	No, don't own (%)
Land	4.8	38.8	56.4
House	6.8	52.5	40.7
Company or business	1.1	4.3	94.6
Large animals (cows, horses, etc.)	2.7	20.3	77.0
Small animals (chickens, pigs, goats, etc.)	7.5	31.3	61.3
Crops from certain fields or trees	8.4	47.7	43.9
Large household items (TV, bed, cooker)	24.9	60.2	14.9
Jewellery, gold or other valuables	62.4	6.4	31.1
Motor car	2.1	9.7	88.2
Savings in the bank	31.1	18.9	50.1
Other property	0.9	4.0	95.1

**Table 3.13. Proportion of women earning money by herself and the way they are earning money, among all respondents (N=3192), Fiji 2011**

	number	(%)
Not earning money by herself	2072	64.9
<b>Way of earning money:</b>		
Job	434	13.6
Selling things, trading	534	16.7
Doing seasonal work	56	1.8
Remittance	50	1.6
Any other activity	89	2.8



**Table 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women, Fiji 2011**

	Physical violence		Sexual violence		Physical and/or sexual violence		Number of ever-partnered women (N)
	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	
<b>Total</b>	<b>61.1</b>	<b>19.4</b>	<b>33.9</b>	<b>14.2</b>	<b>64.1</b>	<b>23.7</b>	<b>3035</b>
<b>Urban- Rural</b>							
Urban	54.8	18.8	28.4	11.6	57.8	22.0	1393
Rural	66.4	19.9	38.6	16.3	69.4	25.2	1642
<b>Division</b>							
Central	57.2	20.2	30.0	13.9	59.9	24.4	1237
Eastern	78.8	23.5	52.8	17.6	81.4	28.0	307
Northern	65.9	22.6	39.6	17.9	69.2	27.9	548
Western	57.6	15.2	29.7	11.2	61.0	19.0	943
<b>Religion</b>							
Methodist	68.7	22.0	41.6	15.8	72.2	26.7	1104
Catholic	69.7	25.4	37.1	18.6	72.3	30.7	264
SDA	69.3	29.9	44.5	19.7	73.0	35.8	137
AOG	70.7	24.6	37.2	17.3	72.3	28.8	191
Hindu	46.4	11.3	20.4	8.8	49.0	14.4	814
Muslim	47.0	13.3	18.2	5.0	48.1	13.8	181
Other+No religion	63.4	21.8	41.3	19.2	67.7	28.5	344
<b>Education of respondent</b>							
Primary	60.8	9.7	32.5	7.1	62.3	11.6	268
Secondary	63.0	20.1	35.4	14.9	66.2	24.6	2287
Tertiary	52.1	21.7	27.9	14.6	55.2	26.5	480
<b>Ethnic group</b>							
Fijian (iTaukei)	68.6	23.2	41.1	16.9	72.0	28.3	1865
Indo-Fijian	47.3	11.8	20.7	8.7	50.0	14.9	1015
Other	60.6	23.2	34.8	16.8	61.3	26.5	155
<b>Age group of respondent</b>							
18-24	49.3	39.7	35.1	27.7	56.4	47.2	282
25-29	62.5	36.2	38.3	26.0	66.8	41.6	373
30-34	62.1	25.2	33.2	18.5	64.7	30.8	428
35-39	63.7	21.1	36.8	16.3	66.8	25.8	380
40-44	68.2	19.1	33.3	12.0	69.4	23.0	409
45-49	63.9	11.5	34.9	8.9	66.6	16.3	416
50-54	58.6	5.0	28.8	4.7	60.2	6.9	319
55-64	56.1	2.6	31.0	2.8	58.9	3.8	426
<b>Socio-economic cluster</b>							
Lower	74.0	26.8	47.3	17.8	77.0	30.5	730
Medium	65.0	20.7	36.2	17.0	67.7	26.3	863
Higher	52.2	14.9	25.9	10.6	55.4	18.7	1441



**Table 4.2. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered women, Fiji 2011**

	Urban (N=1393)		Rural (N=1642)		Total (N=3035)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	50.1	15.9	63.3	18.3	57.3	17.2
Pushed or shoved	32.0	11.1	41.0	12.9	36.9	12.1
Hit with a fist or something else	33.4	11.0	48.1	13.0	41.4	12.1
Kicked, dragged, beat	22.1	6.8	30.9	9.1	26.9	8.0
Choked or burnt on purpose	7.6	2.8	4.5	2.0	5.9	2.3
Threatened or used a gun, knife or weapon	11.3	3.6	12.9	4.3	12.2	4.0
At least one act of physical violence	54.8	18.8	66.4	19.9	61.1	19.4

**Table 4.2.a. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Fijian iTaukei women, Fiji 2011**

	Urban (N=710)		Rural (N=1155)		Total (N=1865)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	57.0	21.1	68.7	20.7	64.2	20.9
Pushed or shoved	36.8	15.1	46.0	14.6	42.5	14.8
Hit with a fist or something else	42.5	16.1	57.1	15.2	51.5	15.6
Kicked, dragged, beat	28.2	9.4	36.9	10.8	33.6	10.3
Choked or burnt on purpose	8.6	3.9	4.9	2.3	6.3	2.9
Threatened or used a gun, knife or weapon	12.5	4.4	14.6	4.9	13.8	4.7
At least one act of physical violence	63.1	24.7	72.0	22.3	68.6	23.2



**Table 4.2.b. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered Indo-Fijian women, Fiji 2011**

	Urban (N=599)		Rural (N=416)		Total (N=1015)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	42.6	10.4	47.6	9.9	44.6	10.2
Pushed or shoved	26.4	7.2	25.2	6.0	25.9	6.7
Hit with a fist or something else	22.2	5.2	21.6	4.8	22.0	5.0
Kicked, dragged, beat	15.4	4.2	12.5	3.6	14.2	3.9
Choked or burnt on purpose	6.3	1.5	1.9	0.5	4.5	1.1
Threatened or used a gun, knife or weapon	9.9	2.7	7.5	1.7	8.9	2.3
At least one act of physical violence	45.2	12.2	50.2	11.3	47.3	11.8

**Table 4.2.c. Prevalence of different acts of physical violence by husbands/partners, among ever-partnered other (non-iTaukei, non-Indo-Fijian) women, Fiji 2011**

	Urban (N=84)		Rural (N=71)		Total (N=155)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Slapped, threw something	45.2	11.9	69.0	28.2	56.1	19.4
Pushed or shoved	32.1	6.0	52.1	25.4	41.3	14.8
Hit with a fist or something else	35.7	9.5	57.8	25.4	45.8	16.8
Kicked, dragged, beat	19.1	2.4	40.9	14.1	29.0	7.7
Choked or burnt on purpose	8.3	2.4	11.3	5.6	9.7	3.9
Threatened or used a gun, knife or weapon	11.9	3.6	16.9	8.5	14.2	5.8
At least one act of physical violence	52.4	16.7	70.4	31.0	60.7	23.2

**Table 4.3. Prevalence of physical partner violence, broken down by severity\*, among ever-partnered women, Fiji 2011**

	<b>“Moderate” physical violence (%)</b>	<b>“Severe” physical violence (%)</b>	<b>Number of ever-partnered women (N)</b>
<b>Total</b>	<b>16.9</b>	<b>44.1</b>	<b>3035</b>
<b>Urban- Rural</b>			
Urban	18.8	36.0	1393
Rural	15.4	51.0	1642
<b>Division</b>			
Central	17.1	40.0	1237
Eastern	11.7	67.1	307
Northern	19.3	46.5	548
Western	17.0	40.6	943
<b>Religion</b>			
Methodist	13.3	55.3	1104
Catholic	13.6	56.1	264
SDA	16.1	53.3	137
AOG	17.3	53.4	191
Hindu	23.0	23.5	814
Muslim	21.0	26.0	181
Other+No religion	14.8	48.6	344
<b>Education of respondent</b>			
Primary	20.9	39.9	268
Secondary	15.6	47.4	2287
Tertiary	21.3	30.8	480
<b>Ethnic group</b>			
Fijian (iTaukei)	14.1	54.5	1865
Indo-Fijian	23.0	24.3	1015
Other	11.6	49.0	155
<b>Age group of respondent</b>			
18-24	15.3	34.0	282
25-29	20.6	41.8	373
30-34	18.7	43.5	428
35-39	16.6	47.1	380
40-44	19.3	48.9	409
45-49	16.6	47.4	416
50-54	14.7	43.9	319
55-64	12.9	43.2	426

\* All forms of violence are serious: all are a violation of human rights and all forms can cause injury and damaging psychological consequences. The WHO distinguishes between “moderate” (slapping, throwing something, pushing or shoving) and “severe” (hitting with a fist or something else, kicking, dragging, beating up, choking, burning, using a weapon and threatening to use a weapon).



**Table 4.4. Prevalence of specific acts of physical violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened**

	Urban (N=1393)				Rural (N=1642)				Total (N=3035)			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Slapped you or thrown something	15.9	21.4	50.5	28.1	18.3	15.3	40.3	44.3	17.2	17.9	44.7	37.4
Pushed you or shoved you	11.1	18.6	51.3	30.1	12.9	12.3	50.5	37.3	12.1	15.0	50.8	34.2
Hit you with his fist or with something else	11.0	18.3	47.1	34.6	13.0	10.3	52.8	36.9	12.1	13.6	50.4	36.0
Kicked or dragged you	6.8	18.1	42.6	39.4	9.1	20.0	49.3	30.7	8.0	19.3	46.7	34.0
Choked or burnt you	2.8	23.1	33.3	43.6	2.0	15.6	25.0	59.4	2.3	19.7	29.6	50.7
Threatened with or used weapon	3.6	24.0	40.0	36.0	4.3	21.4	34.3	44.3	4.0	22.5	36.7	40.8



**Table 4.5. Proportion of women who reported physical violence in pregnancy among ever-pregnant women, Fiji 2011**

	Experienced violence during pregnancy (%)	Number of ever-pregnant women (N)
<b>Total</b>	15.2	2815
<b>Urban- Rural</b>		
Urban	15.2	1277
Rural	15.3	1538
<b>Division</b>		
Central	15.7	1146
Eastern	17.1	280
Northern	16.7	508
Western	13.2	881
<b>Religion</b>		
Methodist	16.8	1006
Catholic	18.0	244
SDA	21.6	125
AOG	18.2	176
Hindu	10.8	770
Muslim	11.0	173
Other+No religion	17.1	321
<b>Education of respondent</b>		
Primary	13.6	257
Secondary	16.2	2156
Tertiary	11.2	402
<b>Ethnic group</b>		
Fijian (iTaukei)	17.6	1865
Indo-Fijian	10.6	1015
Other	18.4	155
<b>Age group of respondent</b>		
18-24	20.8	202
25-29	20.0	335
30-34	16.0	407
35-39	15.8	362
40-44	16.5	400
45-49	15.5	401
50-54	10.2	303
55-64	9.7	404



Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, Fiji 2011

	Ever pregnant women	Women ever beaten during a pregnancy					Women beaten during pregnancy by the same person as before the pregnancy				
	Ever beaten during a pregnancy (%)	Total no. of ever pregnant women (N)	Punched or Kicked in abdomen (%)	Beaten in most recent pregnancy by father of child (%)	Living with person who beat her while pregnant (%)	Beaten by same person as before the pregnancy (%)	Total no. of women ever beaten in pregnancy (N)	Beating got worse during pregnancy (%)	Beating stayed the same (%)	Beating got less (%)	Total no. of women beaten by the same person before the pregnancy (N)
Total	15.2	2815	33.4	96.5	97.2	89.0	428	17.1	40.9	41.5	381
Urban-Rural											
Urban	15.2	1277	36.8	99.0	98.5	91.7	193	22.0	38.4	38.4	177
Rural	15.3	1538	30.6	94.5	96.2	86.8	235	12.8	43.1	44.1	204
Division											
Central	15.7	1146	32.8	96.7	96.1	88.9	180	19.4	38.8	41.3	160
Eastern	17.1	280	33.3	93.8	100.0	93.8	48	6.7	51.1	42.2	45
Northern	16.7	508	31.4	96.5	97.7	84.7	86	20.8	44.4	34.7	72
Western	13.2	881	36.0	97.4	97.4	90.4	114	15.4	37.5	46.2	104
Religion											
Methodist	16.8	1006	36.1	95.3	96.5	88.8	169	12.7	42.0	44.7	150
Catholic	18.0	244	25.0	97.7	95.5	86.4	44	10.5	44.7	44.7	38
SDA	21.6	125	30.8	96.3	100.0	85.2	26	26.1	21.7	47.8	23
AOG	18.2	176	46.9	93.8	96.9	81.3	32	19.2	53.9	26.9	26
Hindu	10.8	770	32.1	96.4	97.6	91.6	84	19.7	40.8	39.5	76
Muslim	11.0	173	21.1	100.0	100.0	94.7	19	11.1	50.0	38.9	18
Other+No religion	17.1	321	31.5	100.0	98.2	92.6	54	28.0	34.0	38.0	50
Education of respondent											
Primary	13.6	257	40.0	94.3	100.0	91.4	35	15.6	50.0	34.4	32
Secondary	16.2	2156	33.3	97.1	96.8	89.1	348	16.8	40.3	42.6	310
Tertiary	11.2	402	28.9	93.3	97.8	86.7	45	20.5	38.5	38.5	39
Ethnic group											

**Table 4.6. Characteristics of violence during pregnancy as reported by ever-pregnant women, Fiji 2011**

Ever pregnant women		Women ever beaten during a pregnancy						Women beaten during pregnancy by the same person as before the pregnancy			
	Ever beaten during a pregnancy (%)	Total no. of ever pregnant women (N)	Punched or kicked in abdomen (%)	Beaten in most recent pregnancy by father of child (%)	Living with person who beat her while pregnant (%)	Beaten by same person as before the pregnancy (%)	Total no. of women ever beaten in pregnancy (N)	Beating got worse during pregnancy (%)	Beating stayed the same (%)	Beating got less (%)	Total no. of women beaten by the same person before the pregnancy (N)
Fijian (iTaukei)	17.6	1865	34.7	96.0	96.3	87.6	297	14.9	41.4	42.9	261
Indo-Fijian	10.6	1015	26.0	97.1	99.0	91.3	104	20.2	39.4	40.4	91
Other	18.4	155	48.2	100.0	100.0	96.3	27	26.9	42.3	30.8	26
Age group of respondent											
18-24	20.8	202	28.6	97.6	90.5	66.7	42	17.9	57.1	25.0	28
25-29	20.0	335	41.8	95.5	95.5	88.1	67	15.3	49.2	35.6	59
30-34	16.0	407	31.8	95.4	96.9	90.8	66	20.3	37.3	42.4	59
35-39	15.8	362	38.6	94.7	98.3	91.2	57	23.1	38.5	38.5	52
40-44	16.5	400	30.3	97.0	98.5	90.9	66	16.7	36.7	46.7	60
45-49	15.5	401	33.3	96.7	100.0	91.8	60	12.5	35.7	50.0	56
50-54	10.2	303	29.0	100.0	100.0	90.3	31	17.9	39.3	42.9	28.0
55-64	9.7	404	28.2	97.4	97.4	100.0	39	12.8	41.0	43.6	39.0



**Table 4.7. Prevalence of specific acts of sexual violence by husbands/partners, among ever-partnered women, Fiji 2011**

	Urban (N=1393)		Rural (N=1642)		Total (N=3035)	
	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)	Ever happened (%)	During past 12 months (%)
Physically forced to have sexual intercourse when she did not want to	22.5	9.3	32.2	13.5	27.7	11.6
Had sexual intercourse when she did not want to because she was afraid of what her partner might do	20.6	8.2	28.8	11.7	25.0	10.1
Forced to perform degrading or humiliating sexual act	12.6	5.2	17.1	7.4	15.0	6.4
At least one act of sexual violence	28.4	11.6	38.6	16.3	33.9	14.2

**Table 4.8. Prevalence of specific acts of sexual violence by husbands/partners in the past 12 months, and frequency distribution of number of times the acts happened, Fiji 2011**

	<i>Urban (N=1393)</i>				<i>Rural (N=1642)</i>				<i>Total (N=3035)</i>			
	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)	Happened in past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Physically forced to have sexual intercourse when she did not want to	9.3	12.3	52.3	35.4	13.5	4.5	41.2	54.3	11.6	7.4	45.3	47.3
Had sexual intercourse when she did not want to because she was afraid of what her partner might do	8.2	8.8	61.4	29.8	11.7	9.4	49.0	41.7	10.1	9.2	53.6	37.3
Forced to perform degrading or humiliating sexual act	5.2	15.5	47.9	36.6	7.4	15.6	44.3	40.2	6.4	15.5	45.6	38.9





**Table 4.9. Prevalence of emotional partner violence, among ever-partnered women, Fiji 2011**

	Lifetime prevalence (%)	12 months prevalence (%)	Number of ever partnered women (N)
<b>Total</b>	<b>58.3</b>	<b>28.8</b>	<b>3035</b>
<b>Urban- Rural</b>			
Urban	51.4	24.9	1393
Rural	64.2	32.1	1642
<b>Division</b>			
Central	53.3	27.7	1237
Eastern	76.5	33.2	307
Northern	63.0	34.5	548
Western	56.3	25.5	943
<b>Religion</b>			
Methodist	64.9	32.6	1104
Catholic	68.2	34.8	264
SDA	70.8	36.5	137
AOG	64.4	33.0	191
Hindu	43.7	20.4	814
Muslim	44.8	19.9	181
Other+No religion	63.1	31.1	344
<b>Education of respondent</b>			
Primary	52.2	16.0	268
Secondary	60.2	29.9	2287
Tertiary	52.7	30.6	480
<b>Ethnic group</b>			
Fijian (iTaukei)	65.3	33.1	1865
Indo-Fijian	44.4	20.0	1015
Other	65.2	34.2	155
<b>Age group of respondent</b>			
18-24	50.0	41.5	282
25-29	61.7	44.2	373
30-34	57.9	31.8	428
35-39	62.1	32.4	380
40-44	63.1	31.3	409
45-49	59.6	22.6	416
50-54	53.3	17.2	319
55-64	55.9	12.9	426
<b>Socio-economic cluster</b>			
Lower	70.8	37.7	730
Medium	61	30.4	863
Higher	50.5	23.4	1441



**Table 4.10. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women, Fiji 2011**

	Among ever-partnered women (N=3035)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	Few (2-5) times (%)	Many (more than 5) times (%)
Insulted you or made you feel bad	50.9	23.9	11.3	51.9	36.8
Belittled or humiliated	35.0	16.8	10.0	52.9	37.1
Scared or intimidated you	38.4	18.9	9.8	53.1	37.1
Threatened to hurt you or someone you care about	20.5	9.7	9.5	48.6	41.8



**Table 4.1.1. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women, Fiji 2011**

	Percentage of women reporting that her partner:								Percentage of women who have experienced none, one, or more acts of controlling behaviour:				
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats her indifferently (%)	Gets angry if she speaks with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	At least one type of controlling behaviour (%)	none (%)	1 (%)	2 or 3 (%)	4 or more (%)	Number of ever partnered women (N)
Total	31.3	16.9	56.6	22.3	33.3	25.9	39.0	69.3	30.7	16.8	25.0	27.5	3035
Urban- Rural													
Urban	25.6	14.1	50.6	19.0	33.0	24.3	36.8	66.2	33.8	17.0	25.8	23.3	1393
Rural	36.0	19.3	61.6	25.0	33.6	27.2	40.9	72.0	28.0	16.6	24.4	31.0	1642
Division													
Central	29.7	16.4	52.1	20.1	33.4	24.5	38.7	67.0	33.0	15.8	26.1	25.1	1237
Eastern	46.6	18.2	70.7	36.8	40.4	35.8	45.3	80.8	19.2	12.1	30.9	37.8	307
Northern	33.0	20.3	59.9	22.4	34.5	29.0	42.5	70.6	29.4	16.8	23.0	30.8	548
Western	27.3	15.2	55.9	20.2	30.2	22.6	35.3	67.9	32.1	19.7	22.9	25.2	943
Religion													
Methodist	40.1	19.3	63.6	27.1	37.4	31.9	41.0	74.5	25.5	15.0	25.9	33.6	1104
Catholic	35.6	20.9	61.7	25.4	34.5	29.5	39.0	71.6	28.4	13.3	25.4	33.0	264
SDA	46.0	26.3	69.4	32.2	46.7	38.7	36.6	81.0	19.0	13.9	27.0	40.2	137
AOG	35.1	20.4	65.0	23.0	35.6	31.9	39.3	70.7	29.3	12.6	25.7	32.5	191
Hindu	14.3	10.8	42.6	13.8	23.1	12.5	38.0	60.6	39.4	22.5	24.0	14.1	814
Muslim	16.1	8.8	40.3	12.2	27.1	12.7	36.5	56.4	43.6	18.2	21.6	16.6	181
Other-No religion	39.8	19.2	61.6	25.3	40.1	33.7	37.5	73.0	27.0	14.5	25.3	33.1	344
Education of respondent													
Primary	24.7	14.6	52.6	22.8	28.0	17.5	36.6	60.1	39.9	12.7	24.6	22.8	268
Secondary	32.4	18.2	58.3	22.9	34.4	27.1	41.4	71.4	28.6	16.8	25.5	29.0	2287
Tertiary	29.6	12.3	50.4	19.0	31.0	24.6	29.2	64.6	35.4	19.0	22.9	22.7	480
Ethnic group													
Fijian (iTaukei)	40.0	20.3	64.2	26.5	38.1	32.4	39.6	74.3	25.7	14.2	26.2	33.9	1865
Indo-Fijian	14.9	11.0	43.2	13.7	24.3	12.9	38.7	61.0	39.0	21.8	24.3	14.9	1015
Other	32.9	14.8	52.3	27.7	34.8	32.3	34.2	64.5	35.5	16.1	16.1	32.3	155
Age group of respondent													

**Table 4.11. Prevalence of different controlling behaviours by husbands/partners, among ever-partnered women, Fiji 2011**

	Percentage of women reporting that her partner:							Percentage of women who have experienced none, one, or more acts of controlling behaviour:					
	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats her indifferently (%)	Gets angry if she speaks with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	At least one type of controlling behaviour (%)	none (%)	1 or 2 (%)	3 or more (%)	4 or more (%)	Number of ever partnered women (N)
18-24	38.4	14.2	55.7	20.6	38.7	34.4	40.8	71.3	28.7	16.0	24.1	31.2	282
25-29	41.8	20.9	64.9	29.5	42.1	31.9	43.2	76.1	23.9	13.7	26.3	36.2	373
30-34	27.8	15.7	54.5	21.0	33.6	25.9	35.8	66.8	33.2	15.2	25.7	25.9	428
35-39	35.0	21.1	60.0	23.7	35.0	30.5	42.1	75.5	24.5	18.2	27.4	30.0	380
40-44	29.3	15.7	56.0	20.8	31.8	22.2	37.0	68.9	31.1	22.5	20.3	26.2	409
45-49	28.8	16.1	56.0	22.6	32.9	24.8	34.6	68.3	31.7	16.8	26.7	24.8	416
50-54	24.2	15.7	52.4	19.1	25.1	17.2	41.4	65.2	34.8	19.4	22.9	22.9	319
55-64	26.8	15.5	52.8	20.2	27.9	21.4	39.0	63.4	36.6	13.2	26.5	23.7	426
Socio-economic cluster													
Lower	42.4	23.3	66.7	30.2	38.5	31.9	42.9	75.3	24.7	13.7	25.1	36.6	730
Medium	35.0	17.4	60.7	23.9	35.1	28.0	41.6	72.4	27.6	16.3	25.6	30.5	863
Higher	23.4	13.4	48.9	17.3	29.6	21.4	35.5	64.4	35.6	18.7	24.6	21.1	1441
By experience of partner violence*													
no violence	8.7	3.7	33.6	5.3	11.7	6.6	26.0	46.4	53.6	20.0	20.1	6.3	1090
sexual and/ or physical	43.9	24.3	69.4	31.8	45.4	36.7	46.3	82.2	17.8	15.0	27.8	39.3	1945
P-value	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001	<0.001					
By type of violence*													
sexual only	34.9	18.5	67.4	28.3	35.9	35.9	44.6	80.4	19.6	14.1	35.9	30.4	92
physical only	29.7	14.6	60.6	19.6	33.1	22.1	36.2	74.8	25.2	21.8	29.7	23.3	915
both sexual and physical	58.6	34.3	78.3	44.0	58.4	51.0	56.4	89.6	10.4	8.5	25.2	55.9	938

\* Note that questions on controlling behaviours have been asked for current and most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between controlling behaviours and physical or sexual violence).



**Table 4.12. Women who said that during or after an incident of violence she was forced to have sex, according to women who ever experienced physical partner violence, Fiji 2011**

	By urban/rural area		By division				Total (N=1855) (%)
	Urban (N=767) (%)	Rural (N=1088) (%)	Central (N=710) (%)	Eastern (N=242) (%)	Northern (N=362) (%)	Western (N=541) (%)	
Never	69.2	63.1	67.3	50.8	68.0	68.6	65.7
Once or twice	14.2	18.3	14.9	26.5	14.4	15.9	16.6
Several times	11.3	13.2	10.9	19.0	11.6	12.2	12.5
Many times	5.0	5.1	6.5	3.7	5.5	3.3	5.0
Don't know, refused to answer	0.3	0.3	0.4	0.0	0.6	0.0	0.3

**Table 5.1.1 Prevalence and frequency of physical violence since the age of 15 years by non-partners, among all interviewed women, Fiji 2011**

	Physical violence by non-partner since age 15				Number of women interviewed (N)
		Frequency			
	Ever happened at least once since age 15 (%)	By any person once or twice* (%)	By any person few times* (%)	By any person many times* (%)	
Total	26.9	8.4	11.5	7.0	3193
Urban- Rural					
Urban	23.3	6.6	10.5	6.1	1496
Rural	30.2	9.9	12.4	7.7	1697
Division					
Central	27.3	8.0	11.2	7.9	1321
Eastern	37.9	14.7	12.7	10.5	314
Northern	27.4	8.3	13.6	5.5	566
Western	22.8	7.0	10.4	5.4	992
Religion					
Methodist	31.5	10.6	11.7	9.3	1167
Catholic	35.6	9.3	17.8	7.8	281
SDA	37.5	13.9	11.8	11.8	144
AOG	29.6	8.2	14.8	6.1	196
Hindu	14.0	3.4	7.9	2.7	850
Muslim	19.3	4.7	10.4	4.2	192
Other+No religion	34.2	11.9	13.5	8.8	363
Education of respondent					
Primary	23.8	5.9	9.2	8.8	273
Secondary	26.8	8.6	11.5	6.6	2355
Tertiary	29.0	8.7	12.9	7.4	565
Ethnic group					
Fijian (iTaukei)	32.9	11.0	12.9	8.8	2001
Indo-Fijian	15.7	3.4	8.7	3.7	1015
Other	24.3	6.8	11.9	5.1	177
Age group of respondent					
18-24	38.4	15.0	15.5	8.0	401
25-29	32.6	8.6	13.3	10.7	384
30-34	30.0	10.0	12.1	8.0	440
35-39	27.1	7.9	13.2	6.1	380
40-44	25.3	6.5	12.1	6.5	415
45-49	22.3	7.9	8.9	5.5	417
50-54	18.0	4.6	7.4	5.9	323
55-64	20.7	5.8	9.3	5.1	431
Socio-economic cluster					
Lower	35.6	13.2	12.9	9.4	745
Medium	25.3	7.5	11.2	6.4	902
Higher	23.8	6.5	11.1	6.1	1545

\* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.



