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REPORT

NATIONWIDE SURVEY ON DOMESTIC
VIOLENCE AGAINST WOMEN
IN ARMENIA



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**National Statistical Service of the Republic of Armenia
UNFPA “Combating Gender-Based
Violence in the South Caucasus” Project**

Yerevan 2011

The Survey was conducted within the framework of UNFPA/Armenia “Combating Gender-Based Violence in the South Caucasus” (UNFPA CGBV) project.

The opinions and conclusions expressed in the Report are those of the authors and do not necessarily represent views of UNFPA and the Government of Norway.

*Report on Nationwide Survey on Domestic Violence
against Women in Armenia 2008-2010*
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FOREWORD

Violence against women constitutes one of the most widespread violations of human rights all over the world. It takes place in a wide variety of settings such as workplaces, educational institutions, rural and urban settings irrespective of a woman's ethnic or religious background, social status, economic standing, age, or other condition. The cases of violence are especially appalling when they occur at homes – places where the women are supposed to be provided with safe family environment.

The findings of numerous researches indicate that the consequences of intimate partner violence against women are extensive. The effects of violence on health range from physical injuries and emotional trauma to various forms of disabilities and fatal outcomes in many cases. It is worthwhile to note that in addition to causing physical, sexual, emotional suffering as well as economic deprivations to those subject to it, violence harms entire families and communities, enormously reduces human capital and seriously undermines economic growth. Nonetheless, the WHO multi-country study on women's health and domestic violence against women (2005) revealed significant variations in regional profiles in regards to the prevalence of intimate partner violence which is indicative of the fact that cases of violence are not inevitable and can and must be addressed.

UNFPA's commitment to advancing gender equality and women's empowerment in line with its pledge to achieving the Millennium Development Goals as well as the goals of the International Conference on Population and Development and Beijing Platform for Action has always constituted one of the pivotal lines in the operations of the agency. UNFPA has been on the forefront of the UN agencies consistently advocating for violence against women and girls to be recognized as a human rights violation and a public health priority.

Being guided by the idea that the lack of reliable and representative data on the prevalence of violence against women in general and intimate partner violence in particular constitutes one of the main impediments for developing targeted policies and programmes for combating the phenomenon UNFPA places huge emphasis on supporting the countries in collecting the relevant population data.

In this regard the importance of the National Study Report on violence against women in Armenia developed in the frames of the Combating Gender Based Violence in South Caucasus Project/UNFPA is of utmost importance. Although more analysis of the issues concerning violence against women in Armenia is required through further research, the findings of the Survey have a potential to be used as a strong advocacy tool for incorporating gender sensitive approaches into the existing state policies. The Report is also remarkable due to the fact that it represents the dynamic and concrete collaboration of UNFPA and the Armenian government in the efforts to eliminate violence against women in the country.



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CHAPTER 1. INTRODUCTION

BACKGROUND TO THE STUDY

THE REPORT

This report is based on the *Armenia Nationwide Survey on Violence against Women*, conducted in 2008 by UNFPA “Combating Gender-Based Violence in the South Caucasus” project¹ (UNFPA CGBV) and the National Statistical Service (NSS) of Armenia. The Survey is a first nationally representative sample survey on violence against women and is one of a kind because of its scope, scale, methodology and the status of the obtained results.

The report summarizes the major findings of the survey, with a focus on relevant indicators and specific topics covered. The survey findings provide valuable information on *prevalence and incidence of major forms of violence against women*, including intimate partner and non-partner violence, on *effects of gender-based violence* on women’s physical, mental and reproductive health, on *women’s coping strategies and mechanisms*, on *attitudes* towards violence against women, on *childhood sexual abuse* as well as on the relationship between women’s *socioeconomic status, financial autonomy* and *gender-based violence*.

The primary objectives of the final report are *to convey* the survey data and the results of the analysis of the survey findings to policy-makers, relevant State agencies and other government entities, international organizations and donors, non-governmental organizations, expert community, the media and the general public, *to raise* their awareness with regard to prevalence of violence against women in this country and thus *to enable them* to make better-informed policy decisions and choices and to make a more effective response, including better-targeted campaigns to combat gender-based violence.

The present Report contains both a descriptive level and a more in-depth and detailed as well as complex analysis of the survey findings, in which case data are placed in a broader socio-economic and cultural context and reviewed from the perspective of the current gender situation.

STUDY OBJECTIVES AND RESEARCH QUESTIONS

The objectives of the study were as follows:

- to produce accurate and reliable official and internationally comparable baseline data on prevalence and incidence of major forms of intimate partner and non-partner violence against women and thus to obtain valid estimates about the scale and scope of the phenomenon in this country;
- to identify some reasons of intimate partner violence;
- to get an estimate of sexual abuse of children of under 15 years of age;
- to identify and assess the risk and protective factors for intimate partner violence;
- to explore the association of intimate partner violence with outcomes for women’s physical, mental and reproductive health;
- to identify and assess effectiveness of coping strategies, mechanisms and services that women (may) resort to when subjected to violence;

¹ “Combating Gender-Based Violence in the South Caucasus” project was launched in April of 2008. The main goal of this three-year project is to create enabling environment for reduction of gender-based violence in Armenia, Azerbaijan and Georgia and support the countries in fulfilling their international obligations in the field. One of the main components of the project is “Nationwide Survey on Domestic Violence against Women”. The findings will be used in awareness raising activities and as a basis for the formulation of appropriate national policies and strategies to combat gender-based violence.

- to examine whether women resort to violence as a response to male partner violence or unprovoked;
- to probe attitudes towards violence against women;
- to make a detailed and in-depth data-based analysis and to draw conclusions;
- to contribute to strengthening the capacity of stakeholders to protect women from both intimate partner and non-partner violence;
- to make recommendations with a view to helping relevant government agencies design more effective and better-targeted policies and interventions to address the problem of violence against women;
- to highlight the relationship between females' subordinate status in the society (which is a result of persisting gender inequalities) and their increased vulnerability to violence;
- to contribute to greater public awareness of the issue of violence against women in the Armenian society since this awareness is a *sine qua non* for effective prevention and combating of gender-based violence;
- to show that violence against women is preventable;
- to trigger public discussions and to stimulate further research of the phenomenon and its prevalence in Armenia.

The research questions of the study were as follows:

- Is violence against women a widespread phenomenon in Armenia?
- What forms of violence against women are more prevalent?
- Is domestic violence/intimate partner violence more common than violence committed by other perpetrators?
- What are risk and protective factors in case of intimate partner violence?
- What are some putative reasons for intimate partner violence and their relative weight?
- Does intimate partner violence have significant negative health outcomes for women? If yes, which and to what extent?
- What percentage of women subjected to physical and/or sexual violence sustains injuries/physical harm and what are the prevalent types of the injuries?
- Is sexual abuse of children under 15 years of age a reality?
- Do women exonerate violence against women? If yes, what forms and in what cases? How entrenched are some gender stereotypes?
- What coping strategies do victims of violence against women pursue?
- What actions do women take to prevent or reduce intimate partner violence? Is a violent response a rare occurrence?
- What is the association of intimate partner violence with woman's economic empowerment or lack thereof? How prevalent are forms of economic disempowerment of women?
- To what extent in all of the above situations is each of the select background characteristics of the respondents significant as per disaggregated data?

It is noteworthy that much thought has been given to the format of the tables presenting the survey data. The selected format (which owes much to the formats used in similar WHO studies and in the DHS surveys) proved very useful for the purposes of the analysis and it is the hope of the research team that it will also be helpful for easy reference for and further use by policy-makers, relevant State agencies, international entities, experts, NGO community and other stakeholders and parties concerned.

The selected table format allows for tabulating and presenting data disaggregated by all major background characteristics (age, urban/rural residence, marital status, number of children, education and employment status) and reflecting the phenomena/events under study through relevant indicators, thereby producing also multiple cross-tabulations within a single table.

ORGANIZATION AND METHODOLOGY OF THE STUDY

With a view to creating an official baseline for policy-makers and to assisting them in formulating targeted policies and programmes aimed at GBV reduction as well as to contributing to awareness raising among the population, the project initiated a nationwide research on GBV to ensure a comprehensive analysis of accurate data on gender-based violence, in particular on Domestic Violence Against Women.

The research in Armenia was part of the bigger region-wide effort in the field of GBV data collection. In Armenia, it was implemented by UNFPA CGBV in cooperation with the National Statistical Service (NSS). The undertaking heavily relied on knowledge of and consultations with local and international experts in the field.

SAMPLE DESIGN: SAMPLE & CLUSTER SIZE

The research consists of a quantitative survey component providing representative information at 1) Yerevan, 2) other urban and 3) rural levels. The quantitative component is a cross-sectional population-based household survey. The sampling frame for the survey was built using the database of addresses created for the 2001 Population Census. All the regions (marzes), as well as all urban and rural settlements were included in the sample population according to the share of population residing in those settlements as percent to the total population in the country.

A representative probability sample of 4,720 households was selected for the survey sample. The sampling was designed in two stages. In the first stage, 236 clusters (with 20 households per cluster) were selected from the list of enumeration areas. In the second stage households were selected randomly.

Sample allocation of targeted households and number of clusters for the Survey was done by “Yerevan”, “Other urban” and “Rural”.

For Yerevan the sample size of households was calculated as 1,440, for other urban areas – 1,280, and for rural areas – 2,000. The total sample size was calculated as 4,720 households.

The margin of error is ± 0.032 . It ensures 95 % confidence interval $|0.268; 0.332|$. Design effect was taken as 1.5 Sample sizes are valid for each estimation domain (Yerevan, other urban and rural).

The target group for the survey was women in the age bracket 15-59. Thus, all women aged 15-59 were eligible to be interviewed. Thus, total number of all women aged 15-59 in 3,487 households was 4,552. Interviews/questionnaires were completed with 2,763 women.

STRATIFICATION

The database of addresses of all households was divided into 48 strata. It included: 12 communities of Yerevan city (12 strata), big towns with 15000 and more residents (16 strata), and other urban areas (10 strata), and villages (10 strata).

According to this division, a random, two-step sample stratified at the marz level was developed. All regions (marzes), as well as all urban and rural settlements were included in the sample population according to the share of population residing in those settlements as percent of the total population in the country. In the first step, the settlements were selected, in the second step – the respondent households.

Table 1.1 Sample Implementation

Result	Residence			
	Yerevan	Other urban	Rural	Total
Completed (C) %	78.0	70.2	73.3	73.9
No of household (h/h) members at home at the time of the visit, entire h/h speaking only strange language, h/h respondent % (HR)	3.8	2.0	0.7	2.0
Refused (R) %	3.8	2.9	1.7	2.7
Dwelling not found (DNF) %	0.8	2.3	0.8	1.2
Household absent (HA) %	8.6	20.3	21.2	17.1
Dwelling vacant/address not a dwelling (DV) %	4.4	2.1	2.3	2.9
Dwelling destroyed (DD) %	0.6	0.2	-	0.2
Total	100.0	100.0	100.0	100.0
Number of sampled households	1,440	1,280	2,000	4,720
Household response rate (HRR) ² %	90.3	90.7	95.8	92.6
Eligible women				
Completed (EWC) %	98.2	97.3	98.8	98.2
Not at home (EWNH) %	0.2	0.3	0.3	0.3
Postponed (EWP)	-	-	-	-
Refused (EWR) %	0.9	1.1	0.4	0.8
Partly completed (EWPC)%	0.6	0.7	0.4	0.5
Incapacitated (EWI) %	0.1	0.6	0.1	0.2
Total	100.0	100.0	100.0	100.0
Number of women	903	699	1,196	2,798
Number of eligible women interviewed (including partly completed)	892	685	1,186	2,763
Eligible women response rate (excluding partly completed) %	98.2	97.3	98.8	98.2

QUESTIONNAIRE

The model WHO questionnaire³ was adapted only slightly so as to ensure comparability with data and findings from numerous other studies conducted on the basis of the said questionnaire (in line with the national specifics and priorities) for use by experts from the NSS and UNFPA, as both agencies were responsible for survey design and implementation. All changes were approved by international consultants and UN experts from UN agencies (e.g. anti-drug, reproductive health and human rights projects).

The Questionnaire, the “Question-to-Question Interviewer’s Manual” and Guidelines for Interviewers were revised in English and then translated into Armenian.

The Questionnaire was pre-tested in early October 2008.

The Questionnaire was structured to obtain information on the following topics from women aged 15-59:

- Characteristics of the respondent and her community;
- General health status;

² $(C)*100/(C)+(HR)+ (R)+ (DNF)$

³ http://www.who.int/gender/violence/who_multicountry_study/Annex3-Annex4.pdf

- Reproductive health;
- Information regarding children;
- Characteristics of current or most recent partner;
- Attitudes towards gender roles and violence against women;
- Experience of intimate partner violence;
- Injuries caused by violence;
- Impact and coping mechanisms used by women subjected to violence;
- Non-partner violence and other experiences;
- Financial autonomy;
- Anonymous reporting of childhood sexual abuse; respondents' feedbacks.