**Table 5.1.2. Prevalence and frequency of forced sexual intercourse since age 15 years, among all interviewed women, Fiji 2011**

	Forced sexual intercourse by non-partner since age 15				Number of women interviewed (N)
		Frequency			
	Ever happened at least once since age 15 (%)	By any person once or twice* (%)	By any person few times* (%)	By any person many times* (%)	
Total	3.4	2.4	0.8	0.3	3193
Urban- Rural					
Urban	2.7	1.7	0.7	0.3	1496
Rural	4.0	3.0	0.8	0.2	1697
Division					
Central	3.4	2.2	0.7	0.5	1321
Eastern	5.7	5.1	0.6	0.0	314
Northern	4.2	3.0	0.9	0.4	566
Western	2.2	1.4	0.8	0.0	992
Religion					
Methodist	3.9	3.1	0.7	0.2	1167
Catholic	5.3	5.0	0.4	0.0	281
SDA	6.3	2.8	2.8	0.7	144
AOG	7.7	4.6	1.5	1.5	196
Hindu	0.5	0.2	0.2	0.0	850
Muslim	0.5	0.0	0.0	0.5	192
Other+No religion	5.2	3.0	1.7	0.6	363
Education of respondent					
Primary	2.9	1.8	0.7	0.4	273
Secondary	3.7	2.6	0.9	0.3	2355
Tertiary	2.5	1.8	0.4	0.4	56
Ethnic group					
Fijian (iTaukei)	4.8	3.6	1.0	0.3	2001
Indo-Fijian	0.7	0.2	0.3	0.2	1015
Other	3.4	1.7	1.1	0.6	177
Age group of respondent					
18-24	5.0	3.2	1.0	0.8	401
25-29	4.4	3.1	1.3	0.0	384
30-34	2.5	1.6	0.7	0.2	440
35-39	5.3	3.2	1.3	0.8	380
40-44	2.4	1.7	0.5	0.2	415
45-49	2.2	1.7	0.2	0.2	417
50-54	3.4	3.1	0.3	0.0	323
55-64	2.6	1.9	0.7	0.0	431
Socio-economic cluster					
Lower	4.7	4.0	0.4	0.3	745
Medium	4.1	2.4	1.6	0.1	902
Higher	2.4	1.6	0.5	0.4	1545

\* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted

**Table 5.1.3. Prevalence and frequency of attempted rape and other sexual abuse since age 15 years, among all interviewed women, Fiji 2011**

	Attempted rape and other sexual abuse by non-partner since age 15				Number of women interviewed (N)
		Frequency			
	Ever happened at least once since age 15 (%)	By any person once or twice* (%)	By any person few times* (%)	By any person many times* (%)	
Total	6.8	4.3	1.6	0.8	3193
Urban- Rural					
Urban	6.0	3.5	1.5	0.9	1496
Rural	7.5	5.1	1.7	0.7	1697
Division					
Central	6.5	3.7	1.6	1.2	1321
Eastern	15.6	10.5	3.8	1.3	314
Northern	6.2	3.9	1.6	0.7	566
Western	4.6	3.4	1.0	0.2	992
Religion					
Methodist	7.5	4.9	1.8	0.9	1167
Catholic	11.0	8.2	1.8	1.1	281
SDA	14.6	8.3	4.2	2.1	144
AOG	10.7	6.1	3.1	1.5	196
Hindu	0.9	0.6	0.4	0.0	850
Muslim	2.1	1.6	0.5	0.0	192
Other+No religion	11.9	7.2	2.8	1.9	363
Education of respondent					
Primary	6.2	3.7	1.8	0.7	273
Secondary	6.7	4.3	1.7	0.8	2355
Tertiary	7.3	5.0	1.4	0.9	565
Ethnic group					
Fijian (iTaukei)	9.3	6.2	2.1	1.0	2001
Indo-Fijian	1.4	0.7	0.5	0.2	1015
Other	9.6	4.5	2.8	2.3	177
Age group of respondent					
18-24	11.0	6.2	2.7	2.0	401
25-29	8.6	5.2	2.1	1.3	384
30-34	5.7	4.1	1.1	0.5	440
35-39	7.1	4.5	2.1	0.5	380
40-44	4.8	2.4	1.2	1.2	415
45-49	6.5	3.8	1.9	0.7	417
50-54	5.0	4.3	0.6	0.0	323
55-64	5.6	4.2	1.2	0.2	431
Socio-economic cluster					
Lower	10.7	8.1	2.2	0.5	745
Medium	6.1	3.1	1.6	1.4	902
Higher	5.2	3.2	1.4	0.6	1545

\* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.



**Table 5.1.4. Prevalence and frequency of sexual abuse before age 15 years as reported in face to face interview, among all interviewed women, Fiji 2011**

	Sexual abuse before age 15				Number of women interviewed (N)
		Frequency			
	Ever happened at least once since age 15 (%)	By any person once or twice* (%)	By any person few times* (%)	By any person many times* (%)	
Total	4.2	2.4	1.0	0.7	3177
Urban- Rural					
Urban	4.5	2.3	1.3	0.9	1493
Rural	3.9	2.4	0.7	0.5	1684
Division					
Central	4.7	2.4	1.4	0.7	1317
Eastern	6.8	5.2	0.3	1.0	308
Northern	3.9	2.1	0.9	0.5	563
Western	2.8	1.5	0.7	0.6	989
Religion					
Methodist	4.7	2.9	1.0	0.6	1158
Catholic	6.5	4.7	1.1	0.4	278
SDA	8.3	3.5	2.8	2.1	144
AOG	8.2	4.6	1.0	2.1	195
Hindu	1.3	0.6	0.4	0.2	849
Muslim	1.6	1.0	0.5	0.0	192
Other+No religion	5.0	1.9	1.9	1.1	361
Education of respondent					
Primary	3.3	1.8	0.7	0.7	273
Secondary	4.4	2.5	1.1	0.6	2343
Tertiary	3.7	2.1	0.7	0.7	561
Ethnic group					
Fijian (iTaukei)	5.2	3.2	1.2	0.6	1988
Indo-Fijian	1.5	0.6	0.5	0.3	1013
Other	8.5	2.8	1.7	3.4	176
Age group of respondent					
18-24	5.3	3.3	1.5	0.3	397
25-29	7.3	4.5	1.1	1.6	382
30-34	3.2	1.4	1.1	0.7	440
35-39	4.2	1.8	1.6	0.8	380
40-44	3.1	1.5	0.7	0.7	413
45-49	5.1	2.9	1.2	0.7	413
50-54	2.2	1.9	0.3	0.0	322
55-64	3.0	1.9	0.5	0.5	428
Socio-economic cluster					
Lower	4.1	2.7	0.8	0.1	737
Medium	5.2	3.3	0.7	1.1	898
Higher	3.6	1.6	1.3	0.7	1541

\* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.

Note: Five women who reported child sexual assault missed answering the frequency questions thus percentages do not add up.



**Table 5.2. Overview of prevalence of sexual abuse by non-partners, since the age of 15 years and before the age of 15 years, as reported by all interviewed women, Fiji 2011**

	Sexual violence since age 15				Sexual abuse before age 15					
	Forced intercourse (rape) %	Other sexual abuse %	All sexual violence combined %	Total women responded	Face to face interview		Card		Interview and/or card	
					%	Total	%	Total	%	Total
<b>Total</b>	<b>3.4</b>	<b>6.8</b>	<b>8.5</b>	<b>3193</b>	<b>4.2</b>	<b>3182</b>	<b>14.0</b>	<b>3153</b>	<b>15.6</b>	<b>3150</b>
<b>Urban- Rural</b>										
Urban	2.7	5.9	7.4	1496	4.5	1493	12.6	1465	14.2	1463
Rural	4.0	7.5	9.5	1697	3.9	1689	15.2	1688	16.7	1687
<b>Division</b>										
Central	3.4	6.5	8.1	1321	4.7	1319	13.8	1289	15.6	1290
Eastern	5.7	15.6	17.8	314	6.8	309	19.7	314	22.2	311
Northern	4.2	6.2	9.2	566	3.9	565	14.8	561	15.8	562
Western	2.2	4.6	5.6	992	2.8	989	11.9	989	13.3	987
<b>Religion</b>										
Methodist	3.9	7.5	9.8	1167	4.7	1160	16.1	1154	17.9	1152
Catholic	5.3	11.0	13.9	281	6.5	279	20.1	279	21.9	279
SDA	6.3	14.6	16.7	144	8.3	144	21.7	143	25.2	143
AOG	7.7	10.7	14.3	196	8.2	196	21.9	192	24.9	193
Hindu	0.5	0.9	1.2	850	1.3	850	6.3	836	6.9	836
Muslim	0.5	2.1	2.6	192	1.6	192	6.3	189	7.4	189
Other+No religion	5.2	11.8	14.0	363	5.0	361	16.9	360	18.7	358
<b>Education of respondent</b>										
Primary	2.9	6.2	7.3	273	3.3	273	15.2	269	15.2	269
Secondary	3.7	6.7	8.6	2355	4.4	2347	14.6	2325	16.4	2324
Tertiary	2.5	7.3	8.7	565	3.7	562	10.7	559	12.0	557
<b>Ethnic group</b>										
Fijian (iTaukei)	4.8	9.2	11.7	2001	5.2	1991	17.2	1978	19.1	1975
Indo-Fijian	0.7	1.4	1.6	1015	1.5	1014	6.8	998	7.5	998
Other	3.4	9.6	11.9	177	8.5	177	18.6	177	20.9	177
<b>Age group of respondent</b>										
18-24	5.0	11.0	13.5	401	5.3	398	13.9	396	16.5	395
25-29	4.4	8.6	10.9	384	7.3	383	18.6	381	21.5	381
30-34	2.5	5.7	6.6	440	3.2	440	10.8	437	12.3	438
35-39	5.3	7.1	10.3	380	4.2	380	16.5	376	17.0	376
40-44	2.4	4.8	5.8	415	3.1	414	11.9	411	13.1	411
45-49	2.2	6.5	7.4	417	5.1	414	15.4	409	17.4	407
50-54	3.4	5.0	6.8	323	2.2	322	12.2	320	12.5	320
55-64	2.6	5.6	7.0	431	3.0	429	12.8	421	14.0	420
<b>Socio-economic cluster</b>										
Lower	4.7	10.7	13.0	745	4.1	740	19.4	743	20.6	741
Medium	4.1	6.1	8.3	902	5.2	899	15.0	894	17.0	894
Higher	2.4	5.2	6.4	1545	3.6	1542	10.8	1515	12.2	1514

Note: Other sexual abuse refers to attempted rape and other attempted sexual violence.



**Table 5.3. Percentage of all interviewed women who reported physical or sexual violence by non-partners, broken down by number and type of perpetrator (N=3193), Fiji 2011**

	Physical violence since age 15 years old		Sexual violence since age 15 years old		Fiji questions on attempting on sexual violence since age 15 years old		Sexual abuse before age 15 years old	
	Number	%	Number	%	Number	%	Number	%
<b>Number of perpetrators</b>								
No violence	2333	73.1	3084	96.6	2977	93.2	3049	95.8
One perpetrator	567	17.8	74	2.3	132	4.1	126	4.0
More than one perpetrator	293	9.2	35	1.1	84	2.6	7	0.2
<b>Type of perpetrator (grouped)*</b>								
Male family member(s)	557	64.8	32	29.4	68	31.5	70	52.6
Female family member(s)	238	27.7	6	5.5	6	2.8	5	3.8
Other(s)	369	42.9	74	67.9	151	69.9	61	45.9
<b>Type of perpetrator (detail)</b>								
Father	437		3		1		1	
Stepfather	12		6		6		9	
Other male family member	151		23		61		60	
Female family member	238		6		6		5	
Teacher	261		1		2		1	
Police/ soldier	2		0		2		0	
Male friend of family	14		16		33		17	
Female friend of family	17		1		4		1	
Boyfriend	12		24		28		6	
Stranger	6		9		32		20	
Someone at work	1		2		3		2	
Priest/ religious leader	0		0		1		0	
Female partner	1		0		0		0	
Other	74		23		53		18	
<b>Age of sexual abuse before age 15</b>								
0-4							0	
5-9							2	
10-14							131	

\*A victim can have multiple perpetrators in the same category. The numbers reflect the victims and not the perpetrators.

\*\* In case of multiple perpetrators, only the perpetrator with the highest frequency is counted.

**Table 5.4. Overlap of non-partner and partner violence among all women (N=3193), Fiji 2011**

	Non-partner violence (%)	Partner violence*	Partner or non-partner violence (%)
Physical violence	26.9	58.0	68.5
Sexual violence	8.5	32.3	35.6
Physical and/or sexual violence	30.9	60.9	71.0

\* The prevalence rates for partner violence are slightly lower here compared to the tables in chapter 4 because all women and not all ever-partnered women are taken as denominator.

Note: This table does not include child sexual assault; sexual violence covers women over 15 years only.



**Table 5.5a. Age of first sexual intercourse, among all interviewed women, Fiji 2011 (percentage in each category)**

	Not had sex	<15	15-17	18-21	22+	Refused/ no answer	Number of women interviewed
<b>Total</b>	5.4	1.4	19.2	53.0	20.1	0.9	3192
<b>Urban- Rural</b>							
Urban	7.6	1.3	14.5	52.8	22.3	1.5	1495
Rural	3.4	1.5	23.3	53.3	18.1	0.4	1697
<b>Division</b>							
Central	6.5	1.5	14.5	53.7	22.4	1.4	1320
Eastern	2.2	1.6	25.8	55.4	14.7	0.3	314
Northern	4.1	1.4	29.9	47.9	16.1	0.7	566
Western	5.5	1.3	17.3	54.3	20.9	0.6	992
<b>Religion</b>							
Methodist	5.5	1.5	19.9	53.4	18.9	0.9	1167
Catholic	6.8	1.4	18.5	51.3	21.0	1.1	281
SDA	6.3	4.9	16.7	52.8	18.8	0.7	144
AOG	4.1	3.1	20.4	55.6	16.8	0.0	196
Hindu	4.9	0.5	16.7	54.0	23.1	0.8	850
Muslim	5.8	1.1	27.8	49.2	15.7	0.5	191
Other+No religion	5.0	1.7	19.3	51.8	20.7	1.7	363
<b>Education of respondent</b>							
Primary	1.8	3.3	28.9	49.1	15.8	1.1	273
Secondary	2.8	1.4	21.3	55.6	17.9	1.0	2354
Tertiary	17.7	0.7	5.8	44.4	31.0	0.4	565
<b>Ethnic group</b>							
Fijian (iTaukei)	7.4	2.0	19.6	51.6	18.6	1.0	2000
Indo-Fijian	0.2	0.3	19.2	56.7	23.1	0.6	1015
Other	11.9	2.3	15.3	49.2	19.8	1.7	177
<b>Age group of respondent</b>							
18-24	33.0	0.8	15.5	44.0	6.5	0.3	400
25-29	3.4	2.1	16.4	56.8	21.1	0.3	384
30-34	2.3	1.1	19.1	53.0	24.1	0.5	440
35-39	0.0	2.6	21.6	54.7	20.8	0.3	380
40-44	1.5	0.7	20.7	55.7	20.0	1.5	415
45-49	0.2	2.2	22.3	51.3	22.3	1.7	417
50-54	1.2	1.6	17.3	57.3	20.7	1.9	323
55-64	1.2	0.7	20.2	52.4	24.4	1.2	431
<b>Socio-economic cluster</b>							
Lower	2.6	1.7	28.5	50.3	16.4	0.5	745
Medium	4.4	2.6	19.3	55.7	16.9	1.1	901
Higher	7.3	0.7	14.7	52.8	23.6	1.0	1545



**Table 5.5b. Age of first sexual intercourse, among interviewed women who said they ever had sex, Fiji 2011 (%)**

	<15	15-17	18-21	22+	Number of interviewed women who ever had sex
<b>Total</b>	1.5	20.5	56.6	21.4	2992
<b>Urban- Rural</b>					
Urban	1.5	16.0	58.1	24.5	1359
Rural	1.6	24.3	55.4	18.8	1633
<b>Division</b>					
Central	1.6	15.7	58.3	24.3	1216
Eastern	1.6	26.5	56.9	15.0	306
Northern	1.5	31.4	50.3	16.9	539
Western	1.4	18.5	57.9	22.2	931
<b>Religion</b>					
Methodist	1.6	21.3	57.1	20.2	1092
Catholic	1.5	20.1	55.6	22.8	259
SDA	5.2	17.9	56.7	20.2	134
AOG	3.2	21.3	58.0	17.6	188
Hindu	0.5	17.7	57.3	24.5	801
Muslim	1.1	29.6	52.5	16.8	179
Other+No religion	1.8	20.7	55.5	22.1	339
<b>Education of respondent</b>					
Primary	3.4	29.8	50.6	16.2	265
Secondary	1.5	22.1	57.8	18.6	2264
Tertiary	0.9	7.1	54.2	37.8	463
<b>Ethnic group</b>					
Fijian (iTaukei)	2.1	21.3	56.3	20.3	1832
Indo-Fijian	0.3	19.4	57.1	23.2	1007
Other	2.6	17.7	56.9	22.9	153
<b>Age group of respondent</b>					
18-24	1.1	23.2	65.9	9.7	267
25-29	2.2	17.0	58.9	21.9	370
30-34	1.2	19.6	54.4	24.8	428
35-39	2.6	21.6	54.9	20.8	379
40-44	0.7	21.3	57.3	20.6	403
45-49	2.2	22.7	52.3	22.7	409
50-54	1.6	17.9	59.1	21.4	313
55-64	0.7	20.7	53.7	24.9	421
<b>Socio-economic cluster</b>					
Lower	1.8	29.4	51.9	16.9	722
Medium	2.7	20.5	59.0	17.9	851
Higher	0.7	16.0	57.6	25.7	1418



**Table 5.6a. Nature of first sexual experience, among women who ever had sex, Fiji 2011 (% in each category)**

	Wanted to have sex	Did not want but had sex	Forced to have sex	Number of interviewed women who ever had sex
<b>Total</b>	70.9	24.3	4.8	2961
<b>Urban- Rural</b>				
Urban	70.7	25.1	4.2	1340
Rural	70.9	23.8	5.3	1621
<b>Division</b>				
Central	71.1	24.4	4.5	1199
Eastern	71.5	19.3	9.2	305
Northern	70.7	23.4	6.0	535
Western	70.4	26.6	3.0	922
<b>Religion</b>				
Methodist	75.5	18.7	5.8	1081
Catholic	72.2	23.5	4.3	255
SDA	75.2	19.5	5.3	133
AOG	72.6	21.5	5.9	186
Hindu	64.9	32.4	2.7	792
Muslim	62.6	34.6	2.8	179
Other+No religion	70.7	22.1	7.2	335
<b>Education of respondent</b>				
Primary	63.6	29.9	6.4	264
Secondary	71	23.9	5.0	2238
Tertiary	74.1	23.3	2.6	459
<b>Ethnic group</b>				
Fijian (iTaukei)	74.3	19.6	6.1	1816
Indo-Fijian	64.1	33.2	2.7	996
Other	73.8	22.8	3.4	149
<b>Age group of respondent</b>				
18-24	67.5	23	9.4	265
25-29	64.3	29.4	6.3	367
30-34	74.4	21.4	4.2	425
35-39	70.7	25.8	3.5	376
40-44	74	23.3	2.8	400
45-49	67.1	26.5	6.4	404
50-54	69.2	25.6	5.2	308
55-64	77.1	20.5	2.4	414
<b>Socio-economic cluster</b>				
Lower	72.4	21.1	6.5	721
Medium	71.6	23.2	5.2	842
Higher	69.6	26.8	3.7	1397

**Table 5.6b. Nature of first sexual experience by age of first sexual intercourse, among women who ever had sex, Fiji 2011**

Age of first sexual intercourse	Wanted to have sex	Did not want but had sex	Forced to have sex	Number of women interviewed
Total	70.9	24.4	4.8	2961
<15	34.8	19.6	45.7	46
15-17	61.5	29.8	8.4	609
18-21	71.4	24.1	3.4	1672
22+	78.1	19.1	1.9	634



**Table 6.1. Attitudes to gender power relations. Proportion of interviewed women who said they agree with the following statements (N=3186\*), Fiji 2011**

	Percentage of women who agreed with the following:				
	"A good wife obeys her husband even if she disagrees" (%)	"A man should show he is the boss" (%)	"A woman should be able to choose her own friends even if her husband disapproves" (%)	"Wife is obliged to have sex with husband" (%)	"If a man mistreats his wife, others outside of the family should intervene" (%)
<b>Total</b>	<b>59.8</b>	<b>55.0</b>	<b>47.1</b>	<b>33.1</b>	<b>41.6</b>
<b>Urban- Rural</b>					
Urban	60.3	48.4	50.2	30.1	41.2
Rural	59.4	60.9	44.4	35.7	42.0
<b>Division</b>					
Central	58.7	50.5	50.9	30.5	39.9
Eastern	57.5	62.0	45.0	37.4	47.0
Northern	53.8	54.7	47.3	28.3	38.8
Western	65.5	59.0	42.6	37.8	43.8
<b>Religion</b>					
Methodist	58.2	62.6	49.1	32.1	44.6
Catholic	57.5	56.1	49.3	27.9	39.3
SDA	46.5	51.4	56.3	16.7	45.5
AOG	57.0	57.5	54.2	32.1	42.0
Hindu	65.3	46.8	40.8	39.7	37.5
Muslim	64.6	42.2	42.2	45.3	41.1
Other+No religio	57.6	55.6	49.3	25.3	41.7
<b>Education of respondent</b>					
Primary	69.5	68.4	42.3	52.6	45.6
Secondary	61.1	59.0	45.6	34.2	41.9
Tertiary	49.8	31.9	55.8	18.8	38.5
<b>Ethnic group</b>					
Fijian (iTaukei)	56.8	60.8	48.6	28.9	43.5
Indo-Fijian	66.8	46.4	40.4	41.8	38.2
Other	52.8	38.1	69.3	30.1	39.8
<b>Age group of respondent</b>					
18-24	60.4	43.9	49.5	22.4	40.6
25-29	58.0	50.9	52.0	28.2	42.6
30-34	54.8	48.9	48.5	30.8	39.6
35-39	61.3	52.6	47.1	32.1	40.8
40-44	58.1	54.7	47.5	35.4	43.2
45-49	59.5	57.8	47.2	33.5	38.5
50-54	63.9	63.9	45.7	38.6	42.9
55-64	63.5	68.4	40.0	43.7	44.7
<b>According to experience of violence (N=3028**)</b>					
<b>All ever-partnered women</b>	<b>60.1</b>	<b>56.1</b>	<b>46.6</b>	<b>34.0</b>	<b>41.4</b>
No partner violence	59.4	50.8	42.9	32.2	37.5
Physical or sexual partner violence	60.5	59.1	48.7	35.0	43.6
P-value	0.56	<b>&lt;0.001</b>	<b>0.002</b>	0.12	<b>0.001</b>

\* 7 women did not reply to the attitude questions and have been omitted from the analysis.

\*\* The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.

**Table 6.2. Attitudes to physical partner violence. Proportion of interviewed women who said they agree that a man has "good reason" to hit his wife for the following reasons (N=3186\*), Fiji 2011**

	<i>Percentage of women who agree that a man has a "good reason" to hit his wife if:</i>							<i>Percentage of women who agree with:</i>	
	"Reason to hit: not complete housework"	"Reason to hit: wife disobeys him"	"Reason to hit: wife refuses sex"	"Reason to hit: wife asks about girl friends"	"Reason to hit: husband suspects wife unfaithful"	"Reason to hit: husband finds out wife unfaithful"	"Reason to hit: wife disrespect his family"	One or more of the reasons mentioned	None of the reasons mentioned
<b>Total</b>	<b>13.1</b>	<b>25.0</b>	<b>8.5</b>	<b>6.8</b>	<b>14.3</b>	<b>33.8</b>	<b>22.6</b>	<b>42.6</b>	<b>57.4</b>
<b>Urban- Rural</b>									
Urban	8.9	19.9	5.8	5.8	12.1	28.5	17.4	37.4	62.6
Rural	16.9	29.5	10.8	7.6	16.2	38.5	27.2	47.2	52.8
<b>Division</b>									
Central	11.2	22.0	7.1	5.8	13.0	31.8	20.2	40.1	59.9
Eastern	18.2	35.5	11.2	5.4	21.1	54.0	28.8	59.7	40.3
Northern	17.5	27.1	12.6	9.4	16.5	35.2	27.3	42.5	57.5
Western	11.6	24.4	7.2	7.0	12.5	29.3	21.1	40.5	59.5
<b>Religion</b>									
Methodist	17.2	31.4	9.6	7.9	18.4	40.3	26.9	50.1	49.9
Catholic	13.2	28.2	9.6	7.5	16.4	37.5	25.0	46.8	53.2
SDA	11.8	26.4	6.9	11.1	16.7	38.2	26.4	44.4	55.6
AOG	13.0	26.4	8.3	7.3	15.5	33.7	26.4	43.5	56.5
Hindu	7.7	16.2	7.7	5.4	9.0	24.2	15.2	31.7	68.3
Muslim	12.0	21.4	9.4	5.7	10.4	28.1	19.8	39.6	60.4
Other+No religion	14.0	23.1	6.1	4.1	11.8	33.6	21.8	41.0	59.0
<b>Education of respondent</b>									
Primary	19.1	32.4	14.0	8.5	15.4	36.4	23.9	43.8	56.3
Secondary	14.6	26.8	9.1	7.4	15.4	35.8	24.5	45.0	55.0
Tertiary	4.1	14.0	3.2	3.2	8.9	24.3	13.8	31.9	68.1
<b>Ethnic group</b>									
Fijian (iTaukei)	16.0	29.8	8.7	7.4	16.8	38.8	26.6	48.3	51.7
Indo-Fijian	8.2	17.3	8.1	5.3	9.8	26.0	16.3	34.0	66.0



**Table 6.2. Attitudes to physical partner violence. Proportion of interviewed women who said they agree that a man has "good reason" to hit his wife for the following reasons (N=3186\*), Fiji 2011**

	<i>Percentage of women who agree that a man has a "good reason" to hit his wife if:</i>							<i>Percentage of women who agree with:</i>	
	"Reason to hit: not complete household" (%)	"Reason to hit: wife disobeys him" (%)	"Reason to hit: wife refuses sex" (%)	"Reason to hit: wife asks about girl friends" (%)	"Reason to hit: husband suspects wife unfaithful" (%)	"Reason to hit: husband finds out wife unfaithful" (%)	"Reason to hit: wife disrespect his family" (%)	One or more of the reasons mentioned (%)	None of the reasons mentioned (%)
Other	9.1	15.3	8.5	7.4	10.8	21.6	13.6	27.3	72.7
<b>Age group of respondent</b>									
18-24	14.2	26.9	4.7	6.2	14.5	36.9	26.2	49.4	50.6
25-29	12.5	25.1	6.8	7.0	15.1	32.4	23.8	40.5	59.5
30-34	9.6	21.0	5.3	4.6	11.4	30.6	18.3	37.6	62.4
35-39	10.8	21.6	6.3	6.6	12.9	30.8	19.2	38.9	61.1
40-44	12.8	23.6	8.7	7.5	11.3	35.7	21.0	43.1	56.9
45-49	13.0	26.0	11.8	8.9	15.9	35.4	24.1	45.3	54.7
50-54	12.1	24.0	7.8	4.0	12.8	31.8	21.5	39.4	60.6
55-64	19.5	31.2	15.8	8.6	19.8	36.0	26.3	45.6	54.4
<b>According to experience of violence (N=3028**)</b>									
No partner violence	9.6	18.7	5.9	5.3	9.6	26.1	17.8	34.5	65.5
Physical or sexual partner violence	15.3	28.7	10.4	7.5	17.0	38.6	25.1	47.8	52.2
P-value	<0.001	<0.001	<0.001	0.021	<0.001	<0.001	<0.001	<0.001	<0.001

\* 7 women did not reply to the attitude questions and have been omitted from the analysis.

\*\* The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.

**Table 6.3. Attitudes to sexual partner violence. Proportion of interviewed women who said they agree that a married woman can refuse to have sex with her husband for the following reasons (N=3186), Fiji 2011**

	Percentage of women who agreed with the following:							Percentage of women who agree with:	
	"A married woman can refuse sex if she doesn't want to"	"A married woman can refuse sex if her husband is drunk"	"A married woman can refuse sex if she is sick"	"A married woman can refuse sex if her husband mistreats her"	"A married woman can refuse sex if he has a mistress or girlfriend"	"A married woman can refuse sex if she is pregnant"	"A married woman can refuse sex if she has her period"	One or more of the reasons mentioned	None of the reasons mentioned
<b>Total</b>	<b>76.5</b>	<b>83.1</b>	<b>91.8</b>	<b>87.1</b>	<b>87.9</b>	<b>91.9</b>	<b>93.0</b>	<b>97.4</b>	<b>2.6</b>
<b>Urban- Rural</b>									
urban	78.3	82.1	91.2	85.6	87.1	90.3	91.2	97.2	2.8
rural	74.9	84.0	92.4	88.4	88.6	93.3	94.7	97.6	2.4
<b>Division</b>									
Central	77.6	82.6	92.0	87.3	88.4	91.4	92.8	98	2
Eastern	71.3	86.9	95.2	88.8	85.9	95.2	97.8	98.4	1.6
Northern	77.0	84.4	90.6	85.8	89.0	91.5	91.9	96.5	3.5
Western	76.4	81.8	91.1	87.0	87.2	91.7	92.5	96.9	3.1
<b>Religion</b>									
Methodist	75.3	85.2	92.2	87.5	87.2	92.0	94.2	97.7	2.3
Catholic	77.2	85.7	93.6	88.9	91.1	92.1	95.4	98.6	1.4
SDA	79.2	88.9	91.7	90.3	87.5	93.1	94.4	97.9	2.1
AOG	77.0	84.5	94.3	90.2	90.2	93.8	93.3	97.4	2.6
Hindu	76.2	77.7	91.0	85.0	86.7	91.5	90.7	97.1	2.9
Muslim	74.5	79.7	90.6	83.3	85.9	88.5	90.1	94.8	5.2
Other+No religion	80.2	85.7	90.4	88.4	90.4	92.3	93.9	97.8	2.2
<b>Education of respondent</b>									
Primary	68.1	77.6	90.4	82.4	86.4	90.4	91.9	97.8	2.2
Secondary	74.6	81.7	91.1	86.3	86.7	91.2	92.3	97.1	2.9
Tertiary	88.5	91.5	95.6	92.7	93.4	95.4	96.8	98.4	1.6
<b>Ethnic group</b>									
Fijian (iTaukei)	76.1	85.4	91.9	88.2	88.1	92.2	93.9	97.5	2.5



**Table 6.3. Attitudes to sexual partner violence. Proportion of interviewed women who said they agree that a married woman can refuse to have sex with her husband for the following reasons (N=3186), Fiji 2011**

	Percentage of women who agreed with the following:							Percentage of women who agree with:	
	"A married woman can refuse sex if she doesn't want to"	"A married woman can refuse sex if her husband is drunk"	"A married woman can refuse sex if she is sick"	"A married woman can refuse sex if her husband mistreats her"	"A married woman can refuse sex if he has a mistress or girlfriend"	"A married woman can refuse sex if she is pregnant"	"A married woman can refuse sex if she has her period"	One or more of the reasons mentioned	None of the reasons mentioned
	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)	(%)
Indo-Fijian	76.1	78.1	91.1	84.4	87.2	91.1	90.9	97.1	2.9
Other	83.6	85.8	94.3	90.3	89.2	92.6	94.9	97.7	2.3
<b>Age group of respondent</b>									
18-24	79.3	84.5	90.8	88.3	86.0	90.5	93.0	97.8	2.2
25-29	79.4	82.2	90.9	87.5	88.3	91.9	92.2	96.9	3.1
30-34	80.5	87.9	94.3	91.1	90.0	93.6	94.8	98.6	1.4
35-39	76.6	84.2	93.2	87.1	89.7	92.6	92.4	97.6	2.4
40-44	77.8	83.1	92.3	87.5	88.4	92.5	93.0	97.1	2.9
45-49	73.6	78.8	89.4	85.1	85.5	89.2	90.6	96.9	3.1
50-54	77.1	83.9	91.9	86.6	87.6	92.9	94.4	97.8	2.2
55-64	68.4	80.2	91.6	83.5	87.4	91.9	94.0	96.7	3.3
<b>According to experience of violence (N=3035**)</b>									
No partner violence	78.0	84.0	91.9	88.0	88.3	91.9	93.1	97.2	2.8
Physical or sexual partner violence	75.3	82.4	91.7	86.6	87.7	92.0	92.9	97.6	2.4
P-value	0.099	0.24	0.83	0.30	0.59	0.97	0.85	0.52	0.52

\* 7 women did not reply to the attitude questions and have been omitted from the analysis.  
 \*\* The two Ns in this table are different because the attitude questions were asked from all women, while the association with partner violence is tested for ever-partnered women only.

**Table 6.4. Situations associated with violence as reported by women who ever experienced physical partner violence (N=1853), Fiji 2011**

	No particular reason (%)	Partner drunk (%)	Money problem (%)	Difficulties with his work (%)	He is unemployed (%)	No food at home (%)	Family problem (%)	She is pregnant (%)	He is jealous of her (%)	She refuses sex (%)	She is disobedient (%)	Shows he is boss (%)	Other reasons (%)
<b>Total</b>	8.3	28.9	11.7	6.6	3.1	6.6	21.1	1.7	29.6	10.1	29.0	9.7	25.5
<b>Urban- Rural</b>													
Urban	13.6	36.3	14.3	9.7	3.4	6.0	19.1	2.2	26.2	9.0	20.4	7.1	26.0
Rural	4.6	23.8	9.8	4.5	2.9	7.1	22.5	1.4	32.0	10.8	35.0	11.6	25.1
<b>Division</b>													
Central	10.5	31.0	13.6	9.6	3.2	8.1	19.2	2.1	25.4	9.8	24.2	9.1	24.9
Eastern	3.3	20.7	8.3	2.5	1.2	7.0	18.2	0.4	43.0	12.4	40.1	16.5	25.6
Northern	6.1	22.9	11.1	7.2	2.5	6.6	27.1	1.7	29.4	9.4	32.7	11.4	25.2
Western	9.2	33.8	11.0	4.2	4.2	4.6	20.8	1.8	29.3	9.9	27.8	6.4	26.3
<b>Religion</b>													
Methodist	7.3	28.0	9.1	5.7	2.8	7.5	20.7	1.5	34.0	9.0	31.9	12.9	22.3
Catholic	7.1	33.0	7.6	5.4	2.7	8.2	17.9	1.6	33.9	9.2	32.1	12.0	21.2
SDA	6.3	28.4	17.9	6.3	0.0	7.4	15.8	2.1	40.0	12.6	22.1	10.5	30.5
AOG	6.7	32.6	11.1	4.4	3.7	5.9	14.8	0.7	27.4	10.4	34.1	5.9	29.6
Hindu	10.8	26.6	18.0	7.7	5.0	4.5	29.6	2.6	13.0	10.8	23.0	5.3	25.9
Muslim	15.3	20.0	7.1	3.5	1.2	2.4	29.4	2.4	14.1	10.6	30.6	4.7	37.6
Other+No religion	7.8	33.9	12.4	11.9	3.2	7.8	13.3	1.4	42.2	11.9	25.7	8.3	29.8
<b>Education of respondent</b>													
Primary	8.0	29.4	17.2	6.1	4.3	10.4	27.6	2.5	21.5	12.3	24.5	10.4	26.4
Secondary	8.6	28.6	11.6	6.2	3.3	6.8	20.6	1.7	30.5	10.1	30.3	10.3	24.9
Tertiary	6.8	30.6	8.4	9.6	1.2	3.2	20.0	1.2	29.5	8.8	23.9	5.6	28.4
<b>Ethnic group</b>													
Fijian (iTaukei)	7.4	29.5	10.2	6	2.7	7.6	18.1	1.4	34.5	9.5	30.7	10.6	24.4
Indo-Fijian	11.3	23.7	15.2	8.3	4.2	3.8	29.2	2.3	13.5	9.8	24.8	4.8	27.9
Other	5.3	47.9	13.8	6.4	4.3	8.5	21.3	3.2	44.7	20.2	26.6	22.3	27.7
<b>Age group of respondent</b>													
18-24	7.2	33.8	9.4	5	2.2	3.6	20.1	3.6	36.7	10.8	29.5	5.8	22.3
25-29	10.3	26.4	13.7	6	5.2	7.7	20.2	2.6	36.3	13.3	32.5	11.6	26.2
30-34	5.6	25.2	9.8	7.1	3.7	6.4	21.4	2.3	27.8	11.3	28.9	7.5	27.4
35-39	11.2	26.4	10.3	9.5	4.5	6.6	20.2	1.2	32.6	8.3	24.8	10.3	26.9
40-44	8.6	25.7	12.5	6.1	1.8	7.2	19.7	2.2	24	10.8	32.6	10.8	30.8
45-49	8.3	29.7	14.3	6.8	3.4	5.6	22.9	0.8	31.6	6.8	31.2	8.3	24.1
50-54	5.9	32.6	12.3	7	1.6	4.8	25.1	1.1	21.9	10.7	25.7	12.8	20.9
55-64	8.8	35.4	10	5	2.1	9.6	19.7	0.8	28.3	9.6	25.1	10.0	22.2



**Table 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence, Fiji 2011**

	Ever injured (%)	Number of women reporting partner violence (N)
<b>Total</b>	<b>46.7</b>	<b>1945</b>
<b>Urban- Rural</b>		
Urban	46.3	805
Rural	47.0	1140
<b>Division</b>		
Central	47.7	741
Eastern	53.6	250
Northern	44.6	379
Western	43.9	575
<b>Religion</b>		
Methodist	49.4	797
Catholic	42.4	191
SDA	57.0	100
AOG	54.4	138
Hindu	33.6	399
Muslim	44.8	87
Other+No religion	55.4	233
<b>Education of respondent</b>		
Primary	46.1	167
Secondary	47.6	1513
Tertiary	42.3	265
<b>Ethnic group</b>		
Fijian (iTaukei)	50.6	1343
Indo-Fijian	34.7	507
Other	56.8	95
<b>Age group of respondent</b>		
18-24	38.4	159
25-29	47.8	249
30-34	46.7	277
35-39	52.0	254
40-44	45.4	284
45-49	49.3	277
50-54	46.4	192
55-64	44.6	251
<b>Socio-economic status</b>		
Lower	47.9	562
Medium	50.7	584
Higher	43.1	799
<b>By type of partner violence</b>		
Sexual only	2.2	92
Physical only	36.6	915
Physical and sexual	61.0	938
Physical or sexual	46.7	1945



**Table 7.2. Prevalence, frequency and type of injuries and health service use for women who were injured due to physical or sexual partner violence, Fiji 2011**

<b>a. Prevalence, frequency, use of services</b>	<b>n</b>	<b>%</b>
<b>Injuries among women reporting partner violence (N=1945)</b>		
Ever injured due to partner violence	909	46.7
Injured in the past 12 months	252	13.0
Ever lost consciousness	259	13.3
Lost consciousness in past 12 months	59	3.0
Ever hurt enough to need health care	450	23.2
<b>Frequency injured among ever injured (N=909)</b>		
Once time	360	39.6
2 - 5 times	348	38.3
More than 5 times	201	22.1
<b>Among women hurt enough to need health care (N=450)</b>		
Proportion needed health care in the past 12m	91	20.2
Proportion ever received health care for injuries	293	64.9
<b>Among women who received health care for injuries (N=293)</b>		
Proportion who spent at least 1 night in hospital due to injury	91	31.1
Proportion who told health worker about real cause of injury	193	65.9

	<b>During lifetime</b>		<b>During past 12 months</b>	
<b>b. Type of injury</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
<b>Type of injury among ever injured (N=909)</b>				
Cuts, puncture, bites	365	40.2	113	12.4
Scratch, abrasion and bruises	646	71.1	237	26.1
Sprains, dislocations	87	9.6	26	2.9
Burns	33	3.6	7	0.8
Penetrating injuries, deep cuts	183	20.1	49	5.4
Broken ear drum, eye injuries	495	54.5	172	18.9
Fractures, broken bones	97	10.7	30	3.3
Broken teeth	70	7.7	15	1.7
Internal injuries	124	13.6	30	3.3
Permanent Disability	16	1.8	5	0.6
Other	49	5.4	17	1.9



**Table 7.3. Self-reported impact of violence on women's physical and mental health, among women who reported physical or sexual partner violence, Fiji 2011**

Self reported impact on health (N=1941)	No effect (%)	A little (%)	A lot (%)
<b>Total</b>	<b>57.7</b>	<b>25.6</b>	<b>16.6</b>
<b>Urban- Rural</b>			
Urban	54.8	24.4	20.7
Rural	59.7	26.4	13.8
<b>Division</b>			
Central	62.1	20.5	17.3
Eastern	55.8	30.1	14.1
Northern	58.9	27.4	13.7
Western	52.0	29.1	18.9
<b>Religion</b>			
Methodist	59.7	26.8	13.4
Catholic	62.0	27.1	10.9
SDA	54.0	25.0	21.0
AOG	54.0	26.3	19.7
Hindu	56.3	22.6	21.1
Muslim	57.5	19.5	23.0
Other+No religion	53.7	27.7	18.6
<b>Education of respondent</b>			
Primary	47.9	27.5	24.6
Secondary	58.7	25.7	15.6
Tertiary	58.3	24.1	17.7
<b>Ethnic group</b>			
Fijian (iTaukei)	59.0	26.4	14.6
Indo-Fijian	55.2	23.8	21.0
Other	53.2	24.5	22.3
<b>Age group of respondent</b>			
18-24	61.4	26.6	12.0
25-29	51.8	26.5	21.7
30-34	60.1	24.3	15.6
35-39	57.9	26.4	15.7
40-44	59.0	22.3	18.7
45-49	57.8	24.0	18.2
50-54	57.8	24.0	18.2
55-64	57.1	31.0	11.5
<b>Socio-economic cluster</b>			
Lower	60.3	26.0	13.7
Medium	57.1	26.1	16.8
Higher	56.3	25.0	18.6

**Table 7.4.a. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence, Fiji 2011**

	By urban/rural area										Total Fiji			
	Urban (N=1393)					Rural (N=1642)					Total (N=3035)			
	No Violence (N=588) %	Physical/sexual Violence (N=805) %	P-value	All partnered women (N=1393) %	No Violence (N=502) %	Physical/sexual Violence (N=1140) %	P-value	All partnered women (N=1642) %	No Violence (N=1090) %	Physical/sexual Violence (N=1945) %	P-value	All partnered women (N=3035) %		
<b>General health status</b>														
Fair, poor and very poor of health	19.7	28.8	<0.001	25.0	22.3	23.1	0.75	22.8	20.9	25.5	0.005	23.8		
Some/many problems walking	12.6	15.9	0.090	14.5	10.8	11.7	0.61	11.4	11.7	13.4	0.19	12.8		
Some, many problems with performing usual activities	10.0	15.7	0.002	13.3	10.0	13.0	0.085	12.1	10.0	14.1	0.001	12.6		
Some/ many problem of pain	9.5	14.0	0.013	12.1	10.6	14.0	0.056	13.0	10.0	14.0	0.001	12.6		
Some/many problems with memory or concentration	5.1	9.9	0.001	7.9	7.4	9.5	0.19	8.8	6.2	9.7	0.001	8.4		
<b>Emotional distress in past 4 weeks as measured by SRQ*</b>														
0-5	76.9	47.6		59.9	71.3	47.9		55.1	74.3	47.8		57.3		
6-10	17.7	29.6		24.6	18.5	26.5		24.1	18.1	27.8		24.3		
11-15	4.1	16.4		11.2	8.0	19.1		15.7	5.9	18.0		13.6		
16-20	1.4	6.5	<0.001	4.3	2.2	6.5	<0.001	5.2	1.7	6.5	<0.001	4.8		
<i>Mean SRQ score**</i>	3.5	6.6		5.3	4.2	6.8		6.0	3.8	6.7		5.7		
<i>Median SRQ score**</i>	3.0	6.0		4.0	3.0	6.0		5.0	3.0	6.0		5.0		
Ever thought about suicide	9.4	28.4	<0.001	20.4	10.0	27.9	<0.001	22.4	9.6	28.1	<0.001	21.5		
Ever attempted suicide	3.1	8.7	<0.001	6.3	1.8	6.3	<0.001	4.9	2.5	7.3	<0.001	5.6		
<b>Chronic conditions</b>														
Diabetes	7.8	8.5	0.69	8.2	7.6	6.6	0.53	6.9	7.7	7.4	0.77	7.5		
Asthma	4.3	6.8	0.047	5.7	4.2	6.2	0.10	5.6	4.2	6.5	0.011	5.7		
High blood pressure	15.2	19.8	0.028	17.8	18.7	18.0	0.73	18.2	16.8	18.7	0.20	18.0		
Physical disabilities	2.0	3.6	0.11	3.0	1.2	2.0	0.31	1.8	1.7	2.7	0.08	2.3		

\* SRQ-20 is a set of 20 questions that make up a WHO screening tool for emotional distress, more points indicating more probability for depression (WHO 1994).  
\*\* Note that this is not a percentage but an average score for each of the subgroups.



**Table 7.4.b. Mental health problems reported among ever-partnered women, according to women's experience of emotional partner violence, Fiji 2011**

	Women who did <u>not</u> report physical or sexual partner violence				Women who reported physical or sexual partner violence					
	No Violence* (N=856) %	Emotional violence alone (N=234) %	P-value	Ever-partnered women without phys/sex violence (N=1090) %	Physical or sexual violence without emotional abuse (N=467) %	Physical or sexual violence with emotional abuse (N=1478) %	P-value	Ever-partnered women with phys/sex violence (N=1945) %	Total ever-partnered women (N=3035) %	
Emotional distress in past 4 weeks as measured by SRQ**										
0-5	76.5	66.2		74.3	63.1	43.7		47.8	57.3	
6-10	16.5	23.9		18.1	23.5	28.9		27.8	24.3	
11-15	5.5	7.3		5.9	10.3	20.1		18.0	13.6	
16-20	1.5	2.6	0.013	1.7	3.2	7.4	<0.001	6.5	4.8	
Mean SRQ score***	3.6	4.6		3.8	5.1	7.2		6.7	5.7	
Median SRQ score***	3.0	3.0		3.0	4.0	6.0		6.0	5.0	
Ever thought about suicide	8.2	15.0	0.004	9.6	13.5	32.0	<0.001	28.1	21.5	
Ever attempted suicide	2.2	3.4	0.482	2.5	2.4	8.6	<0.001	7.3	5.6	

\* For the purpose of this table the women with 'no violence' did not experience any physical, sexual or psychological violence; hence the N is different compared to table 7.5.a.

\*\* SRQ-20 is a set of 20 questions that make up a WHO screening tool for emotional distress, more points indicating more probability for depression (WHO 1994).

\*\*\* Note that this is not a percentage but an average score for each of the subgroups.



**Table 7.5. Use of health services and medication among ever-partnered women, according to their experience of physical and/or sexual partner violence, Fiji 2011**

	No Violence (%)	Physical/sexual violence (%)	P-value	All respondents (%)
<b>Use of services and medicines in the past 4 weeks (N=3035)</b>				
Consulted a doctor or health worker	25.4	33.3	<0.001	30.5
Took medicine to sleep	5.5	6.0	0.63	5.8
Took medicine for pain	43.8	49.9	0.001	47.7
Took medicine for sadness/depression	2.0	3.0	0.101	2.7
<b>Use of services in the past 12 months (N=3035)</b>				
Had an operation (other than caesarean section)	3.5	3.6	1.0	3.5
Spent at least one night in a hospital	5.2	8.9	<0.001	7.6

**Table 7.6. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence, Fiji 2011**

a. According to experience of partner violence	No violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
<b>Pregnancy rate among ever-partnered women (N=3034)</b>				
Ever pregnant	89.8	94.2	<0.001	92.7
<b>Circumstances of most recent pregnancy for women who delivered in last 5 yrs (N=940)</b>				
Pregnancy unwanted or wanted later	33.8	49.9	<0.001	45.2
<b>Reproductive health among those ever pregnant (N=2814)</b>				
Ever had miscarriage	17.0	18.9	0.22	18.2
Ever had stillbirth	3.6	4.2	0.48	4.0
Ever had abortion	2.2	3.5	0.05	3.0

b. According to experience of violence in pregnancy	No violence in pregnancy (%)	Violence in pregnancy (%)	P-value*	All respondents (%)
<b>Reproductive health among those ever pregnant (N=2814)</b>				
Ever had miscarriage	17.5	22.4	0.017	18.2
Ever had stillbirth	3.7	5.4	0.14	4.0
Ever had abortion	3.0	3.3	0.76	3.0

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



**Table 7.7. Factors related to last pregnancy, among women with live birth in the past 5 years, according to the women's experience of physical and/or sexual partner violence, Fiji 2011**

	No Violence (N= 275) (%)	With physical or sexual partner violence (N=665) (%)	P-value*	All women (N= 940) (%)
Respondent did not want this pregnancy then (unwanted or mistimed pregnancy)	33.8	49.9	<0.001	45.2
Partner did not wanted this pregnancy then	18.6	26.5	0.009	24.2
Partner wanted a son	36.4	54.7	<0.001	49.4
Respondent used alcohol during pregnancy	3.6	8.3	0.011	6.9
Respondent smoked during this pregnancy	7.3	13.2	0.009	11.5
Postnatal check-up not done	13.4	19.4	0.031	17.7

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

**Table 7.8. Use of contraception reported by women, according to their experience of physical and/or sexual partner violence, Fiji 2011**

	No Violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
<b>Among all ever-partnered women who ever had sex (N=3024)</b>				
Ever using a method to prevent/delay pregnancy	44.3	56.0	<0.001	51.9
Currently using a method to prevent/delay pregnancy	18.8	21.2	0.12	20.4
Partner has ever refused/stopped contraception	3.2	10.2	<0.001	7.7
Ever used a condom with current or most recent partner	28.6	28.4	0.90	28.5
Ever asked current or most recent partner to use condom	21.7	24.8	0.055	23.7
Current or most recent partner ever refused to use condom	5.5	13.6	<0.001	10.7
<b>Among women currently using contraception (N=606)</b>				
Current partner knows she is using contraception	95.5	90.7	0.037	92.2
<b>Among women who ever used a condom with current/most recent partner (N=876 )</b>				
Used a condom during last time they had sex	29.1	22.2	0.027	24.7

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



**Table 7.9. How husbands/partners showed disapproval of contraceptive or condom among women who mentioned partner ever refused use of method, Fiji 2011**

Way of showing disapproval	Any contraception (N=240)		Condoms (N=324)	
	Number	(%)	Number	(%)
Told he did not approve	206	85.8	265	81.8
Shouted/got angry	36	15.0	41	12.7
Threatened to beat her	6	2.5	5	1.5
Threatened to leave/throw her out of home	3	1.3	0	0.0
Beat her/physically assaulted her	5	2.1	9	2.8
Took or destroyed method	7	2.9	8	2.5
Accused her of being unfaithful/not good woman	n.a.		17	5.3
Laughed at her/not take her serious	n.a.		13	4.0
Said it is not necessary	n.a.		55	17.0
Other	17	7.1	18	5.6

Numbers add up to more than N and percentages to more than 100% because respondents could give multiple response.

**Table 7.10. Estimates of the number of women injured per year, per week and per day (% of ever-partnered women)**

Types of injury in the previous 12 months before the survey (Table 7.2a and 7.2b of Annex 1)	Number from survey injured in the previous 12 months before the survey (Table 7.2b)	% of ever-partnered women affected from the survey (n=3035) in the 12 months before the survey	Estimate of number of women affected per year using 2007 Census total of ever-partnered women aged 18-64 (n=189,385)*#	Estimate of number of women affected per week (annual estimate / 52 weeks)#	Estimate of number of women affected per day (annual estimate / 365 days)#
Injured	252	8.303	15,725	302	43
Permanently disabled	5	0.165	312	6	1
Lost consciousness	59	1.944	3,682	71	10
Needed health care	91	2.998	5,678	109	16
Eye and ear injuries	172	5.667	10,733	206	29
Broken or fractured bones	30	0.988	1,872	36	5
Internal injuries	30	0.988	1,872	36	5
Sprains and dislocations	26	0.857	1,622	31	4
Burns	7	0.231	437	8	1
Broken teeth	15	0.494	936	18	3
Cuts, punctures, bites	113	3.723	7,051	136	19
Scratches, abrasions, bruises	237	7.809	14,789	284	41
Penetrating injuries, deep cuts	49	1.614	3,058	59	8
Other	17	0.560	1,061	20	3

\*The Fiji Census 2007 total of ever-partnered women aged 18-64 is 189,385. See Table 3.3 of Annex 1 (167,235 currently married + 2,340 living with a man + 4,784 divorced + 15,026 widowed).

# Note that these figures are under-estimates of the number of injuries annually, weekly and daily because:

- the survey counted the number of women with injuries in the previous 12 months, and not the number of injuries (some injuries may have happened multiple times) - the calculations above assume that each injury happened once only; and
- 2007 Census data is used.