FIELD STAFF TRAINING

For conducting the study a team was set up that consisted of 95 interviewers, 30 quality control personnel, 8 code clerks and 8 data entry clerks. Prior to the survey, a special five-day workshop on GBV and its forms, results of the recently conducted surveys on domestic violence, legal field on domestic violence, questionnaire interviewing techniques and code of conduct for interviewers, as well as the survey sample and the questionnaire filling procedure was held for the personnel to be involved in the fieldwork, including also supervisors and field editors.

ETHICAL & SAFETY CONSIDERATIONS

In line with the WHO guidelines, conscious efforts were made to collect data in a manner that presents the least risk to respondents, i.e. to ensure confidentiality and privacy with a dual purpose of protecting the safety of respondents and interviewers and of improving the quality of the survey data. It is also important that respondents feel psychologically comfortable in the course of the interview. All field workers received special training to that end.

The research team proceeded from the assumption that unless failure to take safety and security issues are carefully reviewed and taken care of in advance, interviews may in some instances pose a danger for interviewees and, albeit to a lesser extent, for interviewers. Consistent efforts were made to make sure that all fieldworkers have appropriate communication and interviewing skills, that they have empathy and ability to demonstrate sensitivity, to be sympathetic to interviewees' experiences and to conduct interviews in a non-judgmental manner and to build good rapport with respondents and that they stick to the interview protocol and the standard operating procedures so as not, however inadvertently, to force victims of violence to relive their traumatic experience, thereby increasing their feelings of shame, distress, anxiety and mental anguish and, possibly, self-blame and self-stigmatization and, most importantly, not to cause further harm to respondents' well-being. Disclosure of some sensitive personal information in the third party's presence and even the very fact of participation in the survey that studies various forms of violence against women, controlling behavior and economic abuse can have serious social, material, psychological, health and other consequences and repercussions for interviewees, including potential retaliatory violence.

It was imperative that interviewers should therefore:

- (a) make conscious efforts to ensure that no one else is present in the course of the interview, especially when questions on sensitive issues are asked;
- (b) obtain respondents' informed consent (through the initial consent procedure) before the start of the in-

terview;

- (c) state clearly and unequivocally at the start of the interview that participation is fully voluntary and that confidentiality is guaranteed and identity of interviewees is protected;
- (d) inform interviewees about confidentiality procedures;
- (e) remind the respondents during the course of the interview (and, definitely, prior to each section that deals with personal experience of violence) that they can terminate it at any point and refrain from answering some questions and/or skip some sections.

Overall, the research team made sure that eventually all data be *de-identified*, i.e. they cannot be traced and linked to a concrete respondent.

FIELDWORK

Armenia has used the Personal Interviewing Method for collecting data through survey. Fieldwork began in early October 2008 and was completed almost by the end of December 2008. While handing in the filled out questionnaires, each interviewer also presented a report on number of households visited according to the list of addresses randomly selected in the cluster, or interviews conducted and on addresses where interviews were not held. The senior technical staff visited teams regularly to review the work and monitor the data quality. Teams of interviewers, field editors and a team supervisor collected the survey data.

The processing of the 2008 survey results began shortly after the fieldwork was commenced. The completed questionnaires were returned regularly from the field to NSS headquarters in Yerevan, where they were entered and edited by data processing personnel who were specially trained for this task. The data processing personnel ensured that the expected numbers of the questionnaires from all clusters were received.

The concurrent processing of the data was an advantage because the senior technical staff was able to advise the field teams of problems detected during the data entry. In particular, specific feedback was given to the teams to improve performance.

RESPONSE RATES

- A total of 4,720 households were selected for the sample, 3,613 of which were occupied at the time of fieldwork and 3,487 of which were interviewed.
- The main reason for the difference is that some of the dwelling units that were occupied during the Census 2001 were vacant or the household eligible woman was away for an extended period at the time of the Nationwide Survey fieldwork.
- Thus, eligible women from 3,487 households (97 percent of the occupied households) were successfully interviewed. One woman aged 15-59 from each household was selected by the Kish method for individual interview.
- 2798 women in these households were identified as eligible for the individual interview, and interviews were completed with 2,763 women (including partly completed), which makes 99 percent of all eligible women.

Table 1.2 Response rates

Household interviews	Residence			
	Yerevan	Other urban	Rural	Total
Households selected	1,440	1,280	2,000	4,720
Households occupied	1,177	935	1,501	3,613
Households interviewed	1,122	898	1,467	3,487
Household response rate ⁴ %	90.3	90.7	95.8	92.6
Individual interviews: women				
Number of women, unweighted	903	699	1,196	2,798
Number of eligible women interviewed (including partly completed)	892	685	1,186	2,763
Number of eligible women interviewed (excluding partly completed), after weighting	887	680	1,182	2,749
Eligible women response rate ⁵ (excluding partly completed) %	98.2	97.3	98.8	98.2
Overall response rate ⁶ %	88.7	88.2	94.7	90.9

DATA ENTRY, CLEANING AND PROCESSING

The objective of data entry is to convert information from paper questionnaires into intermediate products (machine-readable files) which must be further refined by means of programme editing and clerical processes to obtain “clean” database as a final product.

The data entry began after the fieldwork was over. The filled-out questionnaires were submitted to the Office of the RoA National Statistical Service located in Yerevan, where data were entered and processed by the clerks who had participated in the training workshop. The data entry and cleaning stage was finished in February 2009.

Software used for data entry was Microsoft Access. There were some important requirements that contributed to that: *the data entry screen looked very much like the corresponding pages of the questionnaire thus the operator was able to find from the questionnaire the corresponding field on the screen very quickly. The data entry module had a variable validity control, where the operator immediately received an error message when an invalid value was entered.* All the collected data were converted into an SPSS format and a database was created. Internal consistency checks were performed several times to ensure logical control.

The weights were taken into account when data were calculated for tables. The weighing procedure was applied to the data to adjust for the sample design. In many situations the sample fraction may be varied by stratum and data will have to be weighted to correctly represent the population. More generally, data should usually be weighted if the sample design does not give each individual an equal chance of being selected.

The household sampling weight is equal to the inverse of the household selection probability. The selection of households is through a two-stage process (first select EAs with PPS, then randomly choose households within the selected EAs). The probability of selection was calculated by the following formula

$$p_1 = \frac{n_h * S_h}{S_h} \quad p_2 = \frac{m_{hi}}{M_h} \quad p = p_1 * p_2$$

where in stratum h , S_{hi} is the size measure for PPS sampling, M_{hi} is the number of households in EA i , and $S_h = \sum S_{hi}$ is the sum of size measures within the stratum, n_h EAs out of the total number of EAs. Within

⁴ Households interviewed/households occupied (HRR)

⁵ Respondents interviewed/eligible respondents (EWRR)

⁶ The overall response rate is calculated as ORR=HRR*EWRR/100

each selected EA, each household in the whole address list of households will have an equal probability of selection that depends on the number of households (m_{hi}) to be selected in an EA and the total number of households listed in an EA. Specifically, within stratum h , the j^{th} household in the i^{th} EA has a m_{hi}/M_{hi} probability of selection. The weights p_1 and p_2 were adjusted by household and women no-response rate.

CHARACTERISTICS OF THE RESPONDENTS

The breakdown of the sample as to the “age”, “residence”, “marital status”, “number of children”, “education” and “employment status” factors is as follows:

Table 1.3 Characteristics of the Respondents

Factor/Background characteristic		%	Number of women (all)
Age	15-24	10.8	297
	15-19	4.7	128
	20-24	6.1	169
	25-34	18.8	518
	35-44	25.6	705
	45-59	44.7	1,229
Residence	Urban	73.2	2,011
	Yerevan	28.8	792
	Other urban	44.3	1,219
	Rural	26.8	738
Marital status	Never married	13.9	382
	Currently married	75.7	2,082
	Formerly married	10.4	285
Number of children	0	17.1	470
	1-2	54.4	1,495
	3+	28.5	784
Education	No education	0.3	8
	Basic general	4.3	118
	Secondary general	40.2	1,104
	Specialized secondary	32.0	881
	Higher	23.2	638
Employment	Unemployed	62.3	1,712
	Employed	31.8	873
	Seasonal work	5.4	149
	Other	0.5	15
Total		100.0	2,749

DATA ANALYSIS AND NATIONAL REPORT

After the field work and data entry was finished, the UNFPA CGBV established a group of national experts to analyze the obtained data. The members of the Group were experts/representatives of the RoA Ministry of Labor and Social issues, RoA Ministry of Health, RoA Police Department as well as of the NGOs and academic community.

OVERVIEW (DE JURE AND DE FACTO GENDER EQUALITY, GENDER-BASED VIOLENCE IN ARMENIA, STATISTICAL SNAPSHOT)

The issue of violence against women (VAW) drew the attention of international and regional organizations, women's and feminist groups and coalitions as well as of academic and research communities and of general public fairly recently. Thus, the CEDAW Convention, which was adopted by the UN in December 1979, makes no mention whatsoever of violence against women. Only gradually violence against women came to be recognized as a public health problem (since it has an adverse impact on women's mental and physical health) and as a serious human rights violation⁷. In 1992, at its 11th Session the CEDAW Committee defined gender-based violence as “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty” and qualified violence against women as a form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men⁸.

This position was further asserted by the UN 1993 *Declaration on the Elimination of Violence against Women*, which reaffirmed that violence against women constitutes a violation of the rights and fundamental freedoms of women and impairs or nullifies their enjoyment of those rights and freedoms⁹, and has since become a mainstream approach.

Therefore, continuing violence against women is seen globally, regionally and, more often than not, nationally not merely as an across-the-board problem in its own right that needs to be addressed comprehensively but also as a manifestation of persisting discrimination against women, hence of gender inequality¹⁰. The UN Secretary-General emphasized that “violence and discrimination [against women] remain perhaps the biggest obstacle to achieving equality, opportunity and progress”¹¹.

No less important is growing realization that the underlying cause of violence against women is structural, i.e. inequality and asymmetry in power relations and the rootedness of some societal practices, interactions and norms in patriarchal principles and traditions¹². While this truth has in many cases yet to be accepted at a national level, it has already been acknowledged internationally. The Preamble to the *Declaration on the Elimination of Violence against Women* states that violence against women is “a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women”¹³. Even though the General Recommendations of the CEDAW Committee and the *Declaration on the Elimination of Violence against Women* are not legally binding documents, they make this important point, which is intended to change the prevalent mentality and thus to pave the way for relevant provisions and underlying philosophy to be subsequently reflected in international legal instruments and in national legislation. To that end the UN Secretary General's 2006 Report elaborated further on this issue and contended that violence against women “was not the result of random, individual acts of misconduct, but was deeply rooted in structural

⁷ As Margot Wallström, a Special Representative of the UN Secretary General on Sexual Violence in Armed Conflicts, put it on January 27, 2010 (when she was First Vice-President of the European Commission & European Commissioner for Institutional Relations & Communication Strategy) speaking in Brussels at the *Conference on Women, Peace & Security: Empowering Women in Peace & Conflict* “violence against women is not a women's issue but a human rights issue.” <http://europa.eu/rapid/pressReleasesAction.do?reference=SPEECH/10/14&format=HTML&aged=0&language=EN&guiLanguage=en>

⁸ *General Recommendation No. 19*. CEDAW Committee. 11th Session, 1992 (paragraphs 6 and 1).

⁹ *Declaration on the Elimination of Violence against Women*. Preamble. General Assembly Resolution 48/104 of 20 December 1993.

¹⁰ This approach is reflected in the first and (so far) the only Convention, viz. *Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women* (the so-called “Convention of Belem do Para” adopted on 9 June 1994) that deals exclusively and directly with elimination of violence against women.

¹¹ UN Secretary-General Ban-Ki-moon's remarks to the OHCHR/Equality Now event in celebration of the fifteen-year review of the Beijing Declaration, New York, March 5, 2010. SG/SM12777 WOM/1785

¹² Therefore, the Council of Europe set up an ad hoc Committee on Preventing and Combating Violence against Women and Domestic Violence (CAHVIO) to draft the Convention, which is going to be the first European human rights treaty to prevent and combat violence against women and domestic violence, and advocates for a specific Protocol to the European Human Rights Convention that will focus on gender-based violence.

¹³ Ibid.

relationships of inequality between women and men...” and that evidence led “to the recognition that violence against women was global, systemic and rooted in power imbalances and structural inequality between men and women”¹⁴.

The said study and many others have discovered that violence against women is the most common but least punished crime in the world¹⁵.

In order to emphasize the fact that women’s subordinate status, structural inequality and gender discrimination in society were the main underlying cause of violence against women the term “gender-based violence” (GBV) was coined and put into circulation.

Therefore, it is clear that successful elimination of violence against women is predicated on the attainment of gender equality and continuous empowerment of women in terms of fundamental political, economic and cultural rights, civil liberties and social freedoms so that they can be free of coercion, discrimination and violence while making informed choices and important decisions concerning their education and employment, family life and career, sexuality and reproductive health, etc.

Armenian domestic legislation currently in force has been gender neutral at best, even though it rules out gender-based discrimination. In fact, Article 14.1 of the Armenian Constitution explicitly forbids such discrimination. The domestic legislation incorporates many provisions and reflects the spirit and the letter of relevant international legal instruments and important non-binding documents that Armenia is a party to. Armenia ratified CEDAW (on June 9, 1993) and the Optional Protocol thereto (on May 23, 2006) and is a signatory to the Beijing Platform for Action (1995) and the UN Millennium Declaration (2000).

However, the *de jure* gender equality is not matched by the *de facto* one. Several important initiatives were made to improve the current situation and to move closer to gender equality. Those include two *National Action Plans on Improving the Status of Women and Enhancing Their Role in Society* (1998-2000) and (2004-2010), nationalized Millennium Development Goals (which set very specific benchmarks), amended legislation (particularly the introduction of gender quotas in parliamentary elections), recently adopted *Conceptual Framework for the State Gender Equality Policy* (which includes Strategy and has a section on violence against women, thereby boosting efforts to combat gender-based violence), draft *Gender Equality Law* and draft *Domestic Violence Law*, to mention but a few. These initiatives embrace the philosophy, principles, values and main objectives of the UN and regional documents. They draw particularly on the Council of Europe (CoE) documents (especially Recommendations by the Committee of Ministers and *documents of the European Ministerial Conferences on equality between women and men*) as a part of Armenia’s efforts to get further integrated into Europe. There is a growing awareness that genuine political and economic integration into Europe is impossible without consistent efforts to attain gender equality since the latter is for Europe a top-priority democratic value, one of the fundamental human rights and a precondition for attaining social justice and equity. There is also a growing realization that efforts to promote democratization and sustainable development are compromised by lack of gender equality in general and by violence against women in particular. Not surprisingly, a whole set of gender issues have been gradually moving to the forefront of public discourse, policy and life. The Armenian Government’s Program for 2009-2012, which was approved by the Parliament, states as a priority ... that “the Government’s policy will aim at attaining gender equality, at providing equal rights and equal opportunities for men and women in public, political and economic spheres.”

Embracing the underlying philosophy and value system of the Millennium Development Goals, the Armenian Government set the goal in the nationalized MDGs of attaining the minimum of 25% for women in the Parliament, Government and Regional Governments and of 10% in local governments by year 2015. It also initiated the amendment of the legislation raising the quota for women on the political party lists in propor-

¹⁴ *In-depth study on all forms of violence against women. Report of the Secretary-General.* UN doc. A/61/122/Add.1. N.Y, 2006, pp. 13 and 14.

¹⁵ 2007 International Women’s Day Fact Sheet on Violence Against Women. International Women’s Day 2007. “Take action to end impunity for violence against women and girls.” <http://www.un.org/events/women/iwd/2007/factsfigures.shtml>

tional representation parliamentary elections from 5% to 15%. However, while positive in and of themselves, these developments are a far cry from an effective strategy aimed at achieving gender equality. Unless special temporary measures are taken the stated objectives will not be reached, to say nothing of a “critical mass” (of at least 30%) and of the minimum of 40% entailed by the principle of balanced participation of women and men in political and public decision making (as stated in Recommendation Rec (2003)3 of the CoE Committee of Ministers) endorsed by the Armenian Government. The task of meeting those objectives is indeed formidable against the background of grim realities. The level of women’s representation in the parliament remains low (9.2%), especially when compared to the global and European averages (19.0% and 21.8% respectively). There is not a single woman in 7 out of 12 Standing Parliamentary Committees. The situation is not better in the executive branch of government. Only two women hold the position of a Minister and none of a Regional Governor. There are only five women Deputy Ministers (out of 56) and only one woman among 21 Deputy Regional Governors. For a number of years already women have not been appointed to decision-making positions in the Ministries that are in charge of such sectors as education, health or social issues where women account for well over 70% of the employees. Women hold only 8.3% of senior positions in the civil service. It would seem that the situation at the local governance level should be a mirror image of the situation in the mainstream public administration system. That, however, is not the case because gender imbalance is prominent in local governments. Since independence, not a single woman has ever been appointed or elected to a position of Mayor (only recently one woman was for the first time elected as a Deputy Mayor in any city or town in Armenia). In urban communities, women make up mere 4.2 percent of members of local Councils. As regards rural communities, only 2.6% of those are headed by women.

Thus, despite the professed commitment to gender equality and the above-mentioned initiatives, the situation leaves much to be desired, especially from the perspective of substantive equality, which encompasses not only equal rights but also equality of opportunity and equality of outcomes. This gap between rhetoric and reality is most vividly demonstrated in most acute problems such as women’s disempowerment, particularly in terms of participation in political and economic decision-making, the feminization of poverty and higher rates of women in low-paid jobs and in unemployment, which further undermine their status and leverage on the labor market and in employment.

Gender-based inequality and discrimination in general and gender asymmetry in particular and women’s disadvantaged position in political and economic life are reinforced by entrenched patriarchal stereotypes and attitudes, which are far from gender parity ideals and which may be attributable to traditional mindsets and can be eliminated only through consistent and comprehensive policy measures, including education, media and other public awareness-raising campaigns and other interventions. So far, only the first steps have been taken, at best, in that direction. It still remains to be seen if effective policies are formulated and implemented aggressively enough to change the prevalent traditionalist mentality, which is reinforced through some de-modernization tendencies that keep up resurfacing in the present-day Armenian society.

These gender-related stereotypes effectively block women’s advancement in public life even though more women are better educated than men and despite some progress in terms of women’s presence in public administration, in the Parliament and in the judicial system.

The situation is further aggravated *by a virtual lack of genuine national machinery for gender equality*, which is the Government’s central policy-coordinating unit that would be tasked with mainstreaming a gender-equality perspective in all policy areas and would take effective measures to promote the advancement of women.

The overall societal context cannot but have an impact on scope and scale of gender-based violence in a given society. While consisting of individual acts, violence against women is a social phenomenon. The extent and severity of this phenomenon to a high degree depend on and are intrinsically linked to social environment that can be neutral or conducive to violence against women or, contrariwise, enabling for efforts to combat and eliminate it. Since the society is made up of heterogeneous social groups and subcultures, it

is of crucial importance that the core institutions and structures send appropriate signals to the public at large indicating that violence against women is not and should not be encouraged, condoned or tolerated. As *oft-quoted dictum* by the then U.S. Secretary of State Madeleine Albright on violence against women indicates, various forms of violence against women are not culturally specific phenomenon but crime, “Some say all this is cultural and there’s nothing we can do about it. I say it’s criminal, and we each have a responsibility to stop it”¹⁶.

Violence against women is rightly considered as one of the most serious social problems that European countries are currently facing¹⁷. Armenia is no exception. Therefore, such institutions and agencies have a key role to play. However, as stated in the Concluding Observations of the CEDAW Committee with regard to the combined third and fourth periodic reports of Armenia, the Committee “is ... concerned that there is no dedicated governmental body or coordinating institution tasked with implementing measures to counter all forms of gender-based violence against women”¹⁸. Indeed, there is not a single body that would have a clear mandate for coordinating activities in GBV prevention, in provision of social care, support and rehabilitation to victims, etc. Besides, whatever functions the existing institutions (such as Ministry of Health Care, Ministry of Labor & Social Issues, law-enforcement agencies, etc.) have with regard to violence, in most cases there is no explicit mention of gender-based violence and the specifics of the latter are not necessarily taken into consideration.

Another group of problems in the area under review can be accounted for by the lack of relevant legislation. While a party to the CEDAW Convention, Armenia has yet to recognize, in line with the CEDAW Committee’s General Recommendation 19 (1992), and to reflect in its domestic legislation that GBV is a form of discrimination against women, which, thus, constitutes a violation of human rights of women under the Convention. That recognition is crucial as it is a precondition for designing consistent policies and strategies and to putting in place comprehensive measures to address all forms of violence against women. Legislation is very important. To begin with, it defines certain acts of violence as crimes and offenses, thereby outlawing them. Secondly, it demonstrates that gender-based violence is no longer a private matter but rather a public one. And, finally, it provides a whole range of legal means to combat gender-based violence. In addition, an effective legal framework is important because it lays the groundwork for policymaking. While laws in and of themselves are no panacea (as they have to be enforced to be effective), they are a precondition (a necessary, even though not a sufficient condition) for sustained efforts to combat GBV. Appropriate legislation is required to address meaningfully the host of GBV-related issues and to combat effectively and comprehensively this phenomenon.

The lack of specific legislation addressing gender-based violence is a major problem in Armenia. In addition, there is no mention of domestic violence in the country’s Criminal Code. As it is not defined as crime, domestic violence is not criminalized. Neither is marital intimate partner rape defined as crime and criminalized. On the whole, the Criminal Code is not gender sensitive. The same holds true for other laws that address various aspects of violence. For example, the *Law on Social Support* (adopted on 24 October 2005) mandates provision of temporary shelter to victims of violence, among others (Article 12). There are no provisions that would deal specifically with VAW/GBV victims and that would address special needs of those victims.

Recently, *the Law on the Provision of Equal Rights and Equal Opportunities for Women and Men* (the *Gender Equality Law*) has been drafted. The Draft *Gender Equality Law* is scheduled to be submitted soon to the Parliament for adoption. Even though the Law, if passed, will effect a major breakthrough in setting and prioritizing gender equality agenda in a number of key policy areas, yet it does not address gender-based violence.

This gap cannot be compensated by another positive development, *viz.* by the fact that the drafting of the

¹⁶ “American Leadership for the 21st Century: Doing What’s Right and Smart for America’s Future.” by Madeleine Albright U.S. Secretary of State. Jesse Helms Lecture, Wingate University: March 25, 1997 <http://gos.sbc.edu/a/albright4.html>

¹⁷ *Perspectives and standards for good practice in data collection on violence against women at European level.* Supporting Paper. Submitted by CAHRV, 2007, p. 2.

¹⁸ CEDAW/C/ARM/CO/4/Rev.1 (2 February 2009).

Domestic Violence Law is drawing to a close. It remains to be seen, however, when *Domestic Violence Law* is adopted. No definitive timeframes have been set yet and no commitment has so far been made on the part of the Armenian Government with regard to that Law, even though as far back as 2002 the OSCE strongly recommended the participating States to “adopt national laws on domestic violence”¹⁹.

While, if adopted, the *Domestic Violence Law* may prove to be an important step forward and thus may signal the political will and readiness on the part of the powers that be to deal seriously with this important issue, it will still be a far cry from what is expected of the law on gender-based violence. To begin with, it does not apply to cases of violence committed by perpetrators other than family members. Secondly, it lacks effective intervention mechanisms beyond cases of aggravated assault. Thirdly, most importantly, while detailing the acts of domestic violence in the “definitions” section (Article 3), it limits liability to acts qualified as criminal offenses under current legislation. However, many acts defined as domestic violence in the draft *Domestic Violence Law*, are not qualified as such by the Criminal Code. Acts of sexual nature (in particular, marital rape and rape between regular or occasional partners and cohabitants, the concepts of which are, by the way, not used in the Draft *Domestic Violence Law*), acts of psychological violence and most acts of physical violence, if perpetrated by intimate partners (or, broader, in the family) are not penalized by the Criminal Code. This lack of appropriate measures and sanctions in the Armenian criminal law does not make it possible “to take swift and effective action against perpetrators of violence and redress the wrong done to women who are victims of violence” (as recommended by the Committee of Ministers of the Council of Europe²⁰).