**Table 8.1. Children's well-being as reported by women with children 6-14 years old, according to the women's experience of physical and/or sexual partner violence, Fiji 2011**

<i>Proportion of women reporting that at least one of her children (aged 6-14 years) had the following:</i>	No Violence (N=354) (%)	With physical or sexual partner violence (N=818) (%)	P-value*	All women (N=1172) (%)
Nightmares	17.2	28.8	<0.001	25.3
Bedwetting	10.7	18.7	0.001	16.3
Child quiet / withdrawn	17.3	27.1	0.001	24.2
Child aggressive	23.2	35.6	0.001	31.9
Two or more of above problems	17.8	34.0	<0.001	29.1
Child has failed / had to repeat a year at school	4.3	9.7	0.001	8.0
Child has stopped school / dropped out of school	3.4	4.7	0.43	4.3

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

**Table 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence, Fiji 2011**

	By urban/rural area		By division				Total (N=1692) (%)
	Urban (N=686) (%)	Rural (N=1006) (%)	Central (N=644) (%)	Eastern (N=215) (%)	Northern (N=334) (%)	Western (N=499) (%)	
Never	43.7	46.2	45.5	42.3	45.5	45.9	45.2
Once or twice	28.4	30.9	28.1	27.9	30.8	32.5	29.9
Several times	16.5	17.6	16.6	24.2	16.8	15.0	17.1
Many times	10.9	5.1	9.5	5.1	6.9	6.2	7.5
Don't know, refuse	0.4	0.2	0.3	0.5	0.0	0.4	0.3

**Table 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence, Fiji 2011**

	Proportion of women who reported that...					
	Her mother was hit by mother's husband (N=2951) (%)	P-value	Partner's mother was hit by mother's husband (N=2955) (%)	P-value	Partner was hit as a child (N=2955) (%)	P-value
<b>According to all ever-partnered women</b>	33.7		14.5		17.4	
<b>According to experience of partner violence</b>						
Not experienced any partner violence	23.1		9.5		9.8	
Ever experienced physical or sexual violence	39.7	<0.001	17.2	<0.001	21.4	<0.001
<b>According to type of partner violence</b>						
No violence	23.1		9.5		9.8	
Sexual only	33.7		20.0		20.0	
Physical only	32.6		14.8		19.4	
Both sexual and physical	47.2		19.3		23.5	
<b>According to severity of physical partner violence</b>						
No physical violence	23.9		10.3		10.6	
Moderate physical violence	33.1		11.3		18.8	
Severe physical violence	42.6		19.3		22.5	



**Table 9.1. Prevalence of economic abusive acts by partners, as reported by currently-partnered women, Fiji 2011**

	Taken away what she earned or saved (%)	Refused to give money (%)	At least one or both acts (%)	Number of ever partnered women for whom questions were applicable (N)
<b>Total</b>	<b>12.4</b>	<b>20.7</b>	<b>28.3</b>	<b>2073</b>
<b>Urban- Rural</b>				
Urban	11.5	17.2	23.7	1028
Rural	13.3	23.6	32.7	1045
<b>Division</b>				
Central	12.3	19.9	26.4	875
Eastern	17.1	29.6	42.0	199
Northern	11.6	24.8	34.2	361
Western	11.4	16.3	23.2	638
<b>Religion</b>				
Methodist	15.8	26.6	36.6	701
Catholic	12.1	23.0	31.1	174
SDA	14.3	29.8	37.5	98
AOG	12.6	24.5	31.2	119
Hindu	8.8	10.8	17.0	613
Muslim	8.5	9.2	14.8	142
Other+No religion	13.3	26.5	32.9	226
<b>Education of respondent</b>				
Primary	11.4	18.3	25.3	149
Secondary	12.7	22.2	30.4	1555
Tertiary	11.4	14.3	20.5	369
<b>Ethnic group</b>				
Fijian (iTaukei)	15.1	26.4	35.7	1171
Indo-Fijian	8.3	10.4	16.2	787
Other	13.0	28.3	34.2	115
<b>Age group of respondent</b>				
18-24	12.1	21.8	29.9	165
25-29	12.1	23.0	30.1	264
30-34	12.8	21.0	29.8	298
35-39	12.9	19.2	27.1	279
40-44	13.8	18.4	27.4	312
45-49	13.6	22.0	29.3	295
50-54	9.5	20.5	26.0	211
55-64	11.3	20.3	27.1	247
<b>Socio-economic cluster</b>				
Lower	15.2	28.5	40.6	396
Medium	15.3	24.4	33.2	587
Higher	9.8	14.8	20.7	1089

**Table 9.2. Financial autonomy among currently married or cohabiting women, according to the women's experience of physical and/or sexual partner violence, Fiji 2011**

	No Violence (%)	With physical or sexual partner violence (%)	P-value*	All women (%)
<b>Among all currently married/cohabitating women who earned cash (N= 877)</b>				
Respondent able to decide herself how she spends her money	65.2	57.3	<b>0.031</b>	59.8
Respondent contributing more than husband/partner to the family budget	17.1	23.9	<b>0.027</b>	21.8
<b>Among all currently married/cohabitating women (N=2593)</b>				
Respondent ever gave up or refused a job because husband did not want her to work	7.6	15.8	<b>&lt;0.001</b>	12.9
Respondent's husband took her earnings or savings against her will at least once	3.0	13.6	<b>&lt;0.001</b>	9.9
Respondent's husband refused to give money for household expenses when he had money, at least once	6.97	26.7	<b>&lt;0.001</b>	19.8
Respondent able to raise enough money to feed her family for 4 weeks in case of emergency	78.3	72.0	<b>&lt;0.001</b>	74.2

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.



**Table 9.3.a. Self-reported impact of violence on women's work, among women who reported physical or sexual partner violence (N=1942), Fiji 2011**

Self -reported impact on work (N=1942)	Unable to concentrate (%)	Unable to work/ sick leave (%)	Partner interrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)	Not applicable (not working for money) (%)
<b>Total</b>	7.6	4.6	3.2	3.2	0.7	13.2	75.1
<b>Urban-Rural</b>							
Urban	12.7	8.7	5.6	5.6	1.4	18.7	62.6
Rural	4.0	1.8	1.5	1.5	0.3	9.3	83.8
<b>Division</b>							
Central	8.4	6.5	3.6	3.9	0.9	17.0	69.1
Eastern	12.4	5.6	2.4	2.8	1.2	13.7	69.2
Northern	3.2	0.8	1.8	3.2	0.8	7.4	86.1
Western	7.4	4.4	3.9	2.5	0.2	11.9	78.1
<b>Religion</b>							
Methodist	6.5	3.9	2.8	3.5	0.5	13.2	76.5
Catholic	7.3	5.2	2.6	2.1	0.5	10.9	77.6
SDA	5.0	7.0	3.0	1.0	0.0	17.0	69.0
AOG	8.8	8.0	1.5	6.6	1.5	8.8	76.6
Hindu	7.0	2.8	3.0	2.0	0.3	14.8	77.1
Muslim	9.2	1.1	3.4	2.3	3.4	12.6	73.6
Other+No religion	12.1	8.2	6.5	4.3	1.3	13.4	66.7
<b>Education of respondent</b>							
Primary	3.6	3.0	1.2	2.4	1.8	7.8	83.2
Secondary	6.8	3.9	2.9	3.1	0.6	11.9	78.0
Tertiary	14.7	9.8	6.4	4.1	0.8	24.1	53.4
<b>Ethnic group</b>							
Fijian (iTaukei)	6.9	5.1	3.3	3.1	0.5	12.2	76.0
Indo-Fijian	8.7	3.2	3.0	2.4	1.2	15.1	74.8
Other	10.6	5.3	3.2	8.5	1.1	17.0	62.8
<b>Age group of respondent</b>							
18-24	2.5	2.5	1.3	3.2	1.3	13.9	79.7
25-29	7.6	5.6	5.6	2.0	0.0	10.8	77.6
30-34	10.2	6.9	3.3	3.6	1.1	11.6	73.2
35-39	7.1	5.1	3.9	3.9	0.8	9.1	80.3
40-44	5.7	3.5	2.5	4.6	0.4	17.3	71.7
45-49	11.3	4.7	4.0	2.2	1.1	15.3	70.5
50-54	6.3	4.2	3.1	3.6	0.0	12.0	77.6
55-64	7.5	3.6	1.2	2.4	1.2	15.1	73.4
<b>Socio-economic cluster</b>							
Lower	4.4	1.1	0.9	2.1	0.5	7.3	86.3
Medium	7.2	4.5	3.4	3.6	0.5	11.5	76.7
Higher	10.1	7.3	4.6	3.6	1.0	18.6	66.0

**Table 9.3.b. Self-reported impact of violence on women's work, among women who did work for money and who reported physical or sexual partner violence (N=484), Fiji 2011**

Self-reported impact on work (N=484)	Unable to concentrate (%)	Unable to work/ sick leave (%)	Partner interrupted work (%)	Lost confidence in own ability (%)	Other (%)	Work not disrupted (%)
<b>Total</b>	28.7	18.4	12.8	10.7	2.7	51.7
<b>Urban- Rural</b>						
Urban	32.3	23.0	15.0	13.0	3.7	48.0
Rural	22.8	10.9	9.2	7.1	1.1	57.6
<b>Division</b>						
Central	25.8	20.5	11.8	10.9	3.1	53.7
Eastern	40.3	18.2	7.8	9.1	3.9	44.2
Northern	22.6	5.7	13.2	22.6	5.7	50.9
Western	29.6	20.0	17.6	6.4	0.0	52.8
<b>Religion</b>						
Methodist	26.7	16.6	11.8	12.8	2.1	55.6
Catholic	27.9	20.9	11.6	7.0	2.3	46.5
SDA	16.1	22.6	9.7	3.2	0.0	54.8
AOG	31.3	34.4	6.3	21.9	3.1	37.5
Hindu	29.7	12.1	13.2	7.7	1.1	61.5
Muslim	34.8	4.3	13.0	8.7	13.0	43.5
Other+No religion	35.1	24.7	19.5	10.4	3.9	40.3
<b>Education of respondent</b>						
Primary	21.4	17.9	7.1	14.3	10.7	46.4
Secondary	28.6	17.5	13.0	11.4	2.4	52.4
Tertiary	30.6	21.0	13.7	8.1	1.6	50.8
<b>Ethnic group</b>						
Fijian (iTaukei)	27.0	21.1	13.7	10.6	1.9	50.6
Indo-Fijian	33.1	12.6	11.8	7.9	4.7	56.7
Other	28.6	14.3	8.6	22.9	2.9	42.9
<b>Age group of respondent</b>						
18-24	12.5	12.5	6.3	9.4	6.3	65.6
25-29	30.4	23.2	25.0	8.9	0.0	46.4
30-34	31.1	25.7	12.2	9.5	4.1	43.2
35-39	34.0	26.0	20.0	14.0	2.0	46.0
40-44	20.0	12.5	8.8	15.0	1.3	60.0
45-49	38.3	16.0	13.6	7.4	3.7	50.6
50-54	27.9	18.6	14.0	14.0	0.0	51.2
55-64	28.4	13.4	4.5	9.0	4.5	55.2
<b>Socio-economic cluster</b>						
Lower	31.2	7.8	6.5	14.3	3.9	53.2
Medium	30.1	19.1	14.7	11.8	2.2	48.5
Higher	27.3	21.0	13.7	9.2	2.6	52.8



**Table 9.4.a. Responses on persons who prevented women from attending groups/meetings, Fiji 2011**

	All women		Ever-partnered women	
<b>Persons who prevented women from attending groups/meetings</b>	<b>n</b>	<b>%</b>	<b>n</b>	<b>%</b>
Not prevented by anybody	2,912	91.5	2,774	91.7
Partner/husband	164	5.2	163	5.4
Parents	23	0.7	11	0.4
Parents-in-law/parents of partner	14	0.4	14	0.5
Other	80	2.5	73	2.4

**Table 9.4.b. Respondents' freedom to attend groups/meetings, according to the women's experience of physical and/or sexual partner violence, Fiji 2011**

	No Violence %	Physical/ sexual Violence %	P-value*	All ever- partnered women %
<b>Participation in groups or meetings</b>				
Respondents who regularly attend a group, organization of association (N=3017)	48.6	37.3	<0.001	41.4
Respondents who reported ever having been prevented from attending a meeting or participation in an association (N=3026)	3.8	10.9	<0.001	8.3

\* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence.

Note that though the questions was asked for all women, this table (b) is calculated for ever-partnered women only.



**Table 10.1. Percentage of women who had told others, and persons they told about the violence, among women experiencing physical or sexual partner violence, Fiji 2011**

<i>People told*</i>	All women (N=1945)		i-Taukei (N=1344)		Indo-Fijian (N=508)	
	number	%	number	%	number	%
No one	907	46.6	613	45.6	256	50.4
Friends	428	22.0	346	25.7	55	10.9
Parents	478	24.6	306	22.8	147	29.0
Brother or sister	271	13.9	169	12.6	87	17.2
Uncle or aunt	89	4.6	67	5.0	16	3.2
Husband/partner's family	192	9.9	102	7.6	80	15.8
Children	49	2.5	24	1.8	22	4.3
Neighbours	125	6.4	78	5.8	42	8.3
Police	125	6.4	76	5.7	42	8.3
Doctor/health worker	79	4.1	53	4.0	22	4.3
Priest/nun/other religious figure	27	1.4	20	1.5	6	1.2
Counsellor	22	1.1	8	0.6	13	2.6
NGO/women's organisation	20	1.0	10	0.7	10	2.0
Local leader	1	0.1	1	0.1	-	-
Other	50	2.6	33	2.5	14	2.8

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence (N=1945), Fiji 2011**

<i>Who helped *</i>	number	%
No one	1,055	54.2
Friends	293	15.1
Parents	380	19.5
Brother or sister	213	11.0
Uncle or aunt	77	4.0
Husband/partner's family	129	6.6
Children	24	1.2
Neighbours	83	4.3
Police	112	5.8
Doctor/health worker	61	3.1
Priest nun/other religious figure	32	1.7
Counsellor	20	1.0
NGO/women's organisation	15	0.8
Local leader	0	0.0
Other	43	2.2

\* More than one answer could be given, therefore the total percentage is greater than 100%.



**Table 10.3. Percentage of women who mentioned they would have liked more help, and from whom, among women experiencing physical or sexual partner violence (N=1945), Fiji 2011**

	By urban/rural area		By division				Fiji	
<i>Wanted more help from... *</i>	Urban (N=805) (%)	Rural (N=1140) (%)	Central (N=741) (%)	Eastern (N=250) (%)	Northern (N=379) (%)	Western (N=575) (%)	number	Total (N=1945) (%)
No one	55.2	60.5	53.6	67.2	56.1	61.9	1,133	58.3
Family	23.5	22.8	24.9	16.8	27.4	20.5	448	23.1
Her mother	7.6	5.4	7.2	2.0	7.7	6.3	123	6.3
His mother	2.7	2.2	3.0	1.2	2.6	2.1	47	2.4
Health centre	1.1	0.5	1.5	0.4	0.5	0.2	15	0.8
Police	7.2	3.3	7.4	3.2	2.1	4.4	96	4.9
Priest/religious leader	3.1	1.1	2.8	0.8	2.4	0.9	37	1.9
Fiji Women's Crisis Centre	11.6	11.0	13.9	10.4	9.5	9.2	218	11.2
Other	4.0	1.4	2.6	1.2	2.6	2.8	48	2.5

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.4. Percentage of women who sought help from agencies/persons in authority, and satisfaction with support received, among women who experienced physical or sexual partner violence, Fiji 2011**

	All women (N=1945)				i-Taukei (N=1344)				Indo-Fijian (N=508)			
	To whom went for support*	Satisfied with support received	To whom went for support*	Satisfied with support received	To whom went for support*	Satisfied with support received	To whom went for support*	Satisfied with support received	To whom went for support*	Satisfied with support received	To whom went for support*	Satisfied with support received
	number	%	number	%	number	%	number	%	number	%	number	%
Not ever gone anywhere for help	1480	76.1			1,029	76.6			378	74.6		
Police	283	14.6	208	73.5	178	13.3	141	78.8	93	18.4	59	63.4
Hospital or health centre	265	13.7	250	95.4	194	14.5	184	95.8	57	11.3	53	93.0
Social services	68	3.5	50	73.5	26	2.0	24	92.3	42	8.3	26	61.9
Legal advice centre	38	2.0	31	81.6	17	1.3	16	94.1	20	4.0	14	70.0
Court	107	5.5	89	84.0	58	4.3	52	89.7	46	9.1	34	75.6
Shelter	21	1.1	18	85.7	11	0.8	8	72.7	10	2.0	10	100.0
Local leader	10	0.5	9	90.0	6	0.5	6	100.0	3	0.6	2	66.7
Fiji Women's Crisis Centre/branches	53	2.7	40	75.5	24	1.8	21	87.5	28	5.5	18	64.3
Priest/Religious leader	70	3.6	62	91.2	54	4.0	48	92.3	12	2.4	10	83.3
Anywhere else	23	1.2	17	73.9	15	1.1	13	86.7	5	1.0	3	60.0



**Table 10.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help (N=465), Fiji 2011**

<i>Reason for seeking support *</i>	number	%
Encouraged by friends/family	86	18.5
Could not endure more	247	53.1
Badly injured	229	49.3
He threatened or tried to kill her	21	4.5
He threatened or hit children	9	1.9
Saw that children suffering	31	6.7
Thrown out of the home	25	5.4
Afraid she would kill him	7	1.5
Afraid he would kill her	34	7.3
Aware of her rights	30	6.5
Other	67	14.4

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help (N=1480), Fiji 2011**

<i>Reason for <u>not</u> seeking support *</i>	number	%
Don't know/no answer	94	6.4
Fear of threats/consequences/ more violence	394	26.6
Violence normal/not serious	704	47.6
Embarrassed/ashamed/afraid would not	216	14.6
Believed not help/know other women not helped	23	1.6
Afraid would end relationship	151	10.2
Afraid would lose children	116	7.8
Bring bad name to family	167	11.3
Family (either) stopped her from going	30	2.0
Other	237	16.0

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence, Fiji 2011**

	By urban/rural area		By division					Fiji	
	Urban (N=767) (%)	Rural (N=1092) (%)	Central (N=712) (%)	Eastern (N=238) (%)	Northern (N=367) (%)	Western (N=542) (%)	number	Total (N=1859) (%)**	
Ever left home because of violence	38.3	40.3	37.9	51.7	37.3	37.6	734	39.5	
Number of times leaving home									
Never	61.7	59.7	62.1	48.3	62.7	62.4	1,125	60.5	
Once	15.5	18.7	15.5	22.3	19.1	16.6	323	17.4	
2 - 5 times	22.8	21.6	22.5	29.4	18.3	21.0	411	22.1	
<b>Mean number of days away last time*</b>	<b>46.1</b>	<b>36.8</b>	<b>43.1</b>	<b>44.5</b>	<b>31.3</b>	<b>39.9</b>	<b>653</b>	<b>40.2</b>	
Where she went last time? (N=732)									
Her relatives	82.9	93.2	84.7	86.2	94.2	93.1	652	89.1	
His relatives	7.9	4.1	6.7	8.9	4.4	2.9	41	5.6	
Other***	9.2	2.7	8.6	4.9	1.5	3.9	39	5.3	

\* Note that this is not a percentage but an average number of days for each of the subgroups.

\*\* 87 cases not living together, excluded from the analysis.

\*\*\* Other included: friends (22 times mentioned), church (5), hotel (3), children's house (2), street (1) and other (28). Shelter was not mentioned.

Note: 78 women said they had left home permanently.





**Table 10.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (temporarily), Fiji 2011**

<i>Reasons for leaving home *</i>	number	%
No particular incident	25	3.4
Encouraged by friends/family	59	8.0
Could not endure more	466	63.5
Badly injured	187	25.5
He threatened or tried to kill her	27	3.7
He threatened or hit children	11	1.5
Saw that children suffering	45	6.1
Thrown out of the home	62	8.5
Afraid she would kill him	12	1.6
Encouraged by organization:	1	0.1
Afraid he would kill her	20	2.7
Other	136	18.5

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned (N=656), Fiji 2011**

<i>Reasons for returning *</i>	number	%
Didn't want to leave children	187	28.5
Sanctity of marriage	129	19.7
For sake of family/children	179	27.3
Couldn't support children	29	4.4
Loved him	121	18.5
He asked her to go back	364	55.5
Family said to return	83	12.7
Forgave him	200	30.5
Thought he would change	72	11.0
Threatened her/children	6	0.9
Could not stay there (where she went)	15	2.3
Violence normal/not serious	19	2.9
Couldn't support herself and children	18	2.7
Traditional reconciliation	120	18.3
Other	42	6.4

\* More than one answer could be given, therefore the total percentage is greater than 100%.



**Table 10.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home (N=1125), Fiji 2011**

<i>Reasons for <u>not</u> leaving home *</i>	number	%
Didn't want to leave children	448	39.8
Sanctity of marriage	354	31.4
Didn't want to bring shame	181	16.1
Couldn't support children	98	8.7
Loved him	314	27.9
Didn't want to be single	25	2.2
Family said to stay	28	2.5
Forgave him	306	27.2
Thought he would change	77	6.8
Threatened her/children	12	1.1
Nowhere to go	99	8.8
Violence normal/not serious	319	28.3
Traditional reconciliation	45	4.0
Religious reasons	109	9.7
Other	83	7.4

\* More than one answer could be given, therefore the total percentage is greater than 100%.

**Table 10.11. Retaliation/fighting back, among women who experienced physical partner violence (N=1850), Fiji 2011**

<i>Whether ever fought back</i>	By urban/rural area		Fiji	
	Urban (N=763) (%)	Rural (N=1087) (%)	number	Total (N=1850) (%)
Never	66.5	78.1	1356	73.3
Once or twice	20.1	13.6	301	16.3
Several times	10.5	5.2	136	7.4
Many times	3.0	3.1	57	3.1

**Table 10.12. Effect of fighting back, among women who ever fought back because of physical partner violence (N=500), Fiji 2011**

<i>Result of retaliation</i>	By urban/rural area		Fiji	
	Urban (N=258) (%)	Rural (N=242) (%)	number	Total (N=500) (%)
No change	19.4	17.4	92	18.4
Violence became worse	31.4	30.2	154	30.8
Violence became less	20.2	20.7	102	20.4
Violence stopped	28.7	31.4	150	30.0
Don't know/refused	0.4	0.4	2	0.4



**Table 10.13. Percentage of women who said they ever initiated violence against their husband/partner, and frequency distribution of number of times it happened, among ever-partnered women, Fiji 2011**

			Frequency distribution of number of times initiated violence		
	Ever initiated violence against partner (%)	Number of ever-partnered women (N)	One time (%)	Several times (%)	Many times (%)
<b>Total</b>	<b>13.9</b>	<b>3014</b>	<b>73.7</b>	<b>17.7</b>	<b>8.6</b>
<b>Urban- Rural</b>					
Urban	14.9	1385	74.9	19.8	5.3
Rural	13.0	1629	72.5	15.6	11.9
<b>Division</b>					
Central	16.9	1224	69.6	22.2	8.2
Eastern	14.1	306	65.1	20.9	14.0
Northern	11.3	548	74.2	16.1	9.7
Western	11.3	936	84.9	8.5	6.6
<b>Religion</b>					
Methodist	17.2	1092	68.6	20.2	11.2
Catholic	20.1	264	75.5	11.3	13.2
SDA	24.8	137	73.5	17.7	8.8
AOG	12.3	187	69.6	26.1	4.4
Hindu	6.5	813	79.3	18.9	1.9
Muslim	8.3	181	93.3	0.0	6.7
Other+No religion	15.3	340	80.8	15.4	3.9
<b>Education of respondent</b>					
Primary	7.5	267	65.0	25.0	10.0
Secondary	12.7	2269	70.6	18.3	11.1
Tertiary	22.8	478	83.5	14.7	1.8
<b>Ethnic group</b>					
Fijian (iTaukei)	16.7	1845	74.1	15.5	10.4
Indo-Fijian	6.3	1014	78.1	18.8	3.1
Other	29.0	155	64.4	31.1	4.4
<b>Age group of respondent</b>					
18-24	21.7	277	85.0	10.0	5.0
25-29	16.2	371	80.0	15.0	5.0
30-34	15.3	425	78.5	16.9	4.6
35-39	14.3	377	63.0	31.5	5.6
40-44	14.5	408	72.9	18.6	8.5
45-49	11.8	414	75.5	16.3	8.2
50-54	8.2	316	65.4	19.2	15.4
55-64	10.6	424	60.0	15.6	24.4
<b>SES</b>					
Lower	14.0	720	65.4	18.8	15.8
Medium	12.7	860	78.9	15.6	5.5
Higher	14.5	1433	75.0	18.3	6.7
<b>By experience of physical or sexual partner violence</b>					
No violence	9.6	1070	78.6	10.7	10.7
Physical or sexual violence	16.2	1944	72.1	20.0	7.9
P-value *	<b>&lt; 0.001</b>				

\*P-value for association between initiating violence and experience of partner violence.



**Table 10.14. Communication between partners and association between communication and partner violence, in ever-partnered women, Fiji 2011**

	Partners discussing things that happened to him in the day (%)	Partners discussing things that happened to her in the day (%)	Partners discussing her worries or feelings (%)	Partners discussing his worries or feelings (%)	Partners communicating well (yes to all four questions) (%)	Number of ever partnered women (N)
<b>Total</b>	<b>86.8</b>	<b>87.6</b>	<b>87.0</b>	<b>86.5</b>	<b>80.7</b>	<b>3017</b>
<b>Urban- Rural</b>						
Urban	86.9	85.8	85.6	85.6	78.8	1,385
Rural	86.7	89.0	88.2	87.3	82.4	1,632
<b>Division</b>						
Central	88.2	87.9	86.3	85.9	80.0	1226
Eastern	83.4	88.6	86.6	82.7	80.8	307
Northern	88.9	89.6	87.8	87.8	83.4	548
Western	84.8	85.6	87.7	87.7	80.0	936
<b>Religion</b>						
Methodist	87.0	89.6	88.0	85.6	81.4	1094
Catholic	86.0	87.5	85.2	83.7	80.3	264
SDA	85.4	86.9	86.9	85.4	82.5	137
AOG	88.8	87.7	82.9	84.5	78.6	187
Hindu	85.7	84.2	86.4	88.2	79.2	814
Muslim	86.2	87.3	89.5	88.4	81.2	181
Other+No religion	88.8	89.7	87.9	87.6	82.6	340
<b>Education of respondent</b>						
Primary	81.0	82.5	82.1	84.0	74.3	268
Secondary	87.3	88.0	87.7	86.8	81.4	2271
Tertiary	87.7	88.3	86.8	86.2	81.0	478
<b>Ethnic group</b>						
Fijian (iTaukei)	87.0	89.2	87.3	85.5	81.5	1847
Indo-Fijian	86.7	85.1	88.0	89.5	80.5	1015
Other	85.2	83.9	78.1	78.1	72.9	155
<b>Age group of respondent</b>						
18-24	81.7	81.3	78.8	80.6	75.5	278
25-29	84.9	87.9	86.3	84.4	78.7	371
30-34	90.8	91.5	90.1	89.9	84.5	425
35-39	85.7	88.1	86.5	86.8	79.6	378
40-44	89.2	89.2	89.2	88.5	83.3	408
45-49	86.7	87.2	87.2	86.0	80.4	414
50-54	85.4	86.1	86.7	86.4	80.4	316
55-64	87.5	87.1	88.7	87.3	81.2	425
<b>SES</b>						
Lower	85.0	88.9	87.2	85.3	81.4	721
Medium	86.5	87.8	86.5	85.5	80.3	860
Higher	87.8	86.8	87.2	87.7	80.6	1435
<b>By experience of physical or sexual partner violence</b>						
No violence					85.3	1072
Physical or sexual violence					78.2	1945
P-value *					<b>&lt; 0.001</b>	

\*P-value for association between communicating well (responding 'yes' to the four questions) and experience of partner violence. Note that questions on communicating have been asked for current/most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between communication and physical or sexual violence).