The *Conceptual Framework of the State Gender Policy and Its Implementation Strategy* aims to bridge the above-mentioned gaps, particularly in the proposed *Gender Equality Law*, as one of its sections is devoted exclusively to the elimination of gender-based violence. The *Conceptual Framework* sets drafting and adoption of the *Law on Elimination of Gender-Based Violence* as a primary objective and a priority area for the State gender policies. It states in no uncertain terms that the proposed Law should capitalize on the best practices in the international experience and take guidance from the model legislation and international legal norms. Since these objectives have been retained in the approved version, the *Conceptual Framework* will sustain considerable progress in preventing and eliminating gender-based violence in this country. What makes the *Conceptual Framework* of utmost importance is the fact that it is not only a policy document but also a **political document**. It not only inspires hope that the Armenian Government takes GBV seriously and is committed to prevent and combat it but also gives rise to expectations regarding the prospective *Law on Elimination of Gender-Based Violence*. Only such a law could provide a comprehensive approach ensuring adequate protection to current and potential victims of violence through an adequate legal framework (effective sanctions and penalties, restraining orders, financial support, shelters, psychological rehabilitation, etc.) and a nationwide coordinated effective operation of relevant State institutions and NGOs. It would thus make possible to effectively address the individual situations of women and to tailor all measures and interventions to specific needs of the victims. In all likelihood, the *Law on Elimination of Gender-Based Violence* will clearly state that all forms of gender-based violence constitute offense and it will also list those forms of gender-based violence that are classified as criminal offense.

While the significance of laws, strategies and action plans can hardly be overestimated, they have to be matched by adequate political will and commitment to end violence against women, in particular domestic violence. As evidenced by international organizations and researchers, the gap between legal provisions and national strategies to end that violence, on the one hand, and their translation into concrete action, particularly into financial support, on the other hand, remains the most significant challenge in some parts

¹⁹ OSCE, *Final Report*, Vienna 2002, p. 5.

²⁰ Council of Europe. *Recommendation Rec(2002)5 of the Committee of Ministers to Member States on the protection of women against violence* (Appendix: 35).

of Europe²¹.

Armenia is no exception. While politically correct rhetoric with regard to women's rights, gender equality and prevention and elimination of discrimination and violence against women is no longer foreign to State institutions and high-ranking officials, especially those who interact with international and regional organizations on a regular basis, these pronouncements have yet to be translated into consistent, well-targeted actions.

Another problematic area is the lack of reliable statistics. Mapping out effective strategies to combat violence against women requires access to comprehensive and consistent data on prevalence and incidence of that violence. It would be belaboring the obvious to say that most forms of gender-based violence go not only underreported but also under-documented. Comprehensive statistical data are no less important for breaking the wall of silence surrounding gender-based violence and for putting an end to the denial of the existence of that violence in this country. Echoing findings of numerous studies and surveys conducted on a global, regional or national level that evidence that no woman is immune to gender-based violence regardless of her age, country, occupation, socioeconomic status, etc., the UN General-Secretary's Report states that "violence against women persists in every country in the world as a pervasive violation of human rights and a major impediment to achieving gender equality"²².

Nevertheless, the denial of gender-based violence (including domestic violence), at least as a social phenomenon on a scale that may raise public concern, is not a rare occurrence in today's Armenia. That happens notwithstanding the joint educational, public awareness-raising campaign, and other programmatic efforts (albeit taken on a modest scale) on the part of local women's NGOs and the international community, primarily the UN and European entities. That those efforts paid off to a certain extent, thereby paving the way to the framing of gender-based violence as a serious problem faced by the Armenian society, should not preclude recognition of the fact that while lip service has been paid to the importance of this issue for quite some time, a significant proportion of people would not recognize gender-based violence, and especially domestic violence, as a serious societal problem. It is not possible to quantify that proportion with unerring precision since exact data are lacking. Usually these are guesstimates or expert estimates based on scanty and incomplete data from surveys, public discussions, publications, talk shows, anecdotal evidence, etc. At the same time, the available data tend to indicate that the attitude of denial cuts across the social class, socioeconomic status, age and even gender lines, with only the level of education gradually becoming the factor, which displays a strong negative correlation.

The combination of a number of factors helps explain prevalent reluctance to disclose and report acts of gender-based violence. Those are, to mention but a few, *patriarchal stereotypes* and *attitudes*, including those that tend to blame the victim, *lack* of a comprehensive system of prevention, referral, protection and punishment, *dire* social, economic and even health, safety and other *consequences*, including *re-victimization* through judgmental approach from law-enforcement officers and judges and lack of a gender-sensitive victim-centered approach, for many GBV victims who dare to report the offence. That is one of the main reasons why the official statistics cannot present the real picture of the situation in that area. It captures only the tip of the "iceberg" since most acts of violence (in particular when committed by intimate partner or an acquaintance or when the acts are of psychological or, especially, of sexual nature) are either underreported or go unreported at all. In addition, while, admittedly, the exploration of the root causes of as well as social, economic, health and political costs, impacts and consequences and associated with gender-based violence is not the official statistics' function by default, the lack thereof places serious limitations on the applicability and explanatory power and potential of the data and leaves gaps that need to be bridged by other means.

That explains the importance of research, including sociological or multi-disciplinary surveys and studies.

²¹ See, e.g., *Ending domestic violence in southeast Europe and Turkey: Towards a regional strategy for action*. UNIFEM Central and Eastern Europe, Bratislava, July 10, 2007, p. 21.

²² *In-depth study on all forms of violence against women. Report of the Secretary-General*. UN doc. A/61/122/Add.1. N.Y., 2006, p. 9.

Not surprisingly, back in 1995, the *Beijing Platform for Action* strongly recommended to “encourage research into the causes, nature, seriousness and consequences of violence against women” and to promote research on the prevalence of different forms of violence against women, especially domestic violence²³.

Very few studies were conducted in Armenia, which focused exclusively on violence against women. Three of those should be mentioned here. One was conducted in 2002-2003 by *Sociometr* independent sociological center. It was commissioned by *Women’s Forum* NGO with funding provided by USAID through the World Learning Project “Strengthening of NGOs”²⁴. Its major focus was on sexual harassment of women in the workplace. The study was conducted in three stages: a pilot stage (160 women were surveyed in Yerevan and in 4 regions), an interim stage (500 women and 100 men were surveyed in 5 cities) and the final stage (600 women in the same 5 cities). The samples included women over 18 years of age. The findings indicate that sexual harassment of women in the workplace is not an isolated phenomenon but is a continuation of violence and sexual harassment occurring elsewhere. The analysis of the survey data led experts to conclude that “violence against women created a general climate, the manifestations of which occur everywhere.” Another stunning conclusion is that 78% of the surveyed women believe that women “remain oppressed, subjected to violence and sexual harassment.” The survey also ranked highest the sexual harassment risks at the workplace, with such risks at home (especially in terms of intimate partner violence) estimated as quite high.

Among the three, the study “Domestic Violence and Abuse of Women in Armenia”²⁵ was the only survey, which was conducted virtually nationwide. It was commissioned by *Women’s Rights Center* NGO and conducted in 2007 by the American University of Armenia (AUA) *Turpanjian Center for Policy Analysis* with funding provided by Catholic Relief Service Armenian Branch Office and OSCE. The study is based on 1,006 face-to-face interviews with women aged 17 through 78 in the households selected from the capital city of Yerevan and from all ten regions of the country proportionately to the most recent census. The validity of the data was slightly undermined by the fact that 2% of the interviews were conducted in the presence of intimate partner. The survey dealt in detail with many aspects of domestic violence, including the scope of psychological and physical abuse, attitudes to violence against women, level of understanding of causes of domestic violence, consequences of domestic violence, comparative effectiveness of measures intended to prevent violence against women, perceptions about family relations, etc. An important component of the survey was combination of interviews with self-administered cards, which better ensured anonymity and helped verify the interview results. A very serious limitation of the study is that its published findings do not address the problems of sexual violence (even though the above-mentioned self-administered cards, according to the Report, included acts of sexual abuse). The reason is not clear and is not explained, even though one of the stated objectives of the study was “to assess the extent of domestic violence and abuse of women in Armenia”, which, presumably, should have covered sexual violence as well, especially since strenuous efforts were made to research psychological as well as moderate and severe physical abuses. The findings demonstrate that 66% of the surveyed women experienced psychological abuse and 28% moderate or severe physical abuse at home, primarily at the hands of their intimate partner. Another important finding is that 60.5% of the respondents believe that domestic violence is a widespread problem in Armenia.

The third study “Sexual and Gender-Based Violence among Female Refugees and Asylum-Seekers in Armenia”²⁶ was commissioned by UNHCR and conducted in 2008 by the same AUA *Turpanjian Center for Policy Analysis*. It is not clear why authors separate sexual violence from gender-based violence in the title and in some section headings, while no such difference is made (and rightly so) throughout the text and in the tables.

²³ *Platform for Action and the Beijing Declaration*. Fourth World Conference on Women (Beijing, China, 4-15 September 1995). UNDP, 1996, p. 81 (para 129a).

²⁴ *Sexual Harassment of Women in the Workplace: The Situation, Prospects and Main Issues*. Yerevan, 2003 – 35 p. (in Armenian).

²⁵ *Domestic Violence and Abuse of Women in Armenia. Report on Nationwide Survey Findings*. Yerevan: *Limush* Publishers, 2007. – 123 p. (Armenian- and English-language versions).

²⁶ *Report on Survey Findings: Sexual and Gender-Based Violence among Female Refugees and Asylum-Seekers in Armenia*. Yerevan: Women’s Rights Center, 2008. – 100 p. (Armenian- and English-language versions).

While focused exclusively on gender-based violence, the survey targeted only a small segment of the Armenian society. 392 face-to-face interviews were conducted with women from this group aged 18-75, who were also given three self-administered cards containing the lists of acts of violence that as refugees and asylum-seekers they could potentially be subjected to while fleeing the conflict (card 1), from the time they arrived in Armenia (perpetrated by persons who were not their family members - card 2 and by their intimate partners – card 3). While the self-administered cards are usually used to ensure greater anonymity and are kept separately in sealed envelopes so that an individual respondent could not be identified through them, this study preferred another approach. The interviewer would look at the filled-out card and based on the choices made by the respondent would give additional questions to further probe the respondents on the matter of violence. That approach may have affected the validity of the survey data as may have another factor, *viz.* presence of others during the interview (intimate partner, other adult members of the household or children in 8%, 12% and 9% of the interviews respectively). Only 64% of the interviews were conducted with no other person present.

The survey focused on such issues as life before the conflict, flight from the conflict, gender-based violence during displacement, refugee experience of post-conflict gender-based violence in Armenia, relationship with intimate partners, extent of domestic violence, etc. The survey findings demonstrate, *inter alia*, that about 4% of the respondents were subjected in Armenia to some act of violence outside the family and that 17% of the respondents who had an intimate partner had been subjected at least once to an act of physical, sexual or psychological violence by the current partner. Also noteworthy is another important finding, *viz.* 45.9% of the respondents believe that domestic violence is a widespread problem in Armenia (with 28.6% of the respondents subscribing the opposite view and 25.5% still uncertain).

It should be emphasized that while not based on a national sample and, hence, not nationally representative, the study findings provide important insights into this still inadequately researched area. Those surveys have proved to be important policy- and action-oriented measures that helped to give visibility to the important societal problem of violence against women, to raise public awareness, to rally civil society organizations for lobbying the relevant authorities and to prompt the Government to acknowledge the existence of the problem and to start taking measures to solve it. Their constraints, limitations and imperfections notwithstanding, the surveys laid the groundwork and provided, to a varying degree and to some extent, a frame of reference for further studies in that area.

It is noteworthy that none of the above-mentioned studies was commissioned or funded by the Armenian Government. They were exclusively a joint initiative of local NGOs and foreign or international organizations.

Several other surveys included a (usually very short) section on issues related to violence against women. Among those are *Armenia Demographic and Health Surveys (ADHS)*²⁷ conducted in 2000 and 2005 by the National Statistical Service (NSS) and Armenian Ministry of Health with technical assistance provided the US Company ORC Macro. As part of the worldwide *MEASURE DHS* program, the ADHS aim to collect data on fertility, family planning, and maternal and child health. They were funded by USAID. The ADHS scope of addressing the VAW-related issues is limited to the study of attitudes toward wife beating and toward refusing sexual relations with husband. The former is important for the ADHS as a proxy for women's perception of their status and the latter as a measure of the extent of women's control, which has important implications for demographic and health outcomes, over the decision to have sex. Both are also important in the ADHS context as two out of three major indicators of women's empowerment (alongside women's participation in making household decisions).

The significance of the ADHS can hardly be overestimated due to a number of factors. To begin with, the

²⁷ *Armenia Demographic and Health Survey 2000*. (By RoA National Statistical Service, Ministry of Health, and ORC Macro. Calverton, Maryland, December 2001. – xxiv, 369 p. *Armenia Demographic and Health Survey 2005*. (By RoA National Statistical Service, Ministry of Health, and ORC Macro). Calverton, Maryland, December 2006. – xxiv, 396 p.

survey is conducted with rigorous compliance with all the methodological, technical, logistical and other requirements set for sociological surveys. Secondly, it is based on a national sample, thus the findings and data are representative. Thirdly, active involvement of the Armenian Government's agencies is indicative of the Government's interest, however peripheral, in studying at least some of the issues of violence against women. Fourthly, the last but definitely not the least consideration is that the findings and data are official since as per the Armenian law, the data of the nationwide sample-based surveys are regarded official only if produced by the NSS.

Another Survey in that category is the Family Survey²⁸. It was conducted in 2006 by the NSS and the RoA Ministry of Labor & Social Issues with funding and technical assistance provided by UNFPA. With the representative nationwide sample of 2,500 households, the survey focused primarily on the factors that determine the status of the family in today's Armenia and on exploring the current situation of the family as a major social institution and the underlying causes that triggered changes. The questionnaire included a small section with 3 questions on domestic violence: (a) how common domestic violence is in the country, (b) the types of violence against various members of the extended family and (c) prevalence of violence in the respondents' families.

While the survey produced important findings, the data (of the survey on the whole and concerning domestic violence in particular) are seriously limited because they are not disaggregated by sex (and by level of education, employment status, etc., for that matter²⁹), making them in most cases unfit for comparison with the data produced by other studies. Comparability of data is an important factor given the dearth of data in this area of study.

The survey data from the said section are also seriously limited because the survey omitted sexual violence entirely and dropped most types of moderate and severe types of physical violence from its list of acts of violence.

All those constraints notwithstanding, the findings are important as they shed light on some issues of crucial importance. Thus, 50.5% of the respondents in the sample (i.e. male and female respondents of all ages, educational levels, from various walks of life, etc.) believe that domestic violence is fairly common or even widespread in Armenia, whereas only 15.5% think that it is not common. The data show relatively high prevalence of some forms of violence in the family, with the likelihood of women becoming victims of violence being on the average 1.4-1.8 times higher than in case of men.

One more study that explored some issues related to violence is the UNICEF –funded School-based Health Survey³⁰. The survey was conducted in 2005 by Arabkir Joint Medical Center-Institute of Child & Adolescent Health and the UNICEF Armenia Country Office under the auspices of the Ministry of Health and Ministry of Education & Science of Armenia. The survey aimed to identify and assess behavioral patterns, knowledge, attitudes and practices of adolescents toward health issues. The sample included 1,206 school students aged 12-17 (87.0% of whom were in the age bracket of 15-16) in 60 high schools (20 schools were selected in the capital city of Yerevan, 20 in smaller cities and 20 in villages). As virtually one of its kind, the study provides an interesting and useful insight into prevalence and incidence of violence against girls and boys in their families, in schools and elsewhere. While supporting the widely held view that adolescents in that age group are not rarely targeted by psychological and physical (especially moderate physical) violence, the findings dispel the myth that sexual violence is not a problem. They clearly indicate that sexual harassment and forced sex is not an extremely rare occurrence in Armenia as many educators, parents, officials, etc. would like to think and contend. High rate of non-response on violence (and especially sexual violence)-related questions in an anonymous survey shows that many respondents, particularly female respondents,

²⁸ *Survey on Family as an Institution*. Yerevan: RoA NSS and MLSI and UNFPA, 2006. – 54 p.

²⁹ Whenever the data are disaggregated, it is exclusively by place of residence (urban vs. rural).

³⁰ *Health behavior of school-aged children*. School-based health survey report. Yerevan: Arabkir Institute of Child & Adolescent Health and UNICEF, 2007. – xii, 141 p.

do not feel comfortable enough to disclose such information. That should alert all parties concerned, including NGOs and public at large.

The above-mentioned studies were very important in diagnosing the situation, in showing that gender-based violence exists in Armenia, in producing important data to that effect, and in providing a deep insight into various aspects of gender-based violence, thereby breaking a wall of silence and denial as well as triggering a public discourse on VAW issues. They, nonetheless, were unable, even in combination, to produce - based on a nationwide representative sample - conclusive evidence and comprehensive data on prevalence and incidence of various forms of gender-based violence, on its impact and consequences, on coping strategies and other closely-related issues.

Thus, the knowledge base on prevalence of various forms of violence against women is very limited, as only very few (and far between) surveys dedicated exclusively to violence against women were conducted and even those that were conducted did not use the methodology and the format of international surveys that allow comparability and an in-depth analysis. At best, violence against women was a module in multipurpose surveys (such as, e.g., DHS Armenia 2000 and 2005³¹).

Therefore, there was a perceived need to design and conduct a comprehensive study that would be based on a nationwide sample, that would apply rigorously sound methodological and analytical frameworks and research techniques and that would explore major aspects of the issue of gender-based violence in the present-day Armenian society to the maximum possible extent, including prevalence and incidence of various forms of violence, impact of violence on women's general and reproductive health, coping strategies used by victims of violence and attitudes toward specific forms and types of violence. That was the rationale behind the decision to conduct the present survey, which was conceived and subsequently implemented having those ends in view.

The *raison d'être* of the study was to produce solid quantitative data, which would:

- be reliable, comprehensive, representative and official;
- enable the research team in charge of the survey as well as the research community at large to make a policy-oriented analysis;
- provide a crucial knowledge base that will help decision-makers to form informed opinions and to make better choices; and
- equip policy-makers with additional important resources necessary to devise effective strategies aimed to prevent and eliminate all forms of gender-based violence.

Thus, the present survey has been unique in this country in more ways than just one. Building on earlier research, the present study is the first comprehensive undertaking initiated by UNFPA using a representative sample-based nationwide survey on identifying and profiling gender-based violence. It is crucially important that consistent joint efforts be made through multi-stockholder cooperation to conduct, *mutatis mutandis*, the same survey on a regular basis (thereby ensuring not only the follow-up studies but more importantly, longitudinal studies). If followed-up regularly, this survey will not remain merely an isolated and an *ad hoc*, albeit important, initiative.

³¹ *Armenia Demographic and Health Survey 2000*. Calverton, Maryland: National Statistical Service and Ministry of Health of Armenia and ORC Macro, 2001. *Armenia Demographic and Health Survey 2005*. Calverton, Maryland: National Statistical Service and Ministry of Health of Armenia and ORC Macro, 2006.

CHAPTER 2. PREVALENCE AND INCIDENCE OF VIOLENCE BY INTIMATE PARTNERS

Violence is not new to any society. It has been and is still practiced in its various forms and manifestations (including structural violence) all over the world, albeit to a varying degree of severity and prevalence depending on political and socioeconomic systems and current situation, power structure, social cohesion, cultural and ethical norms, values and traditions that regulate social interaction, prevalent ideologies, legal framework and effectiveness in the enforcement of law, conflicts within or between countries, etc.

Meaningful discussion of violence requires a comprehensive and functional definition, which should be broader than the one that captures the conventional understanding of the phenomenon. The encompassing and carefully designed definition formulated by the World Health Organization (WHO) serves this purpose well. The WHO defines violence as “the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation”³². Its novelty is not only in emphasizing intentionality, impact and outcomes. A valuable addition here to a traditional perception of violence is a key word ‘power’. It serves to acknowledge a crucial role that power relationship may play in triggering such acts of violence as intimidation and threats. The experts’ comments on the combination of ‘physical force’ and ‘power’ in this definition indicate that the use of those “should be understood to include ... all types of physical, sexual and psychological abuse...”³³.

For the purpose of this study, of special significance are terms ‘gender-based violence’ and ‘violence against women’, which are, in fact, used interchangeably in most contexts and which approach violence from a gender perspective.

The term ‘gender-based violence’ was promoted, if not introduced, by the CEDAW Committee. According to General Recommendation No. 19 of the CEDAW Committee (made at its 11th session in 1992), it is “violence that is directed against a woman because she is a woman, or violence that affects women disproportionately.” That interpretation is widely used and has been time and again reaffirmed by the UN³⁴ and other international entities.

Since women are victims of gender-based violence in the overwhelming majority of instances, the prevalent focus on violence as violation of women’s human rights is not surprising, especially on the part of the UN system. Hence, the wide use of the term ‘violence against women,’ which is defined in Article 1 of the *Declaration on the Elimination of Violence against Women* as “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”³⁵. As mentioned earlier in Chapter One, the UN qualifies gender-based violence as a form of discrimination and a violation of human rights of women, including “the right to security of person; the right to the highest attainable standard of physical and mental health; the right to freedom from torture or cruel, inhuman, or degrading treatment; and the right to life”³⁶.

Since the focus in this Chapter is on intimate partner violence (IPV), the latter should also be defined. In

³² WHO Global Consultation on Violence and Health. *Violence: A Public Health Priority*. Geneva: WHO, 1996 (document WHO/EHA/SPI.POA.2).

³³ *World Report on Violence and Health*. Krug E.G. et al., eds. Geneva: WHO, 2002, p. 5.

³⁴ E.g. The *UN SG 2006 Report on an in-depth study on all forms of violence against women*. Document A/61/122/Add.1 and Corr.1 subsequently published in a book format as *Ending violence against women. From words to action*. Study of the Secretary-General. New York: UN, 2006.

³⁵ *Declaration on the Elimination of Violence against Women*. General Assembly Resolution 48/104 of 20 December 1993.

³⁶ *Guidelines for Gender-based Violence Interventions in Humanitarian Emergencies: Focusing on Prevention and Response to Sexual Violence*. Geneva: IASC, 2005, p.1.

fact, the above-mentioned standard definitions are applied, *mutatis mutandis*, to intimate partner violence as well. In other words, it is gender-based violence that occurs, firstly, between adults outside public life - in the family setting or in a relationship with an intimate partner and, secondly, regardless of gender of the victim or perpetrator.

The terms ‘gender-based violence’ and ‘violence against women’ tend to be broadly construed and to encompass psychological, physical and sexual harm³⁷-causing violent, abusive and threatening behavior, especially when it occurs between intimate partners. Thus, they go beyond psychological abuse, physical aggression and sexual coercion to embrace various forms of controlling behaviors.

While this new perspective is important *per se*, it also has crucial implications for the human rights-based approach to gender-based violence, in particular to intimate partner violence. *By qualifying efforts* to restrict partner’s contacts with the family of birth and other social contacts, to isolate the person from friends, to control partner’s access to health care, to other services and assistance and to information, to constantly monitor partner’s actions and to keep partner’s movement under “surveillance” *as violence* that may not be tolerated and that should result in action and involvements on the part of the State, this approach advocates better protection of person’s individual rights and social freedoms, most significantly the freedom of choice and the right to personal autonomy. Sexual violence by intimate partner and, even more broadly, domestic violence are now seen not only by academic community, politicians, civic activists and national governments in Europe and North America as well as by relevant leading international and regional organizations but also by growing segments of general public in their societies as political acts because they violate fundamental human rights and, thus, have to be dealt with appropriately.

This new perspective has for the most part been already mainstreamed by the UN and leading European entities in theoretical perspectives and in their efforts to improve legal field, in training and educational activities as well as in practical work on the ground and in provision of technical assistance.

It is important to note here that Resolution 61/143 adopted by the UN General Assembly “calls for the elimination of all forms of gender-based violence in the family ... and stresses the need to treat all forms of violence against women and girls as a criminal offence, punishable by law”³⁸.

Numerous studies have demonstrated that intimate partner violence is the most common form of violence experienced by women all over the world. At the same time, violence by intimate partners is, in all likelihood, among the worst forms of violence because not infrequently it is “invisible” to those outside the relationship or to the close circle of family and friends and because victims, when exposed to it regularly, are most vulnerable and least protected and may experience long-term severe physical, mental and reproductive health consequences.

Armenia does not criminalize intimate partner violence *per se*, unlike some countries, for instance France, which recognizes intimate partner violence as a crime and which “treats violence committed by a partner ... as an aggravating factor to the physical crime...”³⁹.

Numerous studies provide ample evidence that intimate partner violence is the most common form of violence experienced by women globally, according to the UN SG Report: “The pervasiveness of different forms of violence against women within intimate relationships, commonly referred to as domestic violence or spousal abuse, is now well established”⁴⁰.

³⁷ At a national level, some countries (e.g. United Kingdom) have either expanded or contemplate expanding further the concept of gender-based intimate partner violence to incorporate financial, economic and even structural forms of violence.

³⁸ *Intensification of efforts to eliminate all forms of violence against women*. Resolution 61/143 adopted by the General Assembly of the United Nations on 19 December 2006 (Document A/RES/ 61/143)(paragraph 4).

³⁹ *Violence against Women in France*. Report prepared for the CEDAW Committee by OMCT. Geneva, 2003, p. 11.

⁴⁰ *Ending violence against women. Study of the UN SG*, p. 43.