**Table 10.15. Quarrelling between partners and association between quarrelling and partner violence, in ever-partnered women, Fiji 2011**

	Rarely (%)	Sometimes (%)	Often (%)	Don't know/no answer (%)	Number of ever partnered women (N)
<b>Total</b>	<b>32.7</b>	<b>55.1</b>	<b>11.8</b>	<b>0.4</b>	<b>3017</b>
<b>Urban- Rural</b>					
Urban	32.3	54.7	12.6	0.5	1,385
Rural	33.0	55.5	11.2	0.4	1,632
<b>Division</b>					
Central	35.4	51.8	12.3	0.5	1226
Eastern	24.4	63.8	10.8	1.0	307
Northern	28.1	56.8	15.0	0.2	548
Western	34.4	55.7	9.6	0.3	936
<b>Religion</b>					
Methodist	29.6	56.9	12.9	0.6	1094
Catholic	35.2	49.2	14.8	0.8	264
SDA	27.0	60.6	12.4	0.0	137
AOG	29.4	57.8	12.3	0.5	187
Hindu	36.1	54.7	8.9	0.4	814
Muslim	35.9	53.0	11.1	0.0	181
Other+No religion	34.4	52.7	12.9	0.0	340
<b>Education of respondent</b>					
Primary	35.8	51.9	11.9	0.4	268
Secondary	31.8	55.9	12.0	0.4	2271
Tertiary	35.2	53.4	10.7	0.8	478
<b>Ethnic group</b>					
Fijian (iTaukei)	31.3	55.8	12.5	0.4	1847
Indo-Fijian	35.6	55.0	9.2	0.3	1015
Other	29.7	47.7	20.7	1.9	155
<b>Age group of respondent</b>					
18-24	36.3	51.4	10.4	1.8	278
25-29	26.4	56.6	17.0	0.0	371
30-34	28.9	60.0	10.6	0.5	425
35-39	28.8	58.5	12.4	0.3	378
40-44	30.6	57.8	11.5	0.0	408
45-49	34.5	52.2	13.0	0.2	414
50-54	31.7	59.2	8.9	0.3	316
55-64	43.5	45.7	10.1	0.7	425
<b>SES</b>					
Lower	31.1	55.2	13.0	0.7	721
Medium	33.8	53.0	13.1	0.0	860
Higher	32.8	56.3	10.4	0.6	1435
<b>By experience of physical or sexual partner violence</b>					
No violence	48.97	47.11	3.08	0.8	1072
Physical or sexual violence	23.65	59.54	16.61	0.2	1945
P-value *			<b>&lt;0.001</b>		

\*P-value for association between quarrelling often and experience of partner violence. Note that questions on quarrelling have been asked for current/most recent partner only while the experience of physical or sexual violence - for some of the women - may have been reported for a previous partner (results here shown are therefore somewhat biased towards underestimating the association between quarrelling and physical or sexual violence).

**Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

			Univariable analysis			Multivariable analysis			Multivariable analysis		
						Full model including all risk factors with P<0.1 identified at univariable level			Final model including all risk factors with P<0.1 identified in the full model***		
	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value
<b>Women's characteristics</b>											
<b>Age group (years)</b>						1			1		
18-24	267	59.2	1								
25-29	357	67.8	1.45	1.04	0.027	0.96	0.57	0.87	0.99	0.62	0.98
30-34	406	67.0	1.40	1.02	0.039	0.77	0.46	0.32	0.83	0.52	0.42
35-39	369	68.0	1.47	1.06	0.022	0.76	0.45	0.32	0.82	0.51	0.41
40-44	386	71.2	1.71	1.23	0.001	0.87	0.51	0.62	0.92	0.57	0.75
45-49	386	70.0	1.61	1.16	0.005	0.78	0.45	0.38	0.85	0.52	0.53
50-54	302	63.3	1.19	0.85	0.32	0.66	0.37	0.15	0.68	0.41	0.15
55-64	297	61.2	1.09	0.79	0.60	0.46	0.26	0.008	0.48	0.29	0.004
<b>Education</b>											
None/Primary education	252	64.3	1			1			1		
Secondary education	2,165	68.6	1.21	0.92	0.17	7.69E-08	5.69E-08	<0.001	0.72	0.10	0.74
Higher education	455	56.7	0.73	0.53	0.05	4.65E-15			0.39	0.01	0.63
<b>Current partnership</b>											
Currently partnered	2495	66.6	1								
Previously partnered	377	64.2	0.90	0.72	0.35						
<b>Age of first marriage</b>											
below 20	665	63.9	1			1					
20 - 29	1534	67.1	1.15	0.95	0.15	0.97	0.75	0.84			
30 and older	247	74.5	1.65	1.19	0.003	1.21	0.77	0.41			
<b>Earn own income</b>											
No	1868	63.8	1			1					
Yes	1004	70.9	1.38	1.17	<0.001	1.12	0.88	0.35			
<b>Ethnicity</b>											
Fijian (iTaukei)	1784	73.8	1			1			1		<0.00
Indo-Fijian	943	52.6	0.39	0.33	<0.001	0.65	0.48	0.003	0.55	0.43	1
Other	145	62.8	0.60	0.42	0.004	0.67	0.40	0.12	0.61	0.38	0.040



**Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value
<b>Number of children born alive</b>											
0	278	53.6	1			1			1		
1-2	987	62.2	1.43	1.09	0.010	1.43	0.92	0.11	1.42	0.95	0.088
3-4	1004	66.8	1.74	1.33	<0.001	1.61	1.02	0.039	1.62	1.08	0.021
5 or more	603	77.9	3.06	2.26	<0.001	1.98	1.21	0.007	1.95	1.24	0.004
<b>Women's other experiences with violence</b>											
<b>Physical violence by others &gt; age 15 years</b>											
No	2089	64.5	1			1					
Yes	783	71.1	1.36	1.14	0.001	0.88	0.68	0.34			
<b>Sexual abuse by others &gt; age 15 years</b>											
No	2772	65.3	1			1			1		
Yes	100	94.0	8.33	3.63	<0.001	8.89	2.00	0.004	4.63	1.56	0.006
<b>Childhood sexual abuse by others &lt; age 15 years</b>											
No	2739	65.3	1			1					
Yes	124	86.3	3.34	1.99	<0.001	1.85	0.83	0.13			
<b>Nature of first sexual intercourse</b>											
Wanted	1985	64.9	1			1			1		
Coerced	684	69.6	1.24	1.03	0.025	1.28	0.99	0.06	1.27	1.00	0.052
Forced	131	87.0	3.63	2.16	<0.001	1.74	0.78	0.18	1.59	0.80	0.19
<b>Women's mother was beaten</b>											
No	1718	59.5	1			1			1		
Yes	975	77.6	2.36	1.98	<0.001	1.80	1.41	<0.001	1.62	1.29	<0.001
<b>Variables from women's immediate support network</b>											
<b>Proximity of women's family</b>											
Family not near	874	61.0	1			1					
Living with family or family near	1998	68.6	1.39	1.19	<0.001	1.19	0.94	0.15			
<b>Frequency talking with family members</b>											
At least once a week	1918	66.4	1								

**Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Full model including all risk factors with P<0.1 identified at univariable level				Final model including all risk factors with P<0.1 identified in the full model***				P-value
<b>Can count on support of family members</b>														
Yes	2570	65.9	1											
No/Not sure	302	69.9	1.20	0.93	1.56	0.17								
<b>Living with her family</b>														
No	2273	66.9	1				1							
Yes	465	74.2	1.42	1.13	1.78	0.002	1.01	0.73	1.38	0.97				
<b>Living with his family</b>														
No	1548	66.3	1				1							
Yes	1192	70.5	1.21	1.03	1.43	0.022	1.26	1.01	1.57	0.039	1.26	1.02	1.55	0.030
<b>Partner's characteristics</b>														
<b>Age group (years)</b>														
below 35	671	67.8	1											
35-44	743	71.3	1.18	0.94	1.48	0.15								
45+	1407	64.9	0.88	0.72	1.07	0.19								
<b>Education</b>														
None/Primary education	305	71.8	1				1							
Secondary education	1735	68.2	0.84	0.64	1.10	0.21	1.06E+07	5.67E+06	1.98E+07	<0.001	1.29	0.17	9.66	0.80
Higher education	667	60.0	0.59	0.44	0.79	<0.001	1.41E+14	7.18E+13	2.78E+14	<0.001	1.79	0.04	88.8	0.77
<b>Employment status</b>														
Working	1,990	65.9	1				1							
Not working, studying, retired	842	70.2	1.22	1.02	1.45	0.027	1.13	0.87	1.46	0.36				
<b>Alcohol consumption</b>														
Less than weekly	2,218	64.7	1				1							
Weekly or daily	611	76.4	1.77	1.44	2.17	<0.001	1.84	1.37	2.49	<0.001	1.73	1.31	2.28	<0.001
<b>Fighting with other men</b>														
No/Don't know	2,343	63.0	1				1							
Yes	486	87.5	4.10	3.10	5.43	<0.001	3.57	2.35	5.43	<0.001	2.91	2.00	4.22	<0.001



**Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

UNIVERSITY OF GUELPH, GUELPH, ONTARIO														
				Full model including all risk factors with P<0.1 identified at univariable level				Final model including all risk factors with P<0.1 identified in the full model***						
	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value			
Having parallel relationships														
No/Don't know	2,103	60.3	1			1			1		<0.00			
Yes/Maybe	726	87.3	4.55	3.59	5.75	<0.001	3.85	2.73	5.43	<0.001	3.55	2.60	4.85	1
Partner's mother was beaten														
No	1,549	60.8	1			1			1					
Yes	417	78.9	2.41	1.86	3.11	<0.001	1.02	0.72	1.45	0.89	1.01	0.73	1.41	0.94
Don't know	750	74.4	1.87	1.54	2.27	<0.001	1.30	0.96	1.77	0.090	1.25	0.94	1.67	0.13
Partner was beaten as a child														
No	1,407	59.4	1			1			1					
Yes	495	81.4	3.00	2.34	3.85	<0.001	2.14	1.50	3.04	<0.001	2.21	1.58	3.08	<0.00
Don't know	893	72.9	1.84	1.54	2.21	<0.001	1.66	1.25	2.21	<0.001	1.66	1.27	2.18	1
Household and relationship characteristics														
Socio-economic cluster														
Lower	698	79.5	2.89	2.33	3.57	0.000	1.68	1.19	2.36	0.003	1.75	1.27	2.41	0.001
Medium	820	69.9	1.72	1.43	2.0734	0.000	1.41	1.08	1.85	0.012	1.36	1.05	1.74	0.018
Higher	1,353	57.4	1			1					1			
Age difference with partner														
Same age (she is 0-2 years younger)	805	66.3	1			1			1					
She is older	351	75.5	1.56	1.18	2.08	0.002	1.13	0.76	1.66	0.55	1.27	0.89	1.82	0.18
She is 3-8 years younger	1,199	66.0	0.98	0.81	1.19	0.87	0.97	0.75	1.25	0.79	0.98	0.77	1.25	0.86
She is 9+ years younger	462	65.8	0.98	0.77	1.24	0.85	0.67	0.48	0.95	0.025	0.71	0.52	0.98	0.04
Difference in educational level														
Same educational level	2,117	65.6	1			1			1					
She is higher educated	359	66.3	1.03	0.82	1.3086	0.79	8.05E-08	5.77E-08	1.12E-07	<0.001	0.75	0.10	5.43	0.78
She is lower educated	231	76.2	1.68	1.23	2.3047	0.001	1.83E+07	9.24E+06	3.61E+07	<0.001	2.45	0.32	3	0.39
Fixed effects														

**Table 11.1. Exploration of risk factors for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

			Univariable analysis			Multivariable analysis			Multivariable analysis					
			Full model including all risk factors with P<0.1 identified at univariable level									Final model including all risk factors with P<0.1 identified in the full model***		

\* 163 ever-partnered women who experienced partner violence and whose violent partner was not the current/more recent partner (but a previous partner) have been excluded from this analysis because no partner characteristics were collected for previous partners.

\*\* The adjusted odds ratios are adjusted for all other variables in the model.

\*\*\* The factors that remained significantly associated with lifetime partner violence in the final model are indicated with shaded boxes.



**Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

			Univariable analysis			Multivariable analysis			Multivariable analysis		
						Full model including all risk factors with P<=0.1 identified at univariable level			Final model including all risk factors with P<=0.1 identified in the full model***		
	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value
Women's characteristics											
Age group (years)											
18-24	267	49.4	1			1			1		
25-29	357	42.9	0.77	0.56 1.05	0.103	0.59	0.38 0.90	0.016	0.65	0.44 0.96	0.032
30-34	406	32.3	0.49	0.35 0.67	<0.001	0.40	0.26 0.62	<0.001	0.47	0.31 0.71	<0.001
35-39	369	26.6	0.37	0.27 0.52	<0.001	0.37	0.22 0.63	<0.001	0.44	0.27 0.71	0.001
40-44	386	24.4	0.33	0.24 0.46	<0.001	0.34	0.20 0.60	<0.001	0.40	0.24 0.67	<0.001
45-49	386	17.4	0.21	0.15 0.31	<0.001	0.25	0.14 0.47	<0.001	0.32	0.18 0.56	<0.001
50-54	302	7.3	0.08	0.05 0.13	<0.001	0.13	0.07 0.27	<0.001	0.14	0.07 0.28	<0.001
55-64	297	4.0	0.04	0.02 0.07	<0.001	0.06	0.03 0.13	<0.001	0.07	0.03 0.14	<0.001
Education											
None/Primary education	252	12.3	1			1					
Secondary education	2,165	25.8	2.48	1.68 3.65	<0.001	1.24	0.74 2.08	0.41			
Higher education	455	27.7	2.73	1.78 4.19	<0.001	0.98	0.50 1.92	0.95			
Current partnership											
Currently partnered	2495	27.6	1			1			1		
Previously partnered	377	6.9	0.19	0.13 0.29	<0.001	0.09	0.05 0.18	<0.001	0.12	0.07 0.20	<0.001
Age of first marriage											
below 20	665	22.7	1								
20 - 29	1534	24.8	1.12	0.91 1.39	0.28						
30 and older	247	23.1	1.02	0.72 1.45	0.91						
Earn own income											
No	1868	24.7	1								
Yes	1004	25.2	1.03	0.86 1.22	0.78						
Ethnicity											
Fijian (iTaukei)	1784	29.4	1			1			1		
Indo-Fijian	943	16.0	0.46	0.37 0.56	<0.001	0.61	0.45 0.81	0.001	0.64	0.49 0.83	0.001
Other	145	26.9	0.88	0.60 1.29	0.52	0.95	0.56 1.61	0.84	1.10	0.67 1.81	0.71
Number of children born alive											
0	278	26.3	1								
1-2	987	29.5	1.17	0.87 1.59	0.30						

**Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

		Univariable analysis			Multivariable analysis Full model including all risk factors with P<0.1 identified at univariable level				Multivariable analysis Final model including all risk factors with P<0.1 identified in the full model***			
		Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P- value
3-4		1004	21.9	0.79	0.58 1.07	0.13						
5 or more		603	21.7	0.78	0.56 1.08	0.14						
<b>Women's other experiences with violence</b>												
<b>Physical violence by others &gt; age 15 years</b>												
No		2089	22.5	1			1					
Yes		783	31.4	1.58	1.32 1.90	<0.001	0.96	0.75 1.23	0.77			
<b>Sexual abuse by others &gt; age 15 years</b>												
No		2772	24.2	1			1					
Yes		100	44.0	2.46	1.64 3.69	<0.001	1.69	0.90 3.17	0.101			
<b>Childhood sexual abuse by others &lt; age 15 years</b>												
No		2739	24.2	1			1					
Yes			40.3	2.12	1.46 3.06	<0.001	0.86	0.50 1.45	0.57			
<b>Nature of first sexual intercourse</b>												
Wanted		1985	22.8	1			1			1		
Coerced		684	28.7	1.36	1.12 1.66	0.002	1.28	0.98 1.65	0.066	1.31	1.03 1.67	0.029
Forced		131	43.5	2.61	1.82 3.75	<0.001	1.35	0.77 2.37	0.30	1.76	1.11 2.78	0.016
<b>Women's mother was beaten</b>												
No		1718	19.6	1			1			1		
Yes		975	35.0	2.21	1.85 2.64	<0.001	1.58	1.25 1.99	<0.001	1.65	1.34 2.04	<0.001
<b>Variables from women's immediate support network</b>												
<b>Proximity of women's family</b>												
Family not near		874	23.7	1								
Living with family or family near		1998	25.4	1.10	0.91 1.32	0.32						
<b>Frequency talking with family members</b>												
At least once a week		1918	23.8	1			1			1		
Less than once a week/never		954	27.0	1.19	0.99 1.41	0.061	1.52	1.20 1.93	0.001	1.32	1.06 1.65	0.014
<b>Can count on support of family members</b>												
Yes		2570	24.8	1								
No/Not sure		302	26.2	1.08	0.82 1.41	0.59						
<b>Living with her family</b>												
No		2273	24.0	1			1					
Yes		465	30.8	1.40	1.13 1.75	0.002	1.06	0.79 1.42	0.69			



**Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

						Full model including all risk factors with P<=0.1 identified at univariable level				Final model including all risk factors with P<=0.1 identified in the full model***				P-value
						Adjusted odds Ratio **	95% CI	P-value		Adjusted odds Ratio **	95% CI			
Living with his family	No	1548	23.8	1		1								
	Yes	1192	27.0	1.19	1.00	1.01	0.80	1.26	0.95					
<i>Partner's characteristics</i>														
<i>Age group (years)</i>														
Below 35		671	45.3	1		1				1				
	35-44	743	30.3	0.52	0.42	0.66	0.47	0.93	<b>0.019</b>	0.70	0.51	0.97	<b>0.033</b>	
	45+	1407	13.2	0.18	0.15	0.44	0.28	0.69	<b>&lt;0.001</b>	0.46	0.30	0.70	<b>&lt;0.001</b>	
<i>Education</i>														
None/Primary education		305	19.7	1		1								
	Secondary education	1735	24.9	1.35	1.00	0.89	0.60	1.32	0.57					
	Higher education	667	28.2	1.60	1.15	0.89	0.53	1.52	0.68					
<i>Employment status</i>														
Working		1,990	26.7	1		1								
	Not working, studying, retired	842	21.9	0.77	0.63	1.03	0.79	1.34	0.84					
<i>Alcohol consumption</i>														
Less than weekly		2,218	22.8	1		1				1				
	Weekly or daily	611	34.2	1.76	1.45	2.03	1.53	2.68	<b>&lt;0.001</b>	2.04	1.57	2.65	<b>&lt;0.001</b>	
<i>Fighting with other men</i>														
No/Don't know		2,343	21.5	1		1				1				
	Yes	486	43.2	2.78	2.26	1.84	1.39	2.44	<b>&lt;0.001</b>	1.81	1.39	2.36	<b>&lt;0.001</b>	
<i>Having parallel relationships</i>														
No/Don't know		2,103	21.3	1		1				1				
	Yes/Maybe	726	36.8	2.15	1.79	1.90	1.46	2.47	<b>&lt;0.001</b>	1.89	1.48	2.42	<b>&lt;0.001</b>	
<i>Partner's mother was beaten</i>														
No		1,549	21.1	1		1								
	Yes	417	37.4	2.23	1.77	1.19	0.86	1.64	0.29					
Don't know		750	26.8	1.37	1.12	1.06	0.79	1.44	0.69					
	Partner was beaten as a child													
No		1,407	20.5			1				1				
	Yes	495	37.6	2.34	1.87	1.59	1.16	2.18	<b>0.004</b>	1.52	1.15	2.01	<b>0.003</b>	
Don't know		893	26.4	1.40	1.15	1.59	1.19	2.14	<b>0.002</b>	1.47	1.15	1.87	<b>0.002</b>	

**Table 11.2. Exploration of risk factors for current experience of physical and/or sexual partner violence, among ever-partnered women, Fiji 2011 \***

			Univariable analysis			Multivariable analysis			Multivariable analysis					
						Full model including all risk factors with P<=0.1 identified at univariable level			Final model including all risk factors with P<=0.1 identified in the full model***					
	Number of women	Experienced violence (%)	Crude odds Ratio	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value	Adjusted odds Ratio **	95% CI	P-value			
Household and relationship characteristics														
Socio-economic status														
Lower	698	31.8	1.89	1.53	2.32	<0.001	1.40	1.00	1.95	0.047	1.65	1.23	2.21	0.001
Medium	820	27.4	1.53	1.25	1.876	<0.001	1.33	1.00	1.76	0.050	1.48	1.14	1.91	0.003
Higher	1,353	19.8	1			1					1			
Age difference with partner														
Same age (she is 0-2 years younger)	805	25.6	1											
She is older	351	23.9	0.91	0.68	1.22	0.55								
She is 3-8 years younger	1,199	25.9	1.01	0.83	1.24	0.89								
She is 9+ years younger	462	24.5	0.94	0.72	1.23	0.66								
Difference in educational level														
Same educational level	2,117	25.5	1											
She is higher educated	359	24.0	0.92	0.71	1.198	0.54								
She is lower educated	231	23.8	0.91	0.67	1.258	0.58								
Fixed effects														
Division														
Central	1183	25.3	1			1					1			
Eastern	286	30.1	1.27	0.96	1.69	0.098	1.14	0.76	1.71	0.52	1.00	0.69	1.46	0.98
Northern	526	28.9	1.20	0.96	1.51	0.12	1.16	0.84	1.60	0.36	1.10	0.82	1.48	0.53
Western	877	20.3	0.75	0.61	0.93	0.008	0.97	0.74	1.28	0.86	0.95	0.73	1.23	0.69

\* 163 ever-partnered women who experienced partner violence and whose violent partner was not the current/more recent partner (but a previous partner) have been excluded from this analysis because no partner characteristics were collected for previous partners.

\*\* The adjusted odds ratios are adjusted for all other variables in the model.

\*\*\* The factors that remained significantly associated with current partner violence in the final model are indicated with shaded boxes



**Table 12.1. Prevalence of different types of partner and non-partner violence, among women 18-49 years old (for comparison with other studies using age group 15-49 or 18-49), Fiji 2011**

	Life time prevalence (%)	12 month prevalence (%)	Table with equivalent data for 18-64 years old
<b>Among ever-partnered women 18-49 (N=2288)</b>			
Physical violence by partner	62.3	24.5	4.1
Severe physical violence by partner	44.3		4.3
Sexual violence by partner	35.2	17.6	4.1
Physical or sexual violence by partner	65.6	29.7	4.1
Emotional violence by partner	59.5	33.4	4.9
Physical or sexual or emotional violence by partner	72.8	40.6	Figure 4.14
<b>Among ever-pregnant women 18-49 (N=2107)</b>			
Physical violence in pregnancy	17.0	n.a.	4.5
<b>Among all women 18-49 years old (N=2437)</b>			
Physical violence since age 15 by non-partner	29.2	n.a.	5.1, 5.4
Sexual violence since age 15 by non-partner	9.0	n.a.	5.2 (sex violence combined), 5.4
Physical or sexual violence by non-partner since age 15	32.9	n.a.	5.4 (first column)
Physical violence by partner (among all women)	58.5	n.a.	5.4
Sexual violence by partner (among all women)	33.0	n.a.	5.4
Physical or sexual violence by partner (among all women)	61.6	n.a.	5.4
Physical or sexual violence by partner or non partner since age 15	72.1	n.a.	5.4
Child sexual abuse before age 15	16.2	n.a.	5.2 (interview and card)



# Annex 2: Survey Questions



Survey conducted by the Fiji Women's Crisis Centre  
in partnership with the Fiji Bureau of Statistics

v 29/10

Survey on women's health and life experiences  
in the Republic of the Fiji Islands

## **"ADMINISTRATION FORM HOUSEHOLD SELECTION FORM HOUSEHOLD QUESTIONNAIRE"**

Study conducted by  
Fiji Women's Crisis Centre  
Fiji Bureau of Statistics

**Administration Form**

IDENTIFICATION				
PROVINCE .....				[ ][ ]
WARD/TIKINA .....				[ ][ ]
RURAL (0) /URBAN (1) .....				[ ]
EA .....				[ ][ ][ ]
SES .....				[ ]
HOUSEHOLD NUMBER .....				[ ][ ][ ]
NAME OF HOUSEHOLD HEAD : .....				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]
INTERVIEWERS NAME RESULT***	_____	_____	_____	INTERVIEWER [ ][ ] RESULT [ ][ ]
NEXT VISIT: DATE TIME LOCATION	_____	_____	_____	TOTAL NUMBER OF VISITS [ ]
QUESTIONNAIRES COMPLETED?	<b>*** RESULT CODES</b> Refused (specify): _____ .. 11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed ..... 13 Dwelling not found, not accessible ..... 14 Entire hh absent for extended period ..... 15 No hh member at home at time of visit .... 16 Hh respondent postponed interview ..... 17 Entire hh speaking only strange language. 18			CHECK HH SELECTION FORM:  TOTAL IN HOUSEHOLD (Q1) [ ][ ]  TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [ ][ ]  LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [ ][ ]
[ ] 1. None completed ⇒	⇒ Need to return ⇒ Need to return			
[ ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ .. 21 No eligible woman in household ..... 22 Selected woman not at home ..... 23 Selected woman postponed interview ..... 24 Selected woman incapacitated ..... 25 ⇒ Need to return ⇒ Need to return			
[ ] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ .. 31 Rest of interview postponed to next visit. 32 ⇒ Need to return			
[ ] 4. Woman's questionnaire completed ⇒	..... 41			
LANGUAGE OF QUESTIONNAIRE (1= English, 2= Fijian, 3= Hindi)				[ ][ ]
LANGUAGE INTERVIEW MAINLY CONDUCTED IN (1= English, 2= Fijian, 3= Hindi, 4= Rotuman, 5=Mixed)				[ ][ ]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)				[ ]
FIELD EDITOR			OFFICE EDITOR	ENTERED BY
NAME [ ][ ] DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ][ ][ ]			NAME [ ][ ]	ENTRY 1: _____ ENTRY 2: _____



**IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE**

HOUSEHOLD SELECTION FORM						
Hello, my name is _____. I am working in a team on a survey for the Bureau Of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences.						
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as <b>house help</b> , 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	Today we would like to talk to one woman from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO	
LINE NUM.						
1			1 2		1 2	
2			1 2		1 2	
3			1 2		1 2	
4			1 2		1 2	
5			1 2		1 2	
6			1 2		1 2	
7			1 2		1 2	
8			1 2		1 2	
9			1 2		1 2	
10			1 2		1 2	
<b>CODES</b> 01 HEAD 02 WIFE (PARTNER) 03 DAUGHTER 04 DAUGHTER-IN-LAW 05 GRANDDAUGHTER 06 MOTHER 07 MOTHER-IN-LAW 08 SISTER 09 SISTER-IN-LAW 10 OTHER RELATIVE 11 ADOPTED/FOSTER/STEP DAUGHTER 12 HOUSE HELP 13 LODGER 14 FRIEND 15 OTHER NOT RELATIVE: _____						
<b>(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:</b> • <u>HOUSE HELP</u> IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD. • <u>VISITORS</u> IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS. <b>(B) ELIGIBLE: ANY WOMAN BETWEEN 18 AND 64 YEARS LIVING IN HOUSEHOLD.</b>						
<b>MORE THAN ONE ELIGIBLE WOMEN IN HH:</b> • <b>RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW.</b> 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. • <b>PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.</b> ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT. • <b>CONTINUE WITH HOUSEHOLD QUESTIONNAIRE</b>						
<b>NO ELIGIBLE WOMAN IN HH:</b> • SAY "I cannot continue because I can only interview women 18–64 years old. Thank you for your assistance." • <b>FINISH HERE.</b>						

\* If both (male and female are the head, refer to the male.

## ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE				
QUESTIONS & FILTERS		CODING CATEGORIES		
<i>QUESTIONS 1-6: SOCIOECONOMIC INDICATORS</i>				
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP WATER (METERED).....01 FROM A COMMUNAL STANDPIPE .....02 ROOFTANK .....03 BOREHOLE.....04 WELL.....05 RIVER OR CREEK .....06  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 OWN WATER SEALED TOILET .....02 SHARED WITH OTHERS .....03 PIT LATRINE.....04 RIVER/CANAL/SEA/BEACH.....05 NO FACILITY/BUSH/FIELD .....06  OTHER: .....96 DON'T KNOW/DON'T REMEMBER .....98 REFUSED/NO ANSWER .....99		
3	What are the main materials used for the outer walls? RECORD OBSERVATION	WALLS OF CONCRETE, BRICK OR CEMENT .. 1 WOODEN WALLS ..... 2 PERMANENT WALLS OF TIN OR CORRUGATED IRON ..... 3 WALLS OF TRADITIONAL BURE ..... 4 WALLS OF MAKESHIFT OR IMPROVISED MATERIALS ..... 5  OTHER: ..... 6		
4	What does the household mainly use for lighting?	ELECTRICITY ..... 1 KEROSENE LAMP ..... 2 BENZENE LAMP ..... 3 SOLAR POWER UNIT ..... 4  OTHER: ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
5	Does any member of your household own:		YES	NO
a) A car?	a) A CAR	1	2	8
b) A carrier/truck?	b) CARRIER/TRUCK	1	2	8
c) A refrigerator?	c) REFRIGERATOR	1	2	8
d) A computer?	d) COMPUTER	1	2	8
e) Internet access	e) INTERNET ACCESS	1	2	8
f) Video/Tv?	f) VIDEO/TV	1	2	8
g) Radio?	g) RADIO	1	2	8
h) Washing machine?	h) WASHING MACHINE	1	2	8
i) Gas/Kerosene/Electric stove?	i) GAS/ELETRIC STOVE	1	2	8
j) Telephone/mobile phone?	j) TELEPHONE/MOBILE	1	2	8
k) Outboard motor?	k) OUTBOARD MOTOR	1	2	8
l) Water pump?	l) WATER PUMP	1	2	8
m) Brush cutter?	m) BRUSH CUTTER	1	2	8



6	Do people in your household own any land?	YES .....	1
		NO .....	2
		DON'T KNOW/DON'T REMEMBER .....	8
		REFUSED/NO ANSWER .....	9
7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS .....[ ][ ]	
		DON'T KNOW/DON'T REMEMBER .....	98
		REFUSED/NO ANSWER .....	99
8	Are you concerned about the levels of crime in your neighbourhood (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED .....	1
		A LITTLE CONCERNED .....	2
		VERY CONCERNED.....	3
		DON'T KNOW/DON'T REMEMBER .....	8
		REFUSED/NO ANSWER .....	9
9	In the past 4 weeks, has someone from this household been the victim of a crime in this neighbourhood, such as a robbery or assault?	YES .....	1
		NO .....	2
		DON'T KNOW/DON'T REMEMBER .....	8
		REFUSED/NO ANSWER .....	9
10	NOTE SEX OF RESPONDENT	MALE.....	1
		FEMALE .....	2

Thank you very much for your assistance



Survey on women's health and life experiences  
in the Republic of the Fiji Islands

**WOMAN'S QUESTIONNAIRE**

Study conducted by  
Fiji Women's Crisis Centre  
Fiji Bureau of Statistics

Confidential upon completion



### INDIVIDUAL CONSENT FORM

Hello, my name is \*. I work in a team for the Fiji Women's Crisis Centre in partnership with the Bureau of Statistics. We are conducting a survey in Fiji to learn about women's health and life experiences. You have been chosen by chance to participate in the study.

I want to assure you that all of your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don't want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in Fiji.

Do you have any questions?

(The interview takes approximately half an hour to one hour to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

[ ] DOES NOT AGREE TO BE INTERVIEWED —————> THANK PARTICIPANT FOR HER TIME AND END

[ ] AGREES TO BE INTERVIEWED



Is now a good time to talk?

It's very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

We can conduct this interview in English, Fijian and Hindi; which language would you prefer?

---

### TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

---

**DATE OF INTERVIEW:** day [ ][ ] month [ ][ ] year [ ][ ][ ][ ]

100. RECORD THE TIME (AS ON YOUR WATCH)		Hour [ ][ ] (24 h) Minutes [ ][ ]	
<b>SECTION 1 RESPONDENT AND HER COMMUNITY</b>			
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 the community decided to undertake a project (school, church, fund raising) 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 are you (completed years)? (MORE OR LESS)	AGE (YEARS) ..... [ ][ ]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS ..... [ ][ ] LESS THAN 1 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	Would you mind telling me what is your religion?	METHODIST .....01 CATHOLIC .....02 SEVENTH DAY ADVENTIST .....03 ASSEMBLIES OF GOD .....04 ANGLICAN .....05 OTHER CHRISTIAN: .....06  HINDU .....07 MUSLIM .....08  OTHER: .....10  NO RELIGION .....77  DON'T KNOW/DON'T REMEMBER .....98 REFUSED/NO ANSWER .....99	
108 b	May I enquire what your Ethnic Group is?	FIJIAN .....01 INDO-FIJIAN .....02 CHINESE/PART CHINESE .....03 ROTUMAN .....04 EUROPEAN (CAUCASIAN) .....05 OTHER PACIFIC ISLANDER .....06 MIXED : .....07  OTHERS : .....08  DON'T KNOW/DON'T REMEMBER .....98 REFUSED/NO ANSWER .....99	
109	Are you able to read and write?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	
110	Have you ever attended school? (NOT BIBLE / BAL BIKASH ETC SCHOOL, NOT SHORT CLASSES LIKE SEWING) VOCATIONAL/LONG TERM TRAINING IS ACCEPTABLE	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. (CLASS/FORM)	CLASSES 1-6 _____ year .....1 FORMS 1-7 _____ 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 (even on the phone) with a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A 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 YES: What kind of group, organization or association?  IF NO, PROMPT: Organizations like women's or community groups, religious groups or political associations.  MARK ALL MENTIONED PROBE IF NECESSARY TO IDENTIFY TYPE OF GROUP	NONE ..... A   CIVIC/POLITICAL/ UNION ..... B SOCIAL WORK/CHARITABLE .... C SPORTS/ARTS/CRAFTS ..... D  ECONOMIC/SAVINGS CLUB .....E WOMEN'S ORGANIZATION .....F RELIGIOUS ORGANIZATION ..... G  OTHER: ..... ..... X	⇒ IF NONE GO TO 118  116b. How often do you attend? (ASK ONLY FOR EACH MARKED IN 116a)  <table border="1"> <thead> <tr> <th>At least once a week</th> <th>At least once a month</th> <th>At least once a year</th> <th>Never (hardly ever)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>	At least once a week	At least once a month	At least once a year	Never (hardly ever)	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
At least once a week	At least once a month	At least once a year	Never (hardly ever)																												
1	2	3	4																												
1	2	3	4																												
1	2	3	4																												
1	2	3	4																												
1	2	3	4																												
1	2	3	4																												
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 MALE PARTNER (ENGAGED OR DATING RELATIONSHIP), LIVING APART .....4  NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A RELATIONSHIP WITH A MAN).....5  CURRENTLY HAVING A FEMALE SEXUAL PARTNER .....6	⇒ 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 partner (engaged, dating or 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 <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES .....1 NO .....2 DON'T KNOW/DON'T 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: .....X	⇒ S2
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 <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you?  IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH 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 <u>current /most recent</u> 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	
*	ONLY INDO FIJIAN RESPONDENTS [ ] ↓	NON INDO FIJIAN ..... [ ]⇒	⇒ S.2
133	Did your marriage involve dowry/meher?	YES/DOWRY .....1 YES/MEHER .....2 NO .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	⇒ S.2 ⇒ S.2



134	Has all of the dowry/meher been paid for, or does some part still remain to be paid?	ALL PAID .....1 PARTIALLY PAID .....2 NONE PAID .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	
135	Overall, do you think that the amount of dowry/meher has had a positive impact on how you are treated by your husband and his family, a negative impact, or no particular impact?	POSITIVE IMPACT .....1 NEGATIVE IMPACT .....2 NO IMPACT .....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	
<b>BEFORE STARTING WITH SECTION 2: REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET. BOX A.</b>			



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																						
F201 a	Do you have any of the following:  a) Diabetes b) Asthma c) High Blood Pressure d) Physical Disabilities	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>DIABETES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ASTHMA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HIGH BLOOD PRESSURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PHYSICAL DISABILITIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	DIABETES	1	2	8	ASTHMA	1	2	8	HIGH BLOOD PRESSURE	1	2	8	PHYSICAL DISABILITIES	1	2	8		
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202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 5 options, which one best describes your situation: Would you say that you have no problems, very few problems, some problems, many problems or that you are unable to walk at all?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 UNABLE TO WALK AT ALL .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9																						
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or unable to perform usual activities?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 UNABLE TO PERFORM USUAL ACTIVITIES .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9																						
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? Please choose from the following 5 options. Would you say not at all, slight pain or discomfort, moderate, severe or extreme pain or discomfort?	NO PAIN OR DISCOMFORT.....1 SLIGHT PAIN OR DISCOMFORT .....2 MODERATE PAIN OR DISCOMFORT .....3 SEVERE PAIN OR DISCOMFORT .....4 EXTREME PAIN OR DISCOMFORT .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9																						
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS .....1 VERY FEW PROBLEMS .....2 SOME PROBLEMS .....3 MANY PROBLEMS .....4 EXTREME MEMORY PROBLEMS .....5 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9																						
206																								
207	In the <u>past 4 weeks</u> , have you taken medication:  a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="0"> <thead> <tr> <th></th> <th>NO</th> <th>ONCE OR TWICE</th> <th>A FEW TIMES</th> <th>MANY TIMES</th> </tr> </thead> <tbody> <tr> <td>a) FOR SLEEP</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b) FOR PAIN</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4		
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c) FOR SADNESS	1	2	3	4																				

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker because you yourself were sick?</p> <p>IF YES: Whom did you consult?</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED ..... A</p> <p>DOCTOR ..... B</p> <p>NURSE (AUXILIARY) ..... C</p> <p>MIDWIFE ..... D</p> <p>COUNSELLOR ..... E</p> <p>PHARMACIST ..... F</p> <p>TRADITIONAL HEALER ..... G</p> <p>TRADITIONAL BIRTH ATTENDANT ..... H</p> <p>OTHER: ..... X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) Do you often have headaches?</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) Is your appetite poor?</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) Do you sleep badly?</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) Are you easily frightened?</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) Do your hands shake?</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) Do you feel nervous, tense or worried?</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) Is your digestion poor?</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) Do you have trouble thinking clearly?</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) Do you feel unhappy?</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) Do you cry more than usual?</td> <td>1</td> <td>2</td> </tr> <tr> <td>k) Do you find it difficult to enjoy your daily activities?</td> <td>1</td> <td>2</td> </tr> <tr> <td>l) Do you find it difficult to make decisions?</td> <td>1</td> <td>2</td> </tr> <tr> <td>m) Is your daily work suffering?</td> <td>1</td> <td>2</td> </tr> <tr> <td>n) Are you unable to play a useful part in life?</td> <td>1</td> <td>2</td> </tr> <tr> <td>o) Have you lost interest in things that you used to enjoy?</td> <td>1</td> <td>2</td> </tr> <tr> <td>p) Do you feel that you are a worthless person?</td> <td>1</td> <td>2</td> </tr> <tr> <td>q) Has the thought of ending your life been on your mind?</td> <td>1</td> <td>2</td> </tr> <tr> <td>r) Do you feel tired all the time?</td> <td>1</td> <td>2</td> </tr> <tr> <td>s) Do you have uncomfortable feelings in your stomach?</td> <td>1</td> <td>2</td> </tr> <tr> <td>t) Are you easily tired?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) Do you often have headaches?	1	2	b) Is your appetite poor?	1	2	c) Do you sleep badly?	1	2	d) Are you easily frightened?	1	2	e) Do your hands shake?	1	2	f) Do you feel nervous, tense or worried?	1	2	g) Is your digestion poor?	1	2	h) Do you have trouble thinking clearly?	1	2	i) Do you feel unhappy?	1	2	j) Do you cry more than usual?	1	2	k) Do you find it difficult to enjoy your daily activities?	1	2	l) Do you find it difficult to make decisions?	1	2	m) Is your daily work suffering?	1	2	n) Are you unable to play a useful part in life?	1	2	o) Have you lost interest in things that you used to enjoy?	1	2	p) Do you feel that you are a worthless person?	1	2	q) Has the thought of ending your life been on your mind?	1	2	r) Do you feel tired all the time?	1	2	s) Do you have uncomfortable feelings in your stomach?	1	2	t) Are you easily tired?	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER ..... 9</p>	⇒ 212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER ..... 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW/DON'T REMEMBER ..... 8</p> <p>REFUSED/NO ANSWER ..... 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital because you were sick (other than to give birth)?</p> <p>IF YES: How many nights in the past 12 month (IF DON'T KNOW GET ESTIMATE)</p>	<p>NIGHTS IN HOSPITAL ..... [ II ]</p> <p>NONE ..... 00</p> <p>DON'T KNOW/DON'T REMEMBER ..... 98</p> <p>REFUSED/NO ANSWER ..... 99</p>																																																																



213a	Have you ever heard of HIV or AIDS?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
213b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
213c	Many people in Fiji are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
214	Do you <u>currently</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY.....1 OCCASIONALLY.....2 NOT AT ALL.....3  DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒ 216 ⇒ 216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY.....1 OCCASIONALLY.....2 NOT AT ALL.....3  DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
216	How 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/fortnightly 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY.....1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4  NEVER.....5  DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒ 219
217			
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking alcohol? a) money problems b) health problems c) conflict with family or friends d) problems with authorities / bar owner/police etc) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT WITH FAMILY OR FRIENDS 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: 1 2	
219	How often do you drink yaqona? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY.....1 ONCE OR TWICE A WEEK.....2 1 – 3 TIMES IN A MONTH.....3 LESS THAN ONCE A MONTH.....4  NEVER.....5  DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒ S.3



220	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking yaqona?		YES	NO	
	a) money problems	a) MONEY PROBLEMS	1	2	
	b) health problems	b) HEALTH PROBLEMS	1	2	
	c) conflict with family or friends	c) CONFLICT WITH FAMILY	1	2	
	d) problems with authorities	OR FRIENDS			
	x) other, specify	d) AUTHORITIES	1	2	
		x) OTHER: _____	1	2	



SECTION 3 REPRODUCTIVE HEALTH			
	Now I would like to ask about all of the children that you may have given birth to during your life.		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN .....[ ][ ] <b>IF 1 OR MORE ...⇒</b> 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? Or an abortion? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES .....[ ][ ] b) STILLBIRTHS .....[ ][ ] c) ABORTIONS .....[ ][ ] IF NONE ENTER '00'	
310	Are you pregnant now?	YES .....1 NO .....2 MAYBE .....3	⇒ A ⇒ B ⇒ B
DO EITHER A OR B:		IF PREGNANT NOW ==>	
		A. [301] ____ + [309 a+b+c] ____ + 1 = [308a] ____ + [308b] ____ + [ 2x308c] ____ = ____	
		IF NOT PREGNANT NOW ==>	
		B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [ 2x308c] ____ = ____	
VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.			



311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	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 <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 315
313	What (main) method are you <u>currently</u> using?  IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS ..... 01 INJECTABLES ..... 02 IMPLANTS (NORPLANT) ..... 03 IUD/LOOP ..... 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 <u>current</u> husband/partner know that you are using a method of family planning?	YES ..... 1 NO ..... 2 N/A: NO CURRENT PARTNER ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES ..... 1 NO ..... 2 N.A. (NEVER HAD A PARTNER) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 317 ⇒ S.4 ⇒ 317 ⇒ 317
316	In what ways did he let you know that he disapproved of using methods to avoid getting pregnant?  MARK ALL THAT APPLY	TOLD ME HE DID NOT 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 <u>current/most recent</u> partner?	YES ..... 1 NO ..... 2 N.A. (NEVER HAD A PARTNER) ..... 7 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 318 ⇒ S.4
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES ..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES ..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	



319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES ..... 1 NO ..... 2  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒S.4 ⇒S.4 ⇒S.4
320	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	
<b>BEFORE STARTING WITH SECTION 4:          REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.</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 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER ..... [ ] NONE .....00	⇒S.5
418	a) How many are boys? b) How many are girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ]	
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
420	Do any of these children (ages 6-14 years): a) Have 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 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY ..... [ ] b) NUMBER OF GIRLS RUN AWAY ..... [ ] IF NONE ENTER '0'	
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS ..... [ ] b) GIRLS ..... [ ] IF "0" FOR BOTH SEXES ==== GO TO ⇒	⇒S.5
423	Have any of these children had to repeat (failed) a year at school?  MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	
424	Have any of these children stopped school for a while or dropped out of school?  MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER.....9	

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Ref. sheet, Box A  (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/ <i>WITH</i> MALE PARTNER (Options K, L) [ ] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ FORMERLY <i>WITH</i> MALE PARTNER (Option M) [ ] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN ( <i>NEVER SEXUAL</i> PARTNER) (Option N) [ ] ⇒ (3)	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old is your husband/partner now? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS) ..... [ ] [ ]		
502	In what year was he born?	YEAR ..... [ ] [ ] [ ] [ ] DON'T KNOW/DON'T REMEMBER .... 9998 REFUSED/NO ANSWER ..... 9999		
503	Can (could) he read and write?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		
504	Did he ever attend school?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. (CLASS/FORM)	CLASSES 1-6 ..... year ..... 1 FORMS 1-7 ..... year ..... 2 HIGHER ..... year ..... 3 DON'T KNOW ..... 8  NUMBER OF YEARS SCHOOLING... [ ] [ ] DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING ..... 1 LOOKING FOR WORK/UNEMPLOYED .... 2 RETIRED ..... 3 STUDENT ..... 4 DISABLED/LONG TERM SICK ..... 5 CASUAL/LABOURER ..... 6 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		⇒508 ⇒508 ⇒509 ⇒508
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS ..... 1 4 WKS - 12 MONTHS AGO ..... 2 MORE THAN 12 MONTHS AGO ..... 3 NEVER HAD A JOB ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9		⇒509
508	What kind of work does/did he normally do?  SPECIFY KIND OF WORK	PROFESSIONAL: ..... 01 SEMI-SKILLED: ..... 02 UNSKILLED/MANUAL: ..... 03 MILITARY/POLICE: ..... 04 FARMER/FISHERMAN ..... 05 SEAMAN/SAILOR ..... 06 TRADESMAN ..... 07 SECURITY ..... 08 OTHER: ..... 96 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99		



509	How often does/did your husband/partner drink alcohol? 1. Every day or nearly every day 2. Once or twice a week 3. 1–3 times a month 4. Occasionally, less than once a month 5. Never (INCLUDING LESS THAN ONCE A YEAR OR LAST TIME LONGER THAN A YEAR AGO)	EVERY DAY OR NEARLY EVERY DAY .. 1 ONCE OR TWICE A 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
510	In the <u>past 12 months</u> (In the <u>last 12 months</u> 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 <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking?  a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
512	Does/did your husband/partner ever use (illicit) drugs (marijuana, etc)? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never	EVERY DAY OR NEARLY EVERY DAY .. 1 ONCE OR TWICE A 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 <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened once or twice, a few times, many times or never?	NEVER ..... 1 ONCE OR TWICE ..... 2 A FEW (3-5) TIMES ..... 3 MANY (MORE THAN 5) TIMES ..... 4 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES ..... 1 NO ..... 2 MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ S.6 ⇒ S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES ..... 1 NO ..... 2 MAY HAVE ..... 3 DON'T KNOW /DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	

# SECTION 6 ATTITUDES

	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																																		
<del>602</del>																																				
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: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful g) She is disrespectful to his family	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>a) HOUSEHOLD</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b) DISOBEYS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c) NO SEX</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d) GIRLFRIENDS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e) SUSPECTS</td><td>1</td><td>2</td><td>8</td></tr><tr><td>f) UNFAITHFUL</td><td>1</td><td>2</td><td>8</td></tr><tr><td>g) DISRESPECT</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	g) DISRESPECT	1	2	8		
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608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her e) He has a mistress/girlfriend f) She is pregnant g) She has her period	<table><tr><td></td><td>YES</td><td>NO</td><td>DK</td></tr><tr><td>a) NOT WANT</td><td>1</td><td>2</td><td>8</td></tr><tr><td>b) DRUNK</td><td>1</td><td>2</td><td>8</td></tr><tr><td>c) SICK</td><td>1</td><td>2</td><td>8</td></tr><tr><td>d) MISTREAT</td><td>1</td><td>2</td><td>8</td></tr><tr><td>e) GIRLFRIEND</td><td>1</td><td>2</td><td>8</td></tr><tr><td>f) PREGNANT</td><td>1</td><td>2</td><td>8</td></tr><tr><td>g) PERIOD</td><td>1</td><td>2</td><td>8</td></tr></table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8	e) GIRLFRIEND	1	2	8	f) PREGNANT	1	2	8	g) PERIOD	1	2	8		
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SECTION 7 RESPONDENT AND HER PARTNER																																																																				
<b>CHECK:</b> Ref. sheet, Box A  (s7mar)	<b>EVER MARRIED/EVER LIVING WITH A MAN/MALE PARTNER</b> (Options K, L, M) [ ] ↓ (1)				<b>NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER HAD MALE PARTNER</b> (Option N) [ ] ⇒ (2)				⇒S.10																																																											
When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?																																																																				
701	In general, do (did) you and your (current or most recent) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings				<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HIS DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) YOUR DAY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) YOUR WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HIS WORRIES</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					YES	NO	DK	a) HIS DAY	1	2	8	b) YOUR DAY	1	2	8	c) YOUR WORRIES	1	2	8	d) HIS WORRIES	1	2	8																																								
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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?				<table border="1"> <tbody> <tr> <td>RARELY .....</td> <td>1</td> </tr> <tr> <td>SOMETIMES .....</td> <td>2</td> </tr> <tr> <td>OFTEN .....</td> <td>3</td> </tr> <tr> <td>DON'T KNOW/DON'T REMEMBER .....</td> <td>8</td> </tr> <tr> <td>REFUSED/NO ANSWER .....</td> <td>9</td> </tr> </tbody> </table>				RARELY .....	1	SOMETIMES .....	2	OFTEN .....	3	DON'T KNOW/DON'T REMEMBER .....	8	REFUSED/NO ANSWER .....	9																																																		
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703	I am now going to ask you about some situations that are true for many women. Thinking about your (current or most recent) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak or communicate with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself				<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) SEEING FRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) CONTACT FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) WANTS TO KNOW</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) IGNORES YOU</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) GETS ANGRY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) SUSPICIOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) HEALTH CENTRE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>					YES	NO	DK	a) SEEING FRIENDS	1	2	8	b) CONTACT FAMILY	1	2	8	c) WANTS TO KNOW	1	2	8	d) IGNORES YOU	1	2	8	e) GETS ANGRY	1	2	8	f) SUSPICIOUS	1	2	8	g) HEALTH CENTRE	1	2	8																												
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704	The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you.  Has your <u>current</u> husband/partner, or any other <u>partner</u> ever....				<table border="1"> <thead> <tr> <th colspan="2">A) (If YES continue with B. If NO skip to next item)</th> <th colspan="2">B) Has this happened in the past 12 months? (If YES ask C only. If NO ask D only)</th> <th colspan="3">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)</th> <th colspan="3">D) Before the past 12 months would you say that this has happened once, a few times or many times?</th> </tr> <tr> <th>YES</th> <th>NO</th> <th>YES</th> <th>NO</th> <th>One</th> <th>Few</th> <th>Many</th> <th>One</th> <th>Few</th> <th>Many</th> </tr> </thead> <tbody> <tr> <td>a) Insulted you or made you feel bad about yourself?</td> <td>1 2</td> <td>1 2</td> <td>1 2</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) Belittled or humiliated you in front of other people?</td> <td>1 2</td> <td>1 2</td> <td>1 2</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?</td> <td>1 2</td> <td>1 2</td> <td>1 2</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) Threatened to hurt you or someone you care about?</td> <td>1 2</td> <td>1 2</td> <td>1 2</td> <td>1</td> <td>2</td> <td>3</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>				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	1	2	3	1	2	3	b) Belittled or humiliated you in front of other people?	1 2	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	1	2	3	1	2	3	d) Threatened to hurt you or someone you care about?	1 2	1 2	1 2	1	2	3	1	2	3
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705	Has <u>he or any other partner or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
	f) Threatened to use or actually used a gun, cane knife or other weapon against you?	1 2	1 2	1 2 3	1 2 3
706		A) (If YES continue with B. If NO skip to next item)	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only)	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item)	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times?
		YES NO	YES NO	One Few Many	One Few Many
	a) Did <u>your current husband/partner or any other partner</u> ever force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever force you do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE ..... 1 NO PHYSICAL VIOLENCE ..... 2			MARK IN BOX C
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE ..... 1 NO SEXUAL VIOLENCE ..... 2			MARK IN BOX C
708b	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER ..... 1 ONCE OR TWICE ..... 2 SEVERAL TIMES ..... 3 MANY TIMES ..... 4 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9			



CHECK : Ref. sheet, Box B		(s7preg) EVER BEEN PREGNANT (option P) (1) [ ] ↓ (s7prnum) NUMBER OF PREGNANCIES (option T) [ ] [ ] ↓ (s7prcur) CURRENTLY PREGNANT? (option S) YES...1 NO... 2 ↓	NEVER PREGNANT (2) [ ] ⇒	⇒ s716cur*
709	You said that you have been pregnant TOTAL times. Was there ever a time when you were slapped, hit or beaten by (any of) your partner(s) while you were pregnant?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9		⇒ s716cur* ⇒ s716cur* ⇒ s716cur*
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01"  IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[ ] [ ]		
710 a	Did this happen in the <u>last</u> pregnancy?  IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	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 ONE PREGNANCY, REFER TO THAT PARTICULAR PREGNANCY IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED				
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who has slapped, hit or beaten you the father of the child?	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 to you before you were pregnant?	YES .....1 NO .....2 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9		⇒ s716cur* ⇒ s716cur*
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS .....1 STAYED ABOUT THE SAME .....2 GOT WORSE.....3 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9		