DOMESTIC VIOLENCE

Domestic violence is a traditional, widely-used term for violence against (primarily) women that occurs in the family setting. However, an understanding gradually emerged in the context of studies of violence against women that this term can be reduced to that meaning only arbitrarily and that, in fact, it is a broader term. Domestic violence is violence in the family and is not limited to women. It may also be directed (as is not unusually the case) against children and/or the elderly. More often than not, however, it is again women and girls that are primary victims in those cases as indicated by evidence and data on prevalence and incidence of sexual assault, marital rape, incest and honor crimes perpetrated in the family context.

Nonetheless, the term ‘domestic violence’ in the meaning of violence that women encounter at the hands of an intimate partner cannot be discarded, at least for the time being, because of the long-standing tradition of its use and because of the fact that it figures prominently in public debates and numerous advocacy and awareness-raising campaign publications⁴¹. Thus, while due to its precision the term ‘intimate partner violence’ is to a growing extent preferred to the term ‘domestic violence’ in the publications on the issue, still it may sometimes be used interchangeably with intimate partner violence in the present Report for the above reasons as well as in references and quotations, etc.

Spotlight is directed increasingly on domestic violence in the meaning of violence perpetrated against women in the family settings because, as various studies show, domestic violence is the most common form of gender-based violence⁴². The present survey tends to support these findings. To begin with, 8.9% of ever-partnered women experienced at least one form of physical violence by intimate partner. Secondly, only 2.3% of women in the entire sample reported being ever subjected to physical violence committed by someone other than intimate partner. Finally, nearly all the instances of physical violence in question were those of domestic violence, since they were committed in the family. The primary perpetrators are fathers or step-fathers and other male or female family members. Their combined share is 2.1%, with the remaining 0.2% of violent acts committed by boyfriends or teachers.

For the purposes of this study, as indicated earlier, domestic violence (or intimate partner violence) is perceived as gender-based violence in a family context, i.e. emotional, physical violence and/or sexual abuse of a woman by her current or former intimate partner (husband or another man with whom woman is in a steady relationship, especially when they live together).

As gender-based violence in general, domestic violence is likewise linked to and is a product of gender inequality, which has structural, economic, cultural and social causes and is grounded primarily in power imbalances and in unequal access to and control over various resources.

The enhanced vulnerability of women in the family has been attracting growing attention internationally. The OSCE Supplementary Human Dimension Meetings “*Preventing and Combating Violence Against Women*” (convened in Vienna in March 2002) pointed out at that the “home, which is supposed to be like a fortress, in fact poses a threat to many women”⁴³.

It should be stressed here first and foremost that domestic violence is no longer perceived in many countries and internationally as a private/family matter. It is recognized as a cross-cutting public problem with social, cultural, educational, economic, legal and human rights as well as physical, mental, sexual and reproductive health dimensions, which may have political implications and repercussions.

The multi-dimensionality and sensitivity of the problem, a growing body of evidence of its pervasive nature

⁴¹ See, e.g., *Addressing violence against women and achieving the MDGs*. Geneva: WHO, 2005, p. 4. *World Report on Violence and Health*. Krug E.G. et al., eds. Geneva: WHO, 2002, p. 91 et al.

⁴² See, e.g., *Addressing violence against women: piloting and programming*. Rome: UNFPA, 2003, p. 10.

⁴³ OSCE Supplementary Human Dimension Meetings “*Preventing and Combating Violence Against Women*”. Vienna, 2002, p. 2. Elaborating on this theme and using this metaphor further, Ms. Helle Degn, *Commissioner for Council of Baltic Sea States*, stressed that in many European societies today “the threats are coming from inside the fortress ... A lot of women ... are trapped in a family fortress, which is actually more a prison or a dungeon...” Ibid., p. 21.

and of the high human and social costs entailed as well as the States' obligation to prevent and combat violence perpetrated against women by their intimate partners called for and triggered further research. That research includes case studies, comparative studies, multi-country population-based cross-sectional surveys, etc. that either deal exclusively with the IPV phenomenon or, more often, explore it within a broader context of violence against women. The present study explores various aspects of violence against women, yet its major focus is on the IPV problem.

This Chapter presents the survey data for *the most part* (but not exclusively) of women who have partners currently or who had partners in the past. These are women who are either legally married or are in a common-law marriage or in a civil partnership. An important note is due here: in the tables the term 'marital status' (broken down into 3 categories of 'never married', 'currently married' and 'formerly married'), which is used throughout the Report, is in fact a shorthand to describe not only all the types of the marriages mentioned above but also any intimate partner past or present or his lack. Thus, 'currently (formerly) married' means woman with an intimate partner, including husband, currently (or formerly), while 'never married' means that the woman never had an intimate partner, including husband.

As violent acts perpetrated against women by their intimate partners differ between and within the different types of violence by their nature and severity, the studies, as a rule, look at each kind separately. The present study follows this model by exploring prevalence and, where possible, incidence of various acts of violence within each category.

As the surveyed women were asked about their own personal experiences, the study, understandably, deals only with violent acts with a non-fatal outcome because whatever the severity of the acts and of their consequences, those women who had been subjected to them did survive.

Throughout this chapter the term "**prevalence**" is used to present the percentage of ever-partnered women who have experienced intimate partner violence at some point in their life ("lifetime prevalence") or during 12 months preceding the survey ("period prevalence"), while "**incidence**" presents the percentage of ever-partnered women who have experienced intimate partner violence within a specified period of time (during 12 months preceding the survey or prior to that) number of times (measured in three categories of "once", "few times" and "many times")⁴⁴.

To avoid ambiguities, misconceptions and subjective perceptions of and difference of opinions about *what gender-based violence is or is not* the questions concerning women's personal experiences were carefully worded, as will be seen in relevant sections below. At the same time it is also important to check the respondents' knowledge of and adequacy of their views about what constitutes gender-based violence perpetrated by intimate partners. Therefore, they were asked if they consider the following cases as gender-based violence. Table 2.1 presents data on their responses. The way women understand violence and its various forms is also important because it shapes their perceptions and attitudes, which have serious personal and social implications, consequences and repercussions.

⁴⁴ For explanation and description of how these terms are used in multi-country population-based and other studies see Ellsberg M, and Heise L. *Researching Violence against Women: A Practical Guide for Researchers and Activists*. Washington (DC): WHO, PATH, 2005, p. 86; and *In-depth study on all forms of violence against women*. Report of the UN Secretary-General. N.Y.: UN, 2006 (Document A/61/122/Add.1), p. 60. *Ending violence against women. Study of the UN SG*, p. 70.

Table 2.1 Respondents' understanding of gender-based violence

Percent distribution of all sampled women age 15-59, by background characteristics, who responded in the affirmative to the question if the following acts on the part of an intimate partner/husband constitute gender-based violence

		Physical injury	Verbal abuse	Degrading woman in public	Verbal threats	Withholding of money	Forbidding woman to work	Forced sex	% who indicated at least one specified form	Number of women (all)
Age	15-24	89.0	56.5	77.1	61.9	64.0	63.7	83.4	90.9	297
	15-19	84.3	66.7	73.0	66.9	69.8	69.3	78.8	86.4	128
	20-24	92.6	48.7	80.1	58.2	59.5	59.5	86.9	94.4	169
	25-34	92.3	59.8	80.8	72.3	73.4	71.3	90.7	96.6	518
	35-44	92.4	47.6	79.7	61.7	68.1	69.7	90.4	95.9	705
	45-59	91.3	51.6	77.2	61.2	65.8	67.5	88.4	94.7	1,229
Residence	Urban	93.1	55.8	81.8	68.0	72.5	72.0	91.0	96.2	2,011
	Yerevan	91.9	67.0	83.5	71.8	75.4	76.1	93.9	97.2	792
	Other urban	93.9	48.6	80.7	65.6	70.6	69.3	89.2	95.5	1,219
	Rural	87.2	44.0	69.4	51.2	54.3	58.6	82.7	91.7	738
Marital status	Never Married	88.1	60.3	77.9	68.8	69.5	71.3	83.8	91.3	382
	Currently married	92.4	49.9	78.8	61.5	66.9	67.4	89.7	95.9	2,082
	Formerly married	89.5	62.7	76.7	71.4	70.3	71.3	89.0	93.2	285
Number of children	0	89.0	58.9	78.1	68.4	69.3	70.3	84.6	92.0	470
	1-2	92.9	53.0	82.1	65.3	70.1	70.1	90.7	96.0	1,495
	3+	90.4	48.2	71.9	57.2	61.9	64.0	87.7	94.8	784
Education	No education	69.9	57.0	65.2	60.4	57.0	57.0	69.9	69.9	8
	Basic general	88.1	43.4	67.4	47.7	52.4	49.8	78.6	93.3	118
	Secondary general	90.3	45.4	74.3	56.0	61.9	62.5	86.6	93.7	1,104
	Specialized secondary	91.1	54.2	79.4	67.4	67.6	68.5	89.0	95.0	881
	Higher	95.2	64.7	86.7	74.1	80.4	81.9	94.3	97.7	638
Employment	Unemployed	91.5	52.1	79.6	64.2	67.7	66.7	88.0	94.4	1,712
	Employed	91.2	54.3	77.0	64.0	69.4	73.4	90.9	95.9	873
	Seasonal work	93.3	50.4	76.8	55.3	58.9	61.6	86.4	95.7	149
	Other	89.0	40.3	57.4	38.9	42.0	33.5	79.3	89.0	15
Total		91.5%	52.7%	78.5%	63.5%	67.6%	68.4%	88.8%	95.0%	2,749

It is noteworthy that for the overwhelming majority of the surveyed women any act on the part of woman's intimate partner that results in physical injury and coercion to sexual intercourse is violence (91.5% and 88.8% respectively). Over three-fourths of the respondents (78.5%) regard degrading woman in public as violence. The smaller percentage of them regard as violence the withholding of money (67.6%) or forbidding woman to work (68.4%) (those are, in fact, forms of the so-called 'economic violence') or verbal threats (including threats of divorce and injury) (63.5%). Only 52.7% of the surveyed women regard verbal abuse

(including defamation, slander and shouting) as violence.

As evidenced by the table data, the respondents' understanding of what constitutes violence varies on the basis not only of their *background characteristics* but also of the *form of violence* in question. In other words, a relative weight of an individual background characteristic (such as age, education, marital status, residence or number of children) varies depending on what kind of actions are assessed as constituting violence or not.

The data indicate, for example, that age is not a differentiating factor in women's assessment of intimate partner's behavior resulting in woman's physical injury and, albeit to a lesser extent, of forced sexual intercourse as violence. The percentage of women in various age brackets who regard those acts as violence is within the range of 89.0%-92.4% for the former and 83.4%-90.7% for the latter unless the data for the youngest subgroup of 15-19-year-olds are taken into consideration. The percentage of respondents in that subgroup who qualify those acts as violence is lower by 7 percentage points than the average value in the former case and by 9.5 percentage points in the latter. The same holds true for women's attitudes to degrading treatment.

In case of 'economic violence', however, age gains prominence as a factor. While the percentage of the respondents, who regard the withholding of money or forbidding woman to work as violence, is lower than in case of physical or sexual abuse, the pattern is different and age matters in this case. The lowest percentage of those who regard withholding of money as violence on the part of the intimate partner is among 15-24-year-olds (64.0%) and even lower for the subgroup of 20-24-year-olds (59.5%), with the highest being among 25-34-year-olds (73.4%) and 35-44-year-olds and 45-59-year-olds falling in between (68.1% and 65.8% respectively). The same pattern is observed in the responses concerning the question of whether 'forbidding woman to work' constitutes violence (with percentages coming very close to the values for the previous case).

It is noteworthy that while there is a dramatic difference of opinion between two successive age subgroups (15-19- year-olds and 20-24-year-olds) concerning any form of violence, in case of physical and sexual abuse and degrading treatment it is the first sub-group that is more reluctant to regard those acts as violence and in case of 'economic violence' (and of verbal abuse and verbal threats, for that matter) it is the other way round.

When looked from the perspective of the 'residence' factor, the data show that even though there is some 5 to 7-percentage-point difference between residents of Yerevan and other urban areas, the difference between them (taken together or separately) and rural residents is much greater, constituting on the average about 10 percentage points or more. Thus, 91.0% of the respondents from urban areas vs. 82.7% from rural areas find forced sex to be violence. Or 81.8% of the respondents from urban areas vs. 69.4% from rural areas regard degrading woman by her intimate partner in public as violence. The difference is even greater in the assessment of forbidding woman to work (68.0% vs. 51.2%), withholding of money (72.5% vs. 54.3%) and of verbal threats (68.0% vs. 51.2%).

The only exception (besides the acts that result in physical injury and that are overwhelmingly and almost uniformly regarded by the respondents from those subgroups as violence) is perception of verbal abuse. There is a huge difference of opinion between, on the one hand, the respondents from other urban areas (with 48.6% of them regarding it as violence) and from rural areas (44.0%), and, on the other, residents of Yerevan (67.0%). Thus, while two-thirds of the respondents find verbal abuse to be violence committed against women by their intimate partners, less than a half of the respondents from other urban areas and from rural areas take that position.

The number of children is a factor that does not have a uniform impact. Thus, the percentage of the respondents with three or more children who are inclined to regard all of the above-mentioned acts as violence is lower than that of the respondents with one or two children or (with the exception of forced sex and physical injury cases) than that of the respondents with no children.

There is even less uniformity and no discernible trend across the board when data for the respondents with

1 or 2 children are compared with data for the respondents with no children. Their views virtually coincide in the assessment of the forms of 'economic violence' (70.1% and 70.3% respectively as regards forbidding woman to work and 70.1% and 69.3% respectively as regards withholding of money). As regards forced sex, physical injury and degrading treatment, the percentage of those who regard them as violence is higher among the respondents with 1 or 2 children than among the respondents with no children (90.7% vs. 84.6%, 92.9% vs. 89.0% and 82.1% vs. 78.1% respectively). It is, however, the other way round in case of verbal threats and especially verbal abuse (65.3% vs. 68.4% respectively and 53.0% vs. 58.9% respectively).

The data reveal a marked trend when broken down by a 'marital status' factor. The percentage of the respondents who never had an intimate partner and who regard all the above-mentioned acts as violence is almost the same as that of the respondents who formerly had an intimate partner (respectively 71.3% and 71.3% for forbidding woman to work, 69.5% and 70.3% for withholding of money, 77.9% and 76.7% for degrading treatment, 88.1% and 89.5% for physical injury, 68.8% and 71.4% for verbal threats and 60.3% and 62.7% for verbal abuse. The only exception is forced sex, in the assessment of which as violence the percentage in the former group is notably lower than in the latter group (83.8% vs. 89.0%).

The difference between those two subgroups and the respondents currently with an intimate partner is very clear (especially with regard to assessment of verbal abuse and verbal threats and of forms of 'economic violence'), as the latter stands apart from the former two subgroups. It is noteworthy, however, that in the assessment of forced sex the percentage of the respondents who currently have an intimate partner and who regard forced sex as violence is virtually the same as that of the respondents who formerly had an intimate partner. In that respect these two subgroups differ conspicuously from the respondents who never had an intimate partner.

Education is a factor that differentiates between the respondents most conspicuously, consistently and uniformly in their assessment of the above-mentioned acts as violence. An easily-identifiable trend is a strong correlation between the level of educational attainment and the perception of the above-mentioned acts as violence. More precisely, there is a direct ratio between this level and the recognition of the said acts as violence against women, viz. **the higher the level of educational attainment the higher the percentage of the respondents who qualify those acts as violence.** There is not a single exception to this trend whether to the level of education or the form of violence.

Another noteworthy trend is that differences between individual subgroups are quite large for all forms of violence and that on the average they also surpass those in most other factor-based divisions (by residence, marital status, number of children and age). That applies also to the assessment of forced sex and of physical injury, where in case of most other factors there is either consensus or not significant differences between the subgroups.

Thus, 94.3% of the respondents with higher education vs. 78.6% of the respondents with basic education regarded forced sex as violence (the percentages for the respondents with specialized secondary and secondary general education are 89.0% and 86.6% respectively). Likewise, with regard to intimate partner's behavior resulting in physical injury, the percentage of the respondents with higher education who regard it as violence is 95.2% vs. 88.1% of the respondents with basic education (the percentages for the respondents with specialized secondary and secondary general education are 91.1% and 90.3% respectively).

No less impressive are the differences between the subgroups in the assessment of individual forms of violence when viewed not only from the perspective of comparison with other factors but also within the same factor of education. This holds true for the differences, which can be attributed to education, between the subgroups of the respondents in their assessment of the acts that are generally recognized internationally and, increasingly, domestically as 'psychological violence' and 'economic violence'.

All three forms in the 'psychological violence' category, which are addressed in the Table, provide a good illustration. Thus, the percentages of the respondents with basic general, secondary, specialized secondary

and higher education who regard verbal threats as violence are 47.7%, 56.0%, 67.4% and 74.1% respectively. The percentages for verbal abuse are 43.4 %, 45.4%, 54.2% and 64.7% respectively and for degrading treatment are 67.4%, 74.3%, 79.4% and 86.7% respectively.

The two forms in the 'economic violence' category, i.e. withholding of money and forbidding woman to work, are good illustration of that point too. Thus, for the former the percentages are 52.4%, 61.9%, 67.6% and 80.4% respectively and for the latter they are 49.8%, 62.5%, 68.5% and 81.9% respectively.

Thus, a conclusion may be drawn that the percentage of the surveyed women who have an adequate understanding of GBV varies dramatically depending on the form of violence and their background characteristics. Nevertheless, these variations notwithstanding, the *majority* (and not merely the *plurality*) of women have an adequate understanding of gender-based violence with regard to all its forms. It is also noteworthy, however, that this majority is within a wide range from overwhelming (in perception of acts resulting in physical injury and of forced sex) to great (in assessment of intimate partner's degrading woman in public) to clear (with regard to economic violence and verbal threats) to slim (with regard to verbal abuse).

Even though recognition of what constitutes gender-based violence is important, it is only a first step. While recognizing gender-based violence, a person may condone and justify it for a number of reasons. That is why it is important to find out attitudes towards gender-based violence. That issue will be addressed in a special subsection further in this Chapter.

PSYCHOLOGICAL/EMOTIONAL VIOLENCE

While some academics and practitioners try to fine-tune this category by splitting it into two, separating psychological from emotional violence, there are no consistent grounds to do so and the mainstream approach is to use both terms interchangeably.

Psychological violence is a broad range of acts, which encompasses attitudes of denigration or contempt, emotional blackmail or verbal abuse including insults and threats, intimidation and aggressive yelling, slander, threats, humiliation and "psycho-terror"⁴⁵.

The WHO-designed questionnaire for multi-country population-based cross-section studies, which was also used in the present study, focuses on four archetypal forms of psychological violence, *viz.* (a) insulting woman or making her feel bad about herself, (b) belittling or humiliating woman in front of other people, (c) scaring or intimidating woman on purpose and (d) threatening to hurt woman or someone she cares about. While sufficiently encompassing and inclusive, the list necessarily leaves out some important forms of psychological violence, which the above four forms can only to a very limited extent serve as proxies for. Thus, violence or threat of violence against her child(ren) is among the severest forms of psychological violence against woman. The existing format, however, makes it possible to elicit only indirect evidence, if at all, about this form of psychological violence.

The data from the present survey shows unequivocally that psychological violence tops the list, as the majority of victimizations are in this category. As evidenced by data in Table 2.2, 25.0% of the ever-partnered surveyed women said they had been subjected to at least one form of the psychological violence listed in the questionnaire. The table data also confirm the pattern revealed by earlier similar studies, *viz.* that prevalence of psychological violence is inversely correlated with *severity of act*. In other words, the severer the form of violence, the less prevalent they are and, conversely, more moderate forms of psychological violence are more likely to occur. Thus, 24.6% of the women in the above-mentioned category said they had been insulted by their intimate partners, while only 7.9% were humiliated in front of other people, 5.1% were intimidated on purpose and merely 2.8% were threatened that they or someone they care about would be hurt.

Prevalence of psychological violence is also inversely correlated with the victims' *level of education*, if the

⁴⁵ See, e.g., *Ending violence against women. Study of the UN SG*, p. 45.

overall picture is taken into consideration. Thus, the percent of victims of some form of psychological violence goes down from 36.3% in case of women with basic education through 27.5% (secondary general) and 21.1% (specialized secondary) to 22.6%, when victims are women with higher education. There are some slight variations, however, when individual forms of psychological violence are analyzed from the perspective of the “level of education” factor, with the general pattern somewhat skewed as the percentage of women with higher education subjected to intimidation and threats exceeds that of their counterparts with secondary general and specialized secondary education.

Employment status does not seem to be an accurate predictor on the whole, even though in case of individual forms being employed may be, if anything, a tiny “risk” factor (within the range of 0.3-2.1 percentage points) for women to be subjected both to severe and especially moderate forms of psychological violence. Seasonal work stands out as a conspicuous risk factor, although limited to the most modest forms of violence. *The factor of age*, too, shows a consistent, albeit a slightly more intricate pattern.

Table 2.2 Prevalence of psychological violence against women by intimate partners

Percentage of ever-partnered women age 15-59, by background characteristics, who were ever subjected to one or more of the following acts of psychological violence by intimate partner (“...” For fewer than 25 cases)

		The intimate partner				percentage of women indicated at least one specified form	number of women (ever-partnered)
		insulted/ made her feel bad about herself	belittled/ humiliated her in front of other people	done things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things)	threatened to hurt her or someone she cares about		
Age	15-24	8.8	1.3	1.6	0.0	8.8	107
	15-19	...	...	...	...	...	3
	20-24	7.9	1.4	1.0	0.0	7.9	104
	25-34	17.0	4.1	3.9	2.3	17.0	451
	35-44	28.7	8.0	5.9	3.1	29.1	656
	45-59	26.8	9.9	5.5	3.1	27.4	1,153
Residence	Urban	24.2	8.0	5.6	3.2	24.2	1,710
	Yerevan	14.6	5.2	4.4	2.9	14.6	668
	Other urban	30.3	9.8	6.3	3.4	30.3	1,042
	Rural	25.9	7.6	3.9	1.7	27.2	657
Marital status	Currently married	23.8	6.1	3.8	1.9	24.2	2,082
	Formerly married	30.7	20.6	14.8	9.4	31.2	285
Number of living children	0	21.1	12.6	6.7	5.5	21.9	88
	1-2	22.2	6.4	5.0	2.1	22.4	1,495
	3+	29.6	10.2	5.1	3.8	30.3	784
Education	No education	...	...	...	...	...	4
	Basic general	36.3	11.1	8.8	5.1	36.3	101
	Secondary general	27.5	9.1	5.1	3.0	28.2	962
	Specialized secondary	21.1	5.8	3.5	1.6	21.4	823
	Higher	22.6	8.3	7.1	4.1	22.6	477
Employment	Unemployed	23.8	6.4	4.6	2.8	24.0	1,467
	Employed	24.2	9.8	6.4	3.2	25.0	742
	Seasonal work	36.7	13.3	3.8	0.6	37.7	143
	Other	...	...	...	...	...	15
Total		24.6	7.9	5.1	2.8	25.0	2,367

In this case, though, it is a fairly consistent pattern of positive correlation. For the most part, prevalence of violence predictably grows with age. It was to be expected that the older the respondent, the higher the likelihood that she has ever been exposed to psychological violence by her intimate partner. The data for the age groups 15-24, 25-34 and 35-44 demonstrate that prevalence of psychological violence for each subsequent group is almost twice as high as for the previous one (8.8%, 17.0% and 29.1% respectively) with slight

variations, when data are broken down by individual form of psychological violence. Having reached its peak, the violence then slightly goes down and plateaus at 27.4% overall for the next age group, which is the last in this survey: 45-59-year-olds. The same basically holds true also for individual forms of psychological violence as well.

The data for factors such as *number of children* or *residence* do not show a consistent overall trend. Prevalence of psychological violence against women with no children is consistently higher for severer forms, while in case of the moderate form it is the other way round. 29.6% of ever-partnered women with three or more children indicated that they had been insulted or made felt bad about themselves by their intimate partners, while the same form of violence was reported by 21.1% of ever-partnered women with no children. Humiliation, intimidation and threats were reported by 10.2%, 5.1% and 3.8% respectively in the former group and by 12.6%, 6.7% and 5.5% in the latter group.

Prevalence of psychological violence in urban areas other than Yerevan is consistently higher across the board in comparison with the capital city. The difference is most spectacularly reflected in the data for women subjected to at least one form of psychological violence, viz. 14.6% and 30.3% for Yerevan and other urban areas respectively.

Prevalence of individual forms of psychological violence reported by rural women comes very close to that in Yerevan, with a striking difference in case of insults (14.6% in Yerevan vs. 25.9% in rural areas).

The best predictor for all forms of psychological violence (and for all forms of physical and sexual violence for that matter, as will be shown below) is current marital status: Women who are not any longer married/with a partner consistently report significantly higher levels of intimate partner violence ever committed against them than women who are. It may well be the case that *violence was a contributing, if not a leading, factor for women to divorce their intimate partners or to break up with them.* 31.2% of those women in the survey sample, whose partnership with a man ended in divorce or separation, report that they were subjected to at least one form of psychological violence. Among the formerly-partnered women, who were ever subjected to psychological violence, women whose partner died account for only 19.3%, while women who separated from or broke up with the partner constitute 78.1%. Thus, psychological violence cannot be bracketed off as a factor that contributed together with other factors (particularly when aggravated by physical and/or sexual abuse) to the breakup/divorce.