<b>*CHECK:</b> Ref. sheet Box A  (s716cur)  (s716num)	<b>Option K: CURRENTLY MARRIED AND/OR LIVING WITH MAN: YES ....1 NO... 2</b>  <b>Option O: NUMBER OF TIMES MARRIED/LIVED TOGETHER WITH A MAN?</b>  I II I If 00 ⇒ S 8				
<b>CHECK:</b> Ref. sheet Box C  (S7check)	<b>WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE</b> ("NO" TO BOTH Options U and V)  ASK ONLY COLUMNS a AND b [ ] ↓ (1)		<b>WOMAN EXPERIENCED VIOLENCE</b> ("YES" TO Option U AND/OR Option V)  ASK COLUMNS a TO e [ ] (FOR ALL PARTNERS) ↓ (2)		
716 IF RESPONDENT <b>ONLY MARRIED/LIVED WITH ONE MALE PARTNER</b> , ASK: Could you now please tell me a little about the period that you are with your partner?  IF RESPONDENT <b>MARRIED/LIVED WITH MALE PARTNER MORE THAN ONCE</b> , ASK: You told me you have been married or lived with a man TOTAL times. Could you now please tell me a little about your husband/partner(s)? (Starting with your current or most recent partner):					
a) When did you start living together? *  IF CURRENTLY MARRIED OR LIVING TOGETHER START WITH 1. IF NOT, START WITH 2.		b) When did the relationship end (when did you stop living together)?	c) Did he do this (MENTION ACTS) to you? **  IF NO, SKIP TO NEXT PARTNER. IF YES CONTINUE	d) When was the first incident?	e) When was the last incident?
1. [ ] [ ] MONTH [ ] [ ] [ ] YEAR			YES .....1 ⇒ NO .....2 ↓	[ ] [ ] MONTH [ ] [ ] [ ] YEAR	[ ] [ ] MONTH [ ] [ ] [ ] YEAR
2. [ ] [ ] MONTH [ ] [ ] [ ] YEAR		[ ] [ ] MONTH [ ] [ ] [ ] YEAR	YES .....1 ⇒ NO .....2 ↓	[ ] [ ] MONTH [ ] [ ] [ ] YEAR	[ ] [ ] MONTH [ ] [ ] [ ] YEAR
3. [ ] [ ] MONTH [ ] [ ] [ ] YEAR		[ ] [ ] MONTH [ ] [ ] [ ] YEAR	YES .....1 ⇒ NO .....2 ↓	[ ] [ ] MONTH [ ] [ ] [ ] YEAR	[ ] [ ] MONTH [ ] [ ] [ ] YEAR
4. [ ] [ ] MONTH [ ] [ ] [ ] YEAR		[ ] [ ] MONTH [ ] [ ] [ ] YEAR	YES .....1 ⇒ NO .....2 ↓	[ ] [ ] MONTH [ ] [ ] [ ] YEAR	[ ] [ ] MONTH [ ] [ ] [ ] YEAR
5. [ ] [ ] MONTH [ ] [ ] [ ] YEAR		[ ] [ ] MONTH [ ] [ ] [ ] YEAR	YES .....1 ⇒ NO .....2	[ ] [ ] MONTH [ ] [ ] [ ] YEAR	[ ] [ ] MONTH [ ] [ ] [ ] YEAR

CHECK WHETHER ALL PARTNERS INCLUDED

\* YEAR UNKNOWN: 9998, REFUSE/NO ANSWER: 9999

\*\* PROBE USING ACTS THAT RESPONDENT MENTIONED IN 705 AND/OR 706



SECTION 8 INJURIES			
CHECK: Ref. sheet Box C  (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE  ("YES" TO Option U or V)  (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V)  I ] ⇒  (2)	⇒ S.10
I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.			
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 804a
802 a	In <u>your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE ..... 1 SEVERAL (3-5) TIMES ..... 2 MANY (MORE THAN 5) TIMES ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
802 b	Has this happened <u>in the past 12 months</u> ?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
803 a	What 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?	CUTS, PUNCTURES, BITES ..... A 1 2 8 SCRATCH, ABRASION, BRUISES ..... B 1 2 8 SPRAINS, DISLOCATIONS ..... C 1 2 8 BURNS ..... D 1 2 8 PENETRATING INJURY, DEEP CUTS, GASHES ..... E 1 2 8 BROKEN EARDRUM, EYE INJURIES ..... F 1 2 8 FRACTURES, BROKEN BONES ..... G 1 2 8 BROKEN TEETH ..... H 1 2 8 INTERNAL INJURIES ..... I 1 2 8 PERMANENT DISABILITY ..... J 1 2 8 OTHER (specify): ..... X 1 2 8	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ? YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8 1 2 8
804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES ..... 1 NO ..... 3  DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	⇒ 805a ⇒ 805a
804 b	Has this happened <u>in the past 12 months</u> ?	YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9	
805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE ..... [ ] [ ] REFUSED/NO ANSWER ..... 99 NOT NEEDED ..... 00	⇒ S.9

805 b	Has this happened <u>in the past 12 months</u> ?	YES..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES ..... 1 YES, ALWAYS ..... 2 NO, NEVER ..... 3 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9	⇒ S.9
807	In your life, have you ever had to spend any nights in a hospital due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL. [    ] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER..... 99	
808	Did you tell a health worker the real cause of your injury?	YES..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER..... 9	



### SECTION 9 IMPACT AND COPING

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 (or trigger) your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE.  PROBE: Any other situation?  MARK ALL MENTIONED	NO PARTICULAR REASON .....A WHEN MAN 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 HE SHOWS HE IS BOSS .....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	⇒906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO 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			



906	<p>Would you say that your husband /partner's behaviour towards you has affected your physical or mental health? Would you say, that it has had no effect, a little effect or a large effect?</p> <p>REFER TO SPECIFIC ACTS OF <b>PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER</b></p>	<p>NO EFFECT .....1</p> <p>A LITTLE .....2</p> <p>A LOT .....3</p> <p>DON'T KNOW/DON'T REMEMBER .....8</p> <p>REFUSED/NO ANSWER .....9</p>	
907	<p>In what way, if any, has your husband/partner's behaviour disrupted your work or other income-generating activities?</p> <p>MARK ALL THAT APPLY</p>	<p>N/A (NO WORK FOR MONEY).....A</p> <p>WORK NOT DISRUPTED .....B</p> <p>PARTNER INTERRUPTED WORK.....C</p> <p>UNABLE TO CONCENTRATE.....D</p> <p>UNABLE TO WORK/SICK LEAVE .....E</p> <p>LOST CONFIDENCE IN OWN ABILITY .....F</p> <p>OTHER (specify): .....X</p>	
908	<p>Who have you told about his behaviour?</p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>NO ONE.....A</p> <p>FRIENDS .....B</p> <p>PARENTS .....C</p> <p>BROTHER OR SISTER .....D</p> <p>UNCLE OR AUNT .....E</p> <p>HUSBAND/PARTNER'S FAMILY .....F</p> <p>CHILDREN .....G</p> <p>NEIGHBOURS .....H</p> <p>POLICE.....I</p> <p>DOCTOR/HEALTH WORKER .....J</p> <p>PRIEST/NUN/OTHER RELIGIOUS FIGURE .....K</p> <p>COUNSELLOR .....L</p> <p>NGO/WOMEN'S ORGANIZATION .....M</p> <p>LOCAL LEADER .....N</p> <p>OTHER (specify): .....X</p>	
909	<p>Did anyone ever try to help you?</p> <p>IF YES, Who helped you?</p> <p>MARK ALL MENTIONED</p> <p>PROBE: Anyone else?</p>	<p>NO ONE .....A</p> <p>FRIENDS .....B</p> <p>PARENTS .....C</p> <p>BROTHER OR SISTER.....D</p> <p>UNCLE OR AUNT .....E</p> <p>HUSBAND/PARTNER'S FAMILY .....F</p> <p>CHILDREN .....G</p> <p>NEIGHBOURS .....H</p> <p>POLICE .....I</p> <p>DOCTOR/HEALTH WORKER .....J</p> <p>PRIEST NUN/OTHER RELIGIOUS FIGURE .....K</p> <p>COUNSELLOR.....L</p> <p>NGO/WOMEN'S ORGANIZATION .....M</p> <p>LOCAL LEADER .....N</p> <p>OTHER (specify): .....X</p>	



910 a	<p>Did you ever go to any of the following for help? READ EACH ONE</p> <p>a) Police b) Hospital or health centre c) Social services d) Legal advice centre e) Court f) Shelter g) Local leader h) Fiji Women's Crisis Centre/Branches j) Priest/Religious leader x) Anywhere else? Where?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) SOCIAL SERVICES</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LEGAL AID</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SHELTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) LOCAL LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) FIJI WOMEN'S CENTER/BRANCHES:</td> <td>1</td> <td>2</td> </tr> <tr> <td>j) PRIEST, RELIGIOUS LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table> <p style="text-align: right;">*      **</p>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES	1	2	d) LEGAL AID	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) FIJI WOMEN'S CENTER/BRANCHES:	1	2	j) PRIEST, RELIGIOUS LEADER	1	2	x) ELSEWHERE (specify) : _____	1	2	<p>910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given?</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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<p><b>CHECK: Question 910a * **</b></p> <p>(s9check)</p>	<p><b>MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *)</b></p> <p>[ ]</p> <p>↓</p> <p>(1)</p>	<p><b>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **)</b></p> <p>[ ]</p> <p>(2)</p>	<p>⇒912</p>																																																							
911	<p>What were the reasons that made you go for help?</p> <p><b>MARK ALL MENTIONED AND GO TO 913</b></p>	<p>ENCOURAGED BY FRIENDS/FAMILY ..... A          COULD NOT ENDURE MORE ..... B          BADLY INJURED ..... C          HE THREATENED OR TRIED TO KILL HER ..... D          HE THREATENED OR HIT CHILDREN ..... E          SAW THAT CHILDREN SUFFERING ..... F          THROWN OUT OF THE HOME ..... G          AFRAID SHE WOULD KILL HIM ..... H          AFRAID HE WOULD KILL HER ..... I          AWARE OF HER RIGHTS ..... J</p> <p>OTHER (specify): _____</p> <p>..... X</p>	<p><b>FOR ALL OPTIONS GO TO 913</b></p>																																																							
912	<p>What were the reasons that you did not go to any of these?</p> <p><b>MARK ALL MENTIONED</b></p>	<p>DON'T KNOW/NO ANSWER ..... A          FEAR OF THREATS/CONSEQUENCES/ ..... B          MORE VIOLENCE ..... C          VIOLENCE NORMAL/NOT SERIOUS ..... D          EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED ..... E          BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED ..... F          AFRAID WOULD END RELATIONSHIP ..... G          AFRAID WOULD LOSE CHILDREN ..... H          BRING BAD NAME TO FAMILY ..... I          FAMILY (EITHER) STOPPED HER FROM GOING ..... J</p> <p>OTHER (specify): _____</p> <p>..... X</p>																																																								

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 FIJI WOMEN'S CRISIS CENTRE ..... H OTHER (specify): ..... X	
914	Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)	NUMBER OF TIMES LEFT ..... [ ][ ] NEVER ..... 00 N.A. (NOT LIVING TOGETHER) ..... 97 DON'T KNOW/DON'T REMEMBER ..... 98 REFUSED/NO ANSWER ..... 99	⇒919 ⇒S.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/TEMPLE ..... 06 SHELTER ..... 07 (OLDER) CHILDREN'S HOUSE ..... 08  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	⇒S.10
918	What were the reasons that you returned?  MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF 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 COULDN'T SUPPORT HERSELF AND CHILDREN ..... M TRADITIONAL RECONCILIATION ..... N  OTHER (specify): ..... X	FOR ALL OPTIONS GO TO Section 10



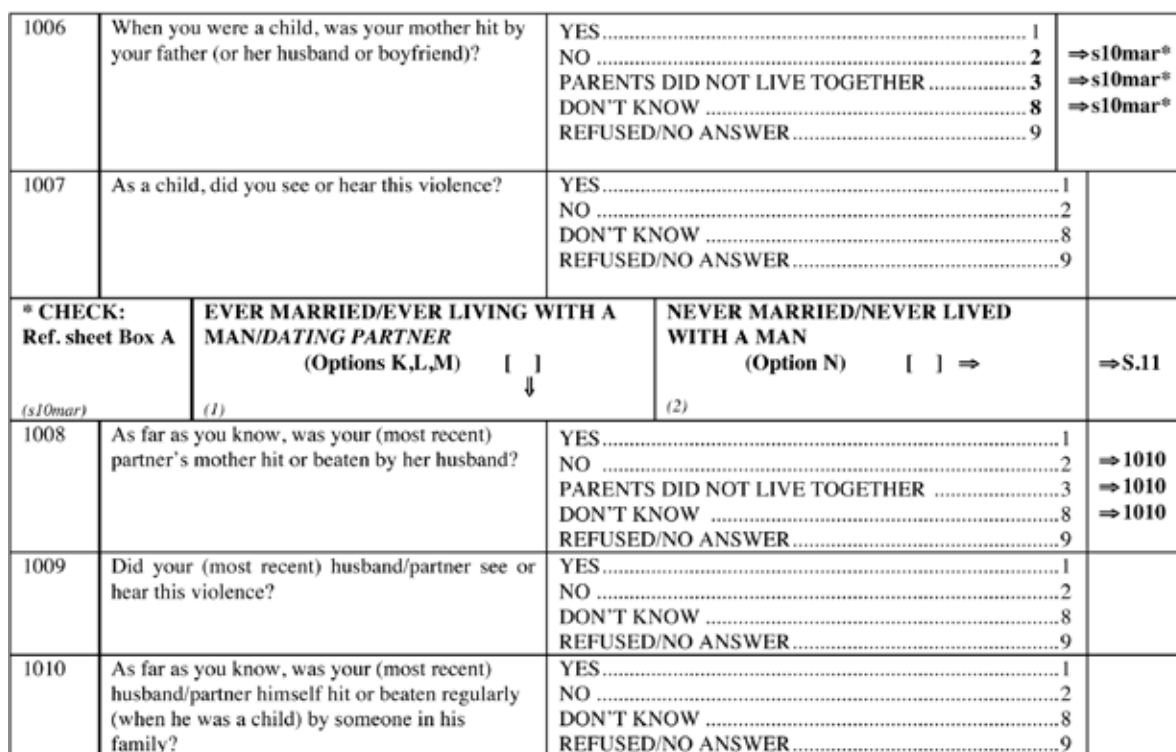
919	What were the reasons that made you stay?  MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN ..... A SANCTITY OF MARRIAGE ..... B DIDN'T WANT TO BRING SHAME ON FAMILY ..... C COULDN'T SUPPORT CHILDREN ..... D LOVED HIM ..... E DIDN'T WANT TO BE SINGLE ..... F FAMILY SAID TO STAY ..... G FORGAVE HIM ..... H THOUGHT HE WOULD CHANGE ..... I THREATENED HER/CHILDREN ..... J NOWHERE TO GO ..... K VIOLENCE NORMAL/NOT SERIOUS ..... L TRADITIONAL RECONCILIATION ..... M RELIGIOUS REASONS ..... N  OTHER (specify): ..... X	
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SECTION 10 OTHER EXPERIENCES																																							
<p>In their lives, many women have unwanted experiences and experience different forms of <b>mistreatment</b> from all kinds of people, men or women. This may be relatives, other people that they know, and/or from strangers. If you don't mind, I would like to briefly ask you about some of these situations. Everything that you say will be kept private.</p> <p>FOR WOMEN WHO WERE EVER PARTNERED ADD: These questions are about about people other than your husband/partner(s).</p>																																							
1001 a	<p>Since the age of 15, has anyone ever hit, beaten, kicked or done anything else to hurt you physically?</p> <p>Thrown something at you? Pushed you or pulled your hair? Choked or burnt you on purpose? Threatened with or actually used a gun, knife or other weapon against you?</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	<p>NO ONE ..... A</p> <p>FATHER ..... B</p> <p>STEPFATHER ..... C</p> <p>OTHER MALE FAMILY MEMBER ..... D</p> <p>FEMALE FAMILY MEMBER: ..... E</p> <p>TEACHER ..... F</p> <p>POLICE/ SOLDIER ..... G</p> <p>MALE FRIEND OF FAMILY ..... H</p> <p>FEMALE FRIEND OF FAMILY ..... I</p> <p>BOYFRIEND ..... J</p> <p>STRANGER ..... K</p> <p>SOMEONE AT WORK ..... L</p> <p>PRIEST/RELIGIOUS LEADER ..... M</p> <p>FEMALE PARTNER ..... N</p> <p>OTHER (specify): ..... X</p>	<p>⇒ 1002</p> <p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table border="1"> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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<p>Now I would like to ask you about other unwanted experiences you may have had. Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD IF NECESSARY: except your husband / male partner.</p>																																							



1002 A	<p>Since the age of 15, has anyone ever <u>forced you into sexual intercourse</u> when you did not want to, for example by threatening you, holding you down, or putting you in a situation that you could not say no. Remember to include people you have known as well as strangers. Please at this point exclude <u>attempts</u> to force you.</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	<p>NO ONE ..... A</p> <p>FATHER ..... B STEPFATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: ..... E</p> <p>TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I</p> <p>BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L PRIEST/RELIGIOUS LEADER ..... M</p> <p>FEMALE PARTNER ..... N</p> <p>OTHER (specify): ..... X</p>	<p>⇒ F1002</p> <p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table border="1"> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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F1002a	<p>Again, I want you to think about any person, man or woman. FOR WOMEN WHO EVER HAD A PARTNER ADD: except your husband / male partner. Apart from anything you may have mentioned, can you tell me if, <u>since the age of 15</u> any of the following has happened to you?</p>																																						
	<p>Has anyone <u>attempted to force</u> you to perform a sexual act you did not want, attempted to force you into sexual intercourse (which did not take place), touched you sexually, or did anything else sexually that you did not want. Remember to include people you have known as well as strangers.</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	<p>NO ONE ..... A</p> <p>FATHER ..... B STEPFATHER ..... C OTHER MALE FAMILY MEMBER ..... D FEMALE FAMILY MEMBER: ..... E</p> <p>TEACHER ..... F POLICE/ SOLDIER ..... G MALE FRIEND OF FAMILY ..... H FEMALE FRIEND OF FAMILY ..... I</p> <p>BOYFRIEND ..... J STRANGER ..... K SOMEONE AT WORK ..... L PRIEST/RELIGIOUS LEADER ..... M</p> <p>FEMALE PARTNER ..... N</p> <p>OTHER (specify): ..... X</p>	<p>⇒ 1003</p> <p>b) ASK ONLY FOR THOSE MARKED. How many times did this happen? Once or twice, a few times, or many times</p> <table border="1"> <thead> <tr> <th>Once or twice</th> <th>A few times</th> <th>Many times</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> <tr><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>	Once or twice	A few times	Many times	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3	1	2	3
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**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	<p>Please tell me if you own any of the following, either by yourself or with someone else:</p> <p>a) Land b) Your house c) A company or business  d) Large animals (cows, horses, etc.) e) Small animals (chickens, pigs, goats, etc.) f) Crops from certain fields or trees  g) Large household items (TV, bed, cooker) h) Jewellery, gold or other valuables j) Motor car k) Savings in the bank? x) Other property, specify</p> <p>FOR EACH, PROBE: Do you own this on your own, or do you own it with others?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES Own by self</th> <th>YES Own with others</th> <th>NO Don't own</th> </tr> </thead> <tbody> <tr> <td>a) LAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) HOUSE</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) COMPANY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) LARGE ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) SMALL ANIMALS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) CROPS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) HOUSEHOLD ITEMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>h) JEWELLERY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>j) MOTOR CAR</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>k) SAVINGS IN BANK</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>x) OTHER PROPERTY:</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES Own by self	YES Own with others	NO Don't own	a) LAND	1	2	3	b) HOUSE	1	2	3	c) COMPANY	1	2	3	d) LARGE ANIMALS	1	2	3	e) SMALL ANIMALS	1	2	3	f) CROPS	1	2	3	g) HOUSEHOLD ITEMS	1	2	3	h) JEWELLERY	1	2	3	j) MOTOR CAR	1	2	3	k) SAVINGS IN BANK	1	2	3	x) OTHER PROPERTY:	1	2	3	
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1102	<p>a) Do you earn money by yourself? IF YES: What exactly do you do to earn money? ASK ALL. SPECIFY: b) Job c) Selling things, trading d) Doing seasonal work e) Remittance x) Any other activity, specify</p>	<p>NO ..... A</p> <p>b) JOB: ..... c) SELLING/TRADING: ..... d) SEASONAL WORK: ..... e) REMITTANCE: ..... x) OTHER: .....</p>	<p>⇒ *s11mar</p> <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2																																				
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* CHECK: Ref. sheet, Box A  (s11mar)	<p><b>CURRENTLY MARRIED/CURRENTLY LIVING WITH A MAN</b> (Option K) [ ] ↓ (1)</p>	<p><b>NOT CURRENTLY MARRIED OR LIVING WITH A MAN/CURRENT OR PAST SEXUAL PARTNER</b> (Options L, M, N) [ ] ⇒ (2)</p>	⇒ S.12																																																
CHECK 1102	1. OPTIONS b)c)d)e) or x) MARKED [ ] ↓	2. OPTION a) MARKED [ ] ⇒	⇒ 1105																																																
1103	Are you able to spend the money you earn how you want yourself, or do you have to give all or part of the money to your husband/partner?	<p>SELF/OWN CHOICE ..... 1 GIVE PART TO HUSBAND/PARTNER ..... 2 GIVE ALL TO HUSBAND/PARTNER ..... 3 DON'T KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>																																																	
1104	Would you say that the money that you bring into the family is more than what your husband/partner contributes, less than what he contributes, or about the same as he contributes?	<p>MORE THAN HUSBAND/PARTNER ..... 1 LESS THAN HUSBAND/PARTNER ..... 2 ABOUT THE SAME ..... 3 DO NOT KNOW ..... 8 REFUSED/NO ANSWER ..... 9</p>																																																	
1105	Have you ever given up/refused a job for money because your husband/partner did not want you to work?	<p>YES ..... 1 NO ..... 2 DON'T KNOW/DON'T REMEMBER ..... 8 REFUSED/NO ANSWER ..... 9</p>																																																	



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	<p>I would now like to give you a card. On this card are two pictures. No other information is written on the card. The first picture is of a sad face, the second is of a happy face.</p> <p>No matter what you have already told me, I would like you to put a mark below the sad picture if someone has ever touched you sexually, or made you do something sexual that you didn't want to, <u>before you were 15 years old</u>.</p> <p>Please put a mark below the happy face if this has never happened to you.</p> <p>Once you have marked the card, please fold it over and put it in this envelope. This will ensure that I do not know your answer.</p> <p>GIVE RESPONDENT CARD AND PEN. MAKE SURE THAT THE RESPONDENT FOLDS THE CARD; PUTS IT IN THE ENVELOPE; AND SEALS THE ENVELOPE BEFORE GIVING IT BACK TO YOU. ON LEAVING THE INTERVIEW SECURELY ATTACH THE ENVELOPE TO THE QUESTIONNAIRE (OR WRITE THE QUESTIONNAIRE CODE ON THE ENVELOPE).</p>	<p>CARD GIVEN FOR COMPLETION ..... 1</p> <p>CARD <u>NOT</u> GIVEN FOR COMPLETION ..... 2</p>
1202	<p>We have now finished the interview. Do you have any comments, or is there anything else you would like to add?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
1203	<p>I have asked you about many difficult things. How has talking about these things made you feel?</p> <p>WRITE DOWN ANY SPECIFIC RESPONSE GIVEN BY RESPONDENT</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>GOOD/BETTER .....1</p> <p>BAD/WORSE .....2</p> <p>SAME/ NO DIFFERENCE ..3</p>
1204	<p>Finally, do you agree that we may contact you again if we need to ask a few more questions for clarification?</p> <p>COUNTRIES TO SPECIFY TIME PERIOD DEPENDING ON WHEN THEY PLAN TO DO QUALITY CONTROL VISITS</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>



<p><b>FINISH ONE – IF RESPONDENT HAS DISCLOSED PROBLEMS/VIOLENCE</b></p> <p>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.</p> <p>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.</p> <p>Here is a list of organizations that provide support, legal advice and counselling services to women in Fiji. 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.</p> <p><b>FINISH TWO - IF RESPONDENT HAS NOT DISCLOSED PROBLEMS/VIOLENCE</b></p> <p>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.</p> <p>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 Fiji. 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.</p>	
1205	<p>RECORD TIME OF END OF INTERVIEW:      Hour [   ][   ] (24 h)</p> <p>(NOTE THE TIME ON YOUR WATCH)      Minutes [   ][   ]</p>
1206	<p>ASK THE RESPONDENT. How long did you think the interview lasted ? THIS SHOULD BE HER OWN ESTIMATE.</p> <p>Hours [   ]      Minutes [   ][   ]</p>
<p align="center"><b>INTERVIEWER COMMENTS TO BE COMPLETED AFTER INTERVIEW</b></p>	
<div style="border: 1px solid black; height: 150px; width: 100%;"></div>	

**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 <b>only ONE</b> of the following for marital status:			
119	Are you <u>currently</u> married or do you have a male partner?  IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED..... 1  LIVING WITH MAN, NOT MARRIED..... 3  <i>CURRENTLY HAVING A REGULAR PARTNER (DATING RELATIONSHIP/ENGAGEMENT), LIVING APART</i> ..... 4  NOT CURRENTLY MARRIED OR LIVING WITH A MAN ( <i>NOT INVOLVED IN A RELATIONSHIP WITH MAN</i> ) ..... 5  CURRENTLY HAVING A FEMALE SEXUAL PARTNER ..... 6	<input type="checkbox"/> Currently married and/or living with man ( <b>K</b> )  <input type="checkbox"/> Currently with regular sexual partner (dating relationship) ( <b>L</b> )  <input type="checkbox"/> Previously married/previously lived with man ( <i>no current sexual relationship</i> ) ( <b>M1</b> )  <input type="checkbox"/> Previously had <i>sexual relationship</i> ( <b>M2</b> )  <input type="checkbox"/> Never married /never lived with man ( <i>no current or past sexual relationship</i> ) ( <b>N</b> )
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED..... 1 LIVED WITH A MAN, NOT MARRIED..... 3  NO ..... 5	
120 b	Have you ever had a regular male sexual partner?	YES..... 1 NO..... 2	
123. Number of times married/lived together with man: [ ] [ ] (O)			

**Box B. REPRODUCTIVE HISTORY**

Check and complete ALL that applies for reproductive history of respondent:		
(P) Respondent has been pregnant at least once (Question 308, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(Q) Respondent had at least one child born alive (Question 301, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(R) Respondent has children who are alive (Question 303, 1 or more)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(S) Respondent is currently pregnant (Question 310, option 1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(T) Number of pregnancies reported (Question 308):	[ ] [ ]	

**Box C. VIOLENCE BY PARTNER**

Check and complete ALL that applies for respondent:		
(U) Respondent has been victim of physical violence (Question 707)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
(V) Respondent has been victim of sexual violence (Question 708)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Annex 3: References





- Asian Development Bank (ADB). 2006. Country Gender Assessment: Republic of the Fiji Islands. ADB. Manila.
- Australian Agency for International Development (AusAID) Office of Development Effectiveness. 2008. Violence Against Women in Melanesia and East Timor: Building on Global and Regional Promising Approaches. Commonwealth of Australia. Canberra.
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# Annex 4: Method For Developing An Index Of Socio-Economic Clusters<sup>34</sup>





## 1. INTRODUCTION

The Fiji violence against women (VAW) survey collected information on a number of individual variables reflecting different dimensions of household socioeconomic status (SES). This report describes the method used to develop a single measure or index of SES using this information. A key issue in deriving a single measure index of SES using different indicators is how to assign weights to the individual variables. Principal components analysis (PCA) is a commonly used approach of statistically deriving weights for SES indices. PCA is a multivariate statistical technique that reduces the number of variables in a data set into a smaller number of components. Each component is a weighted combination of the original variables. The higher the degree of correlation among the original variables in the data, the fewer components required to capture the common information. An important property of the components derived is that they are uncorrelated, therefore each component captures a dimension in the data. The next section details the steps taken to derive a PCA-based SES index.