On the other hand, another no less plausible explanation can be that women who divorced or broke up with their intimate partners can be more bitter about and hypercritical of their former partners. In fact, these two possible explanations are not mutually exclusive and do not rule out other factors.

Table 2.3 Prevalence of psychological violence against women by intimate partners in the past 12 months (broken down by individual forms)

Percentage of women age 15-59 ever-subjected by intimate partner to various forms of psychological violence who were subjected by intimate partner to one of the following acts of psychological violence in the past 12 months (“[]” is for 25-49 cases)

The intimate partner			
	In the past 12 months	Ever	Percent of women thus abused within the past 12 month out of ever abused women
Insulted/ made her feel bad about herself	227	582	39.0%
Belittled/ humiliated her in front of other people	67	187	35.8%
Done things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things	48	121	[39.7%]
Threatened to hurt her or someone she cares about	29	66	[43.9%]

The data in Table 2.3 clearly indicate that quite a significant percentage (35.8% to 43.9%) of the respondents ever subjected by their intimate partner to psychological violence reported psychological abuse within 12 months preceding the interview.

The percentage is even higher (43.6%-65.0%) for women currently with an intimate partner, as evidenced by Table 2.4. The absolute numbers are somewhat low in case of two forms of psychological violence so as to warrant sweeping generalizations. Nonetheless, they reveal a pronounced tendency and give grounds to conclude that psychological abuse, even if not on the rise, does not seem to abate.

Table 2.4 Prevalence of psychological violence against currently-partnered women by intimate partners in the past 12 months

Percentage of women age 15-59 ever subjected by intimate partner to psychological violence who were subjected by intimate partner to one or more of the following acts of psychological violence in the past 12 months and who are currently married/ have an intimate partner (“[]” is for 25-49 cases)

The intimate partner			
	In the past 12 months	Ever	Percent of women thus abused within the past 12 month out of ever abused women
Insulted/ made her feel bad about herself	216	496	43.6%
Belittled/ humiliated her in front of other people	58	127	45.7%
Done things to scare or intimidate her on purpose (e.g. by the way he looked at her, by yelling and smashing things	42	79	[53.2%]
Threatened to hurt her or someone she cares about	26	40	[65.0%]

While follow-up and longitudinal studies are needed to identify a long-term dynamic and trends, this survey shows a consistent pattern, with one in seven (or one in eight) of the ever-partnered women in the sample abused psychologically before the 12 months prior to the survey and one in ten of the ever-partnered women thus abused within 12 months before the survey.

Tables 2.5 and 2.6 shed light on incidence of psychological violence both in the longer and the shorter-term perspectives. The data indicate that acts of psychological violence are not isolated and rare episodes but rather that they are a common occurrence in the relationships where they take place. The data do not demonstrate a wide variation with regard to incidence of psychological violence perpetrated against women by their intimate partners over the above-mentioned periods of time. Certain reservations (because of low absolute numbers in some cases) notwithstanding, the table data uncover a consistent pattern in the incidence of psychological violence.

Table 2.5 Incidence of psychological violence that women were subjected to by intimate partners before the past 12 months

Percentage of women age 15-59 whose intimate partner insulted them or made them feel bad about themselves, belittled or humiliated them in front of other people, did things to scare or intimidate them on purpose and/or threatened to hurt them or someone they care about before the past 12 months and who said this had happened once, a few times or many times (“[]” is for 25-49 cases)

Before the past 12 months					
Number of women	Women who were	Once	A few times	Many times	Total %
356	insulted by intimate partners	26.0%	55.1%	18.9%	100.0%
120	humiliated by intimate partners	12.9%	51.2%	35.9%	100.0%
72	intimidated by intimate partners	8.0%	53.7%	38.3%	100.0%
37	threatened by intimate partners to hurt them	[8.9%]	[52.4%]	[38.7%]	[100.0%]

74.0% of the surveyed women in that group reported having been insulted, 87.1% humiliated, 92.0% intimidated and 91.1% threatened *a few or many times* by intimate partners in the course of their relationship before the 12 months preceding the survey. The corresponding data for the same group of women for the period of the 12 months prior to the survey are respectively 75.5%, 85.8%, 95.0% and 98.0%.

Table 2.6 Incidence of psychological violence that women were subjected to by intimate partners within the past 12 months

Percentage of women age 15-59 whose intimate partner insulted them or made them feel bad about themselves, belittled or humiliated them in front of other people, did things to scare or intimidate them on purpose and/or threatened to hurt them or someone they care about in the past 12 months and who said this had happened once, a few times or many times (“[]” is for 25-49 cases)

In the past 12 months					
Number of women	Women who were	Once	A few times	Many times	Total %
227	insulted by intimate partners	24.5%	53.3%	22.2%	100.0%
67	humiliated by intimate partners	14.2%	38.6%	47.2%	100.0%
48	intimidated by intimate partners	[5.0%]	[32.3%]	[62.7%]	100.0%
29	threatened by intimate partners to hurt them	[2.0%]	[19.4%]	[78.6%]	[100.0%]

Thus, the data indicate that the identified trend persists and, if anything, is on the rise (given the fact that the timeframe in question, *viz.* 12 months, is sufficiently long for the trends to play out), especially with regard to severer forms of psychological violence. Over the period before the 12 months preceding the survey 38.3% of the women were subjected many times to intimidation by intimate partners and 38.7% to threats to hurt them or someone they care about. Meanwhile, the percentage of women, who reported having been subjected many times to those forms of psychological abuse within 12 months prior to the survey, soars to 62.7.5% and 78.6% respectively.

VIOLENCE AND CONTROLLING BEHAVIOR

Psychological violence also incorporates controlling behavior, including acts, efforts and measures to isolate the woman or to minimize her social contacts and interactions even with friends and family, to restrict her access to services and information and to monitor her movements and actions and to make her seek the intimate partner’s permission for any undertaking beyond household chores. Not infrequently controlling behavior is also compounded by possessive behavior, which contributes significantly to disempowerment of women.

The experts note that domestic violence is legitimized “when male control of females is widely accepted and culturally condoned”⁴⁶. Therefore, controlling behavior merits special attention and this section is devoted to the survey data on prevalence of various forms of this type of psychological violence in Armenia.

Table 2.7 clearly shows that intimate partners of 61.7% respondents exhibit some form of controlling behavior. It is notable that women’s age is not, in fact, a predictor. This form of psychological violence affects women of various age groups almost uniformly. While the percentage of women who report controlling behavior of their intimate partners is predictably lower in the 45-59 year-olds group (59.0%), it, however, stands record high among 15-24-year-olds (69.0%), being much higher than the percentage in the age group of 25-34-year-olds (61.0%) and exceeding that in the age group of 35-44-year-olds (65.6%). However, variations in case of individual forms of controlling behavior are at times considerable. As a result, no single, uniform and persistent pattern emerges.

⁴⁶ *Addressing violence against women: piloting and programming*. Rome, 15/19 September 2003 (p. 15).

High prevalence of controlling behavior can be seen as a reflection of certain de-modernization tendencies, including the resurgence of patriarchal social and cultural norms and stereotypes, brought about by the transition period, which exacted high social costs in terms of human suffering and hardships. The validity of this proposition is supported by the table data. In Armenia, patriarchal norms are more common in rural areas and in other-than-Yerevan urban areas, where residents in their mentality, traditions and practices are, on the whole, in many ways closer to residents of rural areas than to residents of the capital city. It comes as no surprise then that in urban areas outside Yerevan and in rural areas the percentage of women who experienced at least one form of controlling behavior (67.4% and 64.7% respectively) is significantly higher than in Yerevan (49.7%).

The most crucial differentiating factor is *education*. It is not uncommon that the higher the woman's level of educational attainment, the bigger say she has in choosing an intimate partner and the more likely her partner is to be relatively more open-minded. Thus, there are grounds to assume that women's level of education and prevalence of controlling behavior that they are subjected to are inversely related. This is exactly the pattern revealed by the table data, with difference being most conspicuous in case of women with higher education. While the percentage of those experiencing at least one form of controlling behavior of their intimate partners is 69.5% among women with basic education, 65.0% with secondary general education and 62.40% with specialized secondary education, it plummets to the record low of 52.1% for women with higher education.

Even though the difference through the *employment* factor is not that striking, it still tends to indicate that patriarchal norms and perceptions are among underlying causes of controlling behavior. Almost an 8.5-percentage-point difference between unemployed women (64.7%) and women who have work (56.3%) also tends to reflect a degree to which "patriarchal" or "liberal" values have been internalized by the woman's intimate partner. Less open-minded partners tend to embrace more traditional gender roles and to relegate the woman to the position of primarily, if not exclusively, a homemaker. In addition to exhibiting controlling behavior less, the more "liberally"-inclined partners are more likely to encourage women to get and hold a job.

Table 2.7 Prevalence of controlling behavior by intimate partners

Percentage of ever-partnered women age 15-59 who were ever subjected to one or more of the following controlling behaviors by intimate partner, by background characteristics ("..." For fewer than 25 cases)

		The intimate partner								
		tries to keep her from seeing friends	tries to restrict her contact with her family	wants to know where she is at all times	ignores her	gets angry if she speaks with another man	suspicious she is unfaithful	expects her to ask his permission before seeking health care	% of respondents subjected to at least one type of the said controlling behavior	number women (ever-partnered)
Age	15-24	12.7	7.2	57.7	0.0	14.9	3.0	22.4	69.0	107
	15-19	...	...	...	...	...	...	...	...	3
	20-24	12.5	6.8	58.3	0.0	14.1	3.1	20.9	69.0	104
	25-34	11.7	6.0	51.9	3.1	20.7	6.2	25.3	61.0	451
	35-44	10.5	5.6	58.5	3.1	21.1	8.2	20.1	65.6	656
	45-59	8.8	5.6	52.4	4.2	21.5	7.0	20.5	59.0	1,153
Residence	Urban	11.6	6.7	53.1	3.9	22.6	8.0	19.8	60.5	1,710
	Yerevan	11.5	6.6	43.8	4.5	19.6	5.5	16.7	49.7	668
	Other urban	11.6	6.8	59.0	3.6	24.5	9.5	21.8	67.4	1,042
	Rural	5.9	3.2	57.1	2.3	16.6	4.5	25.7	64.7	657
Marital status	Currently married	8.7	4.3	54.7	1.9	19.6	5.8	20.8	62.2	2,082
	Formerly married	19.4	16.6	50.3	15.4	31.0	16.0	26.0	57.9	285
Number of living children	0	13.4	9.4	53.7	9.2	27.4	8.6	27.1	58.0	88
	1-2	11.0	6.2	53.7	3.8	22.0	7.3	19.5	61.9	1,495
	3+	7.7	4.5	55.3	2.3	18.1	6.2	24.4	61.7	784
Education	No education	...	...	...	...	...	...	...	...	4
	Basic general	8.3	5.9	62.8	1.7	26.2	9.5	25.0	69.5	101
	Secondary general	8.1	4.7	56.3	3.4	21.7	6.2	24.4	65.0	962
	Specialized secondary	11.5	5.7	54.8	3.2	20.1	5.8	20.3	62.4	823
	Higher	11.7	8.0	47.3	4.7	19.6	10.3	16.7	52.1	477
Employment	Unemployed	10.0	4.7	57.8	2.8	22.4	6.1	21.3	64.7	1,467
	Employed	10.4	7.1	48.9	4.4	19.7	7.5	22.2	56.3	742
	Seasonal work	6.7	9.0	46.9	3.9	12.8	13.2	19.3	59.9	143
	Other	...	...	...	...	...	...	...	...	15
Total		10.0%	5.7%	54.2%	3.5%	20.9%	7.0%	21.4%	61.7%	2,367

Some forms of controlling behavior, especially with regard to the woman's real or potential interaction with other men and issues related to her health and, indirectly, to her sexuality are also closely related to and reinforced by patriarchal social and cultural norms and stereotypes.

54.2% of these women report that their intimate partners wish to know where these women are at all times. This cannot be written off as mere distrust. It is hardly imaginable that so many women would give occasion to their intimate partners to suspect that their relationship may have gone awry. This is in fact a hallmark of patriarchal mentality that tends to perceive women, especially young women, as not particularly mature and responsible and as not particularly trustworthy, if left to their own devices. Hence, the assumption is, women need guidance, supervision and control. Their actions and even movement need to be constantly monitored. It seems that the intimate partner of every second woman in the sample is not sure he is in a meaningful relationship. 7.0% of the partners are reported as being suspicious that their women are unfaithful. The percentage of intimate partners sharing this eccentric position⁴⁷ is even higher for women in the age group of 35-44 (8.2%), especially if compared