## 2. METHOD

Guided by Vyas and Kumaranayake (2006) this study undertook three steps to derive a PCA-based SES index: first, a descriptive analysis; second, the construction of the PCA-based SES index; and third, the classification of households into SES groups. The analysis was conducted using STATA version 10.00 statistical software.

### 2.1 Descriptive analysis

The first step was to conduct descriptive analysis which involved establishing the overall sample size, the frequency of each variable, and patterns of missing data for individual variables. This descriptive analysis was essential exploratory work to ensure data quality, and appropriate data coding and recoding for further analysis.

#### Overall sample size

From a total of 3538 households visited, a household selection form and questionnaire was administered and completed in 3362 (1581 urban; 1781 rural). The household questionnaire gathered information on different SES indicators, and the household selection form identified whether or not a woman eligible for a subsequent woman's questionnaire was present. A woman's questionnaire was administered and completed in 3193 households (1496 urban; 1697 rural). The SES index was constructed using data from all 3362 households where full SES data were collected.

#### Frequency analysis

The purpose of the frequency analysis was to establish the extent to which the variables are distributed across the households and to inform subsequent coding of the variables. An issue with PCA is that it works best when asset variables are correlated, but also when the distribution of variables varies across households. It is the assets that are more unequally distributed between households that are given more weight in PCA. For example, an asset which all households own or which no households own would exhibit no variation between households and would carry a weight close to zero from a PCA. A second issue with PCA is that data in categorical form are not suitable for inclusion in the analysis. This is because the categories are converted into a quantitative scale which does not have any meaning. To avoid this, qualitative categorical variables are recoded into binary variables.



The Fiji survey data gathered information on source of drinking water, type of toilet facility, wall material, main source of energy for lighting, ownership of a range of household durable items, land ownership, and the number of rooms in the house for sleeping and the total number of people in the household. A description and frequency distribution of the variables for the total sample (urban and rural combined) and for the urban sample and the rural sample separately is shown in Table 1.

The findings reveal that, across the total sample, for main source of drinking water and for sanitation facility the vast majority of households use one of two options. Drinking water from either a tap (metered) or a communal standpipe accounts for 83.6% of households, and a flush toilet or a sealed water toilet accounts for 92.0% of all households. Three options dominate main material used for walls (concrete/brick/cement; wooden walls; and tin/corrugated iron) accounting for 97.8% of all households, and energy used for lighting (electricity; rudimentary sources – either kerosene or benzene; and ‘other’) accounting for 96.9% of all households. However, while this pattern is mirrored when considering the rural sample, in the urban sample virtually all households obtain their source of water from a tap (98.6%), have a flush toilet (92.9%), and use electricity for their source of lighting (96.6%). In the urban sample, there is variation across the households in the material used for walls with over half of households (55.9%) having walls made of concrete/brick/cement and the remaining split between wooden walls (26.3%) and tin/corrugated iron (17.1%).

For the total sample, ownership of durable assets varied across the households ranging from 2.6% (water pump) to 91.4% (telephone/mobile). While this pattern was generally mirrored in the separated urban and rural samples, in the urban sample slightly fewer households possessed a water pump (1.5%) and virtually all households owned a telephone/mobile (97.3%). Almost 60% of all households owned land and this was split 55.5% urban sample and 63.7% rural sample. The number of rooms for sleeping ranged from 0-8 and the average across all households was 2.55. The number of people in the household ranged from 1-24 (mean=5.17).



Table 1: Description and frequency of SES variables

Variable long (short) name / Variable type	Variable Label	Total sample %/ Mean (Std. dev.) (N=3362)	Urban sample %/ Mean (Std. dev.) (N=1581)	Rural sample %/ Mean (Std. dev.) (N=1781)
Drinking water (q01) Categorical	Tap (metered)	69.3	98.6	43.6
	Communal standpipe	14.3	0.3	26.8
	Roof tank	3.3	0.4	6.0
	Borehole	6.5	0.1	12.2
	Well	2.3	0.2	4.1
	River/creek	2.6	0.1	4.8
	Other	1.7	0.4	2.9
Toilet facility (q02) Categorical	Own flush toilet	78.5	92.9	65.7
	Own water sealed toilet	13.5	3.9	22.0
	Shared with others	0.8	0.4	1.1
	Pit latrine	7.1	2.7	11.1
	River/canal/sea	0.1	0.0	0.1
	Bush/field	0.1	0.0	0.1
Wall materials (q03) Categorical	Concrete/brick/cement	43.0	55.9	31.6
	Wooden	31.7	26.3	36.6
	Tin/corrugated iron	23.1	17.1	28.5
	Traditional bure	1.6	0.2	2.8
	Makeshift/improvised	0.5	0.5	0.5
	Other	0.1	0.1	0.1
Lighting energy source (q04) Categorical	Electricity	75.5	96.6	56.7
	Kerosene lamp	9.2	2.3	15.3
	Benzene lamp	1.5	0.3	2.5
	Solar power unit	3.2	0.1	6.0
	Other	10.7	0.7	19.5
Household appliances (q05a-m) Categorical	Car	19.7	28.7	11.8
	Carrier/truck	6.4	5.8	7.0
	Refrigerator	62.9	85.1	43.2
	Computer	20.4	33.0	9.2
	Internet access	11.6	20.1	4.1
	Video/TV	77.9	92.2	65.1
	Radio	79.2	88.9	70.6
	Washing machine	52.4	72.2	34.9
	Gas/electric stove	79.3	91.1	68.9
	Telephone/mobile	91.4	97.3	86.2
	Outboard motor	4.3	2.6	5.8
	Water pump	2.6	1.5	3.5
	Brush cutter	31.4	28.5	34.1
Land owner in household (q06) Categorical		59.9	55.5	63.7
Rooms for sleeping (q07) Continuous		2.55 (3.06)	2.82 (4.30)	2.29 (1.08)
Total in household (tothh) Continuous		5.17 (2.43)	5.22 (2.56)	5.12 (2.30)



## 2.2 Analytical approach

Given the differences in distribution of the SES indicators by urban and rural split three PCA analyses were run: for the total sample, for the urban sample and for the rural sample. The purpose of this was to assess whether an index created using the total sample masked the variation in household SES in the urban and the rural samples.

### Coding of variables

Table 2 describes the coding for each SES indicator. Based on the characteristics of each type of drinking water source three separate variables were created: tap (metered)/roof tank; communal standpipe/borehole/well; and river. Respondents who reported 'other' source of water were asked to specify and in most cases specified either a dam, spring or rain water – these were subsequently included in the variable 'river'. Other specified sources of water were bottled water, tank and FSC? that were included as 'tap'; neighbours and other home that were included as 'communal'. Three separate binary variables were created for toilet facility: flush toilet/own water sealed toilet; shared toilet; and pit latrine/no facility that was combined because there were too few counts of no facility to include as a separate variable. Four variables were created for type of wall materials: concrete/brick/cement; wood, tin/corrugated iron; and traditional bure/makeshift materials. There were two cases of 'other' type of wall material – cement board that was coded as concrete/brick/cement, and drum tin that was coded as tin/corrugated iron. Three variables were created for source of energy for lighting: electricity grid (it was assumed that the option 'electricity' meant electricity from the grid); generator that was created from combining solar power with counts of generator from the 'other' option; and rudimentary that combined kerosene and benzene fuel lamp. In addition to generator, the option 'other' included low counts of plant and hydro-power and these were included as 'grid', and candle that was included as 'rudimentary'. All household appliances and land ownership were considered as binary variables. A 'crowding' index was created as the ratio between the number of people in the household and the number of rooms in the house for sleeping.

### Inclusion of variables in PCA analyses

Based on the frequency distribution for the total sample (urban and rural combined) and for the rural only sample all variables were considered for inclusion in the PCA analysis. When considering the urban sample, the variables source of drinking water, toilet facility and energy used for lighting were excluded from the urban sample analysis – all three infrastructure variables were dominated by one 'type' and would therefore exhibit virtually zero variation. All the SES indicators were considered for the rural analysis.

**Table 2: Description of SES variables used in PCA analysis**

Variable description	Type of variable	Value labels
Tap (metered)/Other - tank/bottled	Binary	No=0 Yes=1
Communal standpipe/borehole/well/Other - another home/neighbours	Binary	No=0 Yes=1
River/Creek/Other - spring/rain/dam/reservoir	Binary	No=0 Yes=1
Own flush/water sealed toilet	Binary	No=0 Yes=1



Variable description	Type of variable	Value labels
Shared facility with others	Binary	No=0 Yes=1
Pit latrine/No facility/Bush	Binary	No=0 Yes=1
Concrete/brick/cement	Binary	No=0 Yes=1
Wood	Binary	No=0 Yes=1
Tin/corrugated iron	Binary	No=0 Yes=1
Bure/Makeshift materials	Binary	No=0 Yes=1
Electricity - Grid	Binary	No=0 Yes=1
Generator/Solar power	Binary	No=0 Yes=1
Fuel lamp (kerosene/benzene)/Other - candle/ battery	Binary	No=0 Yes=1
Car	Binary	No=0 Yes=1
Carrier/truck	Binary	No=0 Yes=1
Refrigerator	Binary	No=0 Yes=1
Computer	Binary	No=0 Yes=1
Internet access	Binary	No=0 Yes=1
Video/TV	Binary	No=0 Yes=1
Radio	Binary	No=0 Yes=1
Washing machine	Binary	No=0 Yes=1



Variable description	Type of variable	Value labels
Gas/electric stove	Binary	No=0 Yes=1
Telephone/mobile	Binary	No=0 Yes=1
Outboard motor	Binary	No=0 Yes=1
Water pump	Binary	No=0 Yes=1
Brush cutter	Binary	No=0 Yes=1
Land ownership	Binary	No=0 Yes=1
Crowd (No. people in household/No. of rooms for sleeping)	Continuous	0.02-15.00

### Missing values

Another data issue is that of missing values and two options exist to deal with this. The first is to exclude households with at least one missing value from the analysis, and the second is to replace missing values with the mean value for that variable. Exclusion of households based on missing socioeconomic data could significantly lower sample sizes and the statistical power of study results. However, attributing mean scores for missing values reduces variation among households. Though in both situations, the limitation is more pronounced with high numbers of missing values.

In the Fiji survey, five of the household durable assets, land ownership and household crowding have cases of missing data. However, missing values accounted for less than 0.01% of the sample. Therefore, in cases of urban households missing values were recoded to the mean from the urban sample of that variable, and in cases of rural households missing values were recoded to the mean from the rural sample of that variable. It is expected inclusion or exclusion of these households would have little impact on the distribution of SES.



### 3. PRINCIPAL COMPONENTS ANALYSIS

The first principal component is considered a measure of SES and is therefore retained. The output from a PCA is a table of factor scores or weights for each variable. Generally, a variable with a positive factor score is associated with higher SES, and conversely a variable with a negative factor score is associated with lower SES. PCA was conducted using all the original SES variables described in Table 2.<sup>9</sup> The results from the final PCA models (total sample; urban and rural) are shown in Table 3.<sup>10</sup>

When considering results for the total sample, a household that obtains water from a tap, has a flush/water sealed toilet, has walls made of concrete/brick/cement, and obtains energy from the electricity grid would attain a higher SES score. All other household infrastructure variables were associated with lower SES. Households with more durable assets, except for ownership of an outboard motor, and ownership of land would attain a higher SES score. The variables refrigerator, washing machine, video/TV, grid electricity and tap water source displayed the highest weights. Households that had higher levels crowding was associated with lower SES.

When considering the weights derived from the urban and rural sample separately, for both sets of analyses and with the exception of outboard motor, the sign of the weights were similar to that derived from the total sample analysis. In both the urban and the rural samples the weight associated with ownership of an outboard motor is now marginally positive – reflecting the fact that it is an indicator of SES but that it is more prevalent in rural areas. The magnitude of all the weights is larger in the urban sample when compared with those in the total urban and rural combined sample.

9 In STATA, when specifying PCA, the user is given the choice of deriving eigenvectors (weights) from either the correlation matrix or the co-variance matrix of the data. If the raw data has been standardized, then PCA should use the co-variance matrix. As the data was not standardized, and they are therefore not expressed in the same units, the analysis specified the correlation matrix to ensure that all data have equal weight. For example, crowding is a quantitative variable and has greater variance than the other binary variables, and would therefore dominate the first principal component if the co-variance matrix was used.

10 A PCA model using source of water was included, however, the results for these variables were not easy to interpret. The weights were very low for all three sources of water indicators. In addition, piped water carried a marginally negative weight – a source of water that is assumed to be a characteristic of higher SES households. Therefore, sources of water was excluded from the final PCA model.



Table 3: Results from principal components analysis

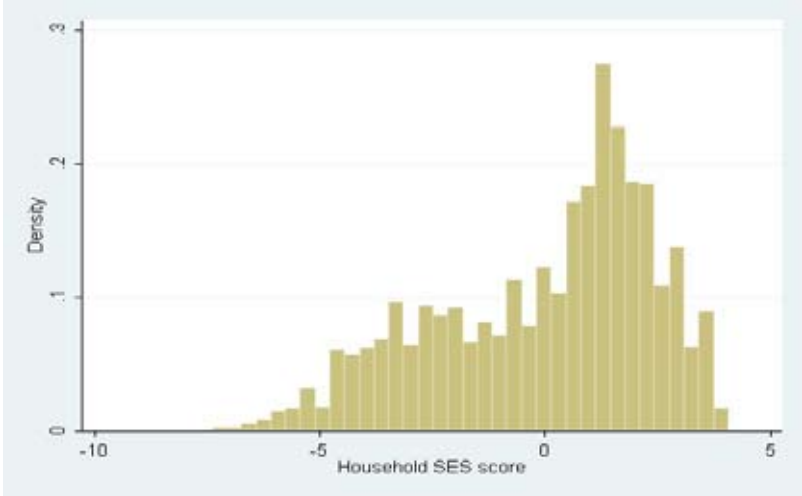
SES indicator	Total sample (N=3358)			Urban sample (N=1579)			Rural sample (N=1779)		
	Mean	Std. dev	PC score	Mean	Std. dev	PC score	Mean	Std. dev	PC score
Tap (metered)/Other	0.728	0.445	0.257				0.958	0.500	0.192
Communal standpipe/borehole/well/	0.231	0.422	-0.232						
Other									
River/Creek/Other	0.040	0.196	-0.083				0.431	0.495	-0.169
Own flush/water sealed toilet	0.920	0.272	0.172				0.073	0.260	-0.048
Shared facility with others	0.008	0.088	-0.063				0.876	0.329	0.157
Pit latrine/No facility/Bush	0.073	0.259	-0.159				0.011	0.103	-0.082
Concrete/brick/cement	0.431	0.495	0.196	0.560			0.113	0.317	-0.137
Wood	0.317	0.465	-0.080	0.262	0.497	0.262	0.316	0.465	0.179
Tin/corrugated iron	0.232	0.422	-0.109	0.171	0.440	-0.122	0.366	0.482	-0.062
Bure/Makeshift materials	0.021	0.142	-0.100	0.007	0.376	-0.185	0.286	0.452	-0.074
Electricity - Grid	0.755	0.430	0.315		0.083	-0.079	0.033	0.178	-0.114
Generator/Solar power	0.137	0.344	-0.184				0.568	0.495	0.309
Rudimentary	0.108	0.310	-0.233				0.252	0.434	-0.140
Car	0.198	0.398	0.199	0.287	0.452	0.271	0.180	0.384	-0.241
Carrier/truck	0.064	0.245	0.068	0.058	0.234	0.091	0.118	0.323	0.234
Refrigerator	0.630	0.483	0.326	0.852	0.355	0.346	0.070	0.255	0.132
Computer	0.204	0.403	0.221	0.330	0.470	0.319	0.433	0.496	0.342
Internet access	0.116	0.321	0.184	0.201	0.401	0.295	0.092	0.289	0.230
Video/TV	0.779	0.415	0.282	0.923	0.267	0.317	0.041	0.198	0.180
Radio	0.793	0.405	0.218	0.890	0.313	0.293	0.652	0.477	0.292
Washing machine	0.525	0.499	0.287	0.722	0.448	0.332	0.707	0.455	0.219
Gas/electric stove	0.794	0.404	0.225	0.920	0.283	0.251	0.349	0.477	0.302
Telephone/mobile	0.915	0.279	0.172	0.933	0.161	0.217	0.690	0.462	0.228
Outboard motor	0.043	0.203	-0.018	0.026	0.159	0.170	0.863	0.344	0.177
Water pump	0.026	0.158	0.037	0.015	0.120	0.036	0.058	0.235	0.008
Brush cutter	0.315	0.464	0.082	0.285	0.451	0.146	0.035	0.185	0.097
Land ownership	0.602	0.488	0.014	0.560	0.495	0.167	0.341	0.474	0.170
Household crowding	2.470	1.577	-0.169	2.200	1.261	-0.208	0.640	0.479	0.014
							2.712	1.779	-0.186



1.2 Classification of households into SES group

Classification of households into SES group – total sample (urban and rural combined)  
Using the factor scores from the first principal component as weights, a dependent variable can then be constructed for each household which has a mean equal to zero, and a standard deviation equal to one. This dependent variable can be regarded as the household’s SES score, and the higher the household SES score, the higher the implied SES of that household. A histogram of the household SES scores using the total sample data is shown in Figure 1. The figure reveals that the distribution of the household SES score is slightly left skewed towards ‘higher’ SES.

Figure 1: Distribution of household SES score – total sample



To differentiate households into broad SES categories studies have used cut-off points – most commonly an arbitrarily defined disaggregation e.g. quintiles. Another method is to use a data driven approach – cluster analysis – to derive SES categories. Cluster analysis was used in the WHO multi-country study on domestic violence and women’s health to derive ‘low’, ‘medium’ and ‘high’ SES categories.

For this study both methods to classify households into SES groups were explored using the total sample. First households were ranked according to their SES score and were then split into three equal sized groups or terciles. K-means cluster analysis was then used to group households into three clusters. The mean SES score for each SES category, derived using both methods, is shown in Table 4. When considering the SES classification using terciles, the difference in the mean SES score is much higher between the low and medium SES group than for the medium and high SES group (3.514 and 1.820 respectively).

This compares with a difference of 3.158, between the low and medium SES group, and 2.449, between the medium and high SES group. Using the cluster method almost one-half of households (48.5%) is classified in the high SES group, 28.2% is classified as medium SES and slightly under one-quarter (23.3%) is classified as low SES.



**Table 4: Mean socioeconomic scores by SES group (N=3356)**

	Terciles (N=3358)			Cluster analysis (N=3358)		
	Low (N=1120)	Medium (N=1119)	High (N=1118)	Low (N=783)	Medium (N=946)	High (N=1629)
<b>Total sample</b>						
<b>%</b>	33.4	33.3	33.3	23.3	28.2	48.5
<b>Mean SES score</b>	-2.948	0.565	2.385	-3.609	-0.452	1.997
<b>Std. Dev</b>	1.374	0.641	0.652	1.089	0.836	0.794
<b>Min</b>	-7.400	-0.772	1.446	-7.400	-2.030	0.773
<b>Max</b>	-0.773	1.446	4.076	-2.040	0.768	4.076

Internal coherence compares the mean value for each asset variable by SES group to assess whether ownership differs by group. Table 5 show the mean ownership levels of the SES indicator variables by both the tercile and cluster derived SES groups. The findings reveal that for most indicators both methods similarly differentiate household SES, however, for the variables flush/own sealed toilet; pit latrine/no facility; electricity-grid; video/TV; and phone, the cluster method differentiates medium and high SES better than the tercile method. Therefore, the findings from Tables 4 and 5 suggest that the cluster approach is slightly better at differentiating all three SES groups.



**Table 5: Mean ownership of SES variables by SES group (N=3362)**

SES indicator	Low	Tercile Medium	High	Low	Cluster Medium	High
Tap (metered)/Other (tank/bottled)	36.2	85.1	97.3	28.7	70.0	95.7
Communal standpipe/borehole/well/ Other (another home/neighbours)	54.3	12.7	2.1	60.7	25.6	3.7
River/Creek/Other (spring/rain/dam/reservoir)	9.6	2.2	0.3	10.6	4.4	0.6
Own flush/water sealed toilet	78.6	97.4	99.9	76.4	91.4	99.8
Shared facility with others	2.1	0.3	0.0	2.3	0.7	0.0
Pit latrine/No facility/Bush	19.4	2.3	0.1	21.3	7.8	0.2
Concrete/brick/cement	17.9	34.1	77.2	14.9	28.4	65.0
Wood	41.7	38.3	15.2	41.5	40.1	22.2
Tin/corrugated iron	35.2	26.9	7.5	36.8	29.9	12.8
Bure/Makeshift materials	5.3	0.8	0.0	6.8	1.6	0.0
Electricity – Grid	31.3	95.4	99.8	15.6	83.7	99.7
Generator/Solar power	36.9	4.1	0.2	41.1	14.2	0.3
Fuel lamp (kerosene/benzene)/Other (candle/battery)	31.8	0.5	0.0	43.6	2.1	0.0
Car	1.3	7.9	50.0	0.6	4.5	38.0
Carrier/truck	2.3	5.2	11.8	1.5	4.7	9.8
Refrigerator	11.0	78.8	99.2	2.9	53.7	97.2
Computer	0.7	5.8	54.7	0.4	2.9	40.2
Internet access	0.0	1.3	33.4	0.1	0.4	23.7
Video/TV	41.3	92.9	99.6	30.4	80.3	99.3
Radio	52.2	87.2	98.4	46.6	76.0	96.9
Washing machine	10.5	52.4	94.5	4.0	33.2	87.0
Gas/electric stove	53.9	86.5	98.9	46.7	74.6	98.0
Telephone/mobile	77.7	97.1	99.7	72.7	93.1	99.5
Outboard motor	6.3	3.3	3.3	5.7	4.9	3.3
Water pump	0.9	2.6	4.1	0.6	2.0	3.7
Brush cutter	23.1	30.2	41.0	19.8	27.9	39.1
Land ownership	61.0	53.0	64.6	60.8	57.2	61.7
Household crowding	3.2	2.3	1.8	3.5	2.6	2.0



### **Classification of households into SES group – urban and rural samples**

When assessing the distribution of household SES by urban and rural location, the vast majority of households in the urban sample are classified as high SES (74.8%) and very few are classified as low SES (3.6%) (Table 6). The distribution of household SES in the rural sample is more varied.

**Table 6: Distribution of household SES by urban and rural location (total sample analysis; urban sample analysis and rural sample analysis)**

	Total sample		Urban sample		Rural sample
	Urban N=(1579)	%	Rural % (N=1779)	% (N=1579)	% (N=1779)
<b>Low</b>	3.6		40.9	13.81	33.05
<b>Medium</b>	21.7		34.0	47.37	35.75
<b>High</b>	74.8		25.2	38.82	31.2

Using cluster analysis on the SES scores derived from the urban and the rural samples the distribution of households SES, shown in Table 6, reveals that greater variation in the distribution of households SES in the rural sample. The distribution of households SES using the results from the rural sample are similar to that derived from the total sample analysis. While the vast majority of rural households (86.2%) were similarly classified (comparing total sample analysis and rural sample analysis), this figure was just over one-half (53.5%) for the urban households.

## **4. SUMMARY**

This report describes how a PCA-based SES index was created using the Fiji VAW survey data. Three PCA-based indices were derived: total sample (urban and rural combined); urban sample; and rural sample. From the PCA analysis using the total sample households were classified into SES groups using terciles and cluster analysis approach. An assessment of the internal coherence concluded that while both methods performed reasonably well in disaggregating SES the cluster approach performed slightly better. However, when considering the distribution of household SES by urban and rural location (from the results using of the total sample analysis), there was little variation in households SES in the urban location. Therefore, separate PCA-based indices were run for the urban and the rural samples separately and it is recommended that this SES indicator is used if separate urban and rural analyses are to be conducted.

## **REFERENCE**

Vyas S. and Kumaranayake L. 2006. “How to do (or not to do) . . .Constructing socio-economic status indices: how to use principal components analysis”. *Health Policy and Planning*. 21(6): 459-468.



## Annex 5: Research Team





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## Annex 6: Glossary of Statistical Terms



**Statistical significance**

In statistics, a result is statistically significant if it is unlikely to have occurred by chance or coincidence. Statistical significance is a measure of how strong the evidence is that findings from research are not due to chance, or to other unknown factors that might have arisen in the sampling process or in the process of carrying out the research (for example, in the selection of enumeration areas, the selection of households, the selection of respondents interviewed, any error due to the way the questionnaire was constructed, or any bias or errors by the interviewer).

**The P value**

A P value is a measure statistical significance. For example, it is a measure of how strong the association is between the experience of intimate partner violence and a particular variable. The lower the P value, the stronger the association, and the less possibility of error.

- A P value higher than 0.05 is usually regarded as not significant.
- The standard measure of significance is usually a P value of less than 0.05 ( $<0.05$ ). This means that there is 5% likelihood (or one possibility in every 20) that the result from the survey is due to chance, or due to error, rather than being due to a real association.
- A P value of less than 0.001 ( $<0.001$ ) is extremely significant. It means that there is only 0.1% likelihood (or one possibility in every thousand) that the result from the survey is due to chance, or due to error.

**Odds ratio and confidence interval**

The odds ratio for a variable gives an estimate of the likelihood that any woman who has that particular factor (or characteristic) will experience partner violence in her lifetime, compared to any other woman. Adjusted odds ratio just means that the odds have been adjusted to take into account all the other variables or factors that may be associated with violence – so the adjusted odds ratio gives us a stronger evidence base. A 95% confidence interval (CI) for the odds ratio gives us more evidence of how strong an association is between partner violence and any particular factor, because it gives us a range of error for the odds ratio; and it tells us that there is only once chance in 20 that our odds ratio will be wrong.

**Univariable and multivariable analysis**

These are methods of statistical analysis commonly used in medical and social science research to test a hypothesis (or assumption) about the association between an outcome and various other variables. In the FWCC survey, the outcome was women's experience of violence by a husband or intimate partner. This type of statistical analysis helps understand how likely it is that a woman will experience intimate partner violence, by considering the various factors in her background, or her husband's/partner's background (see Chapter 11).













**Australian  
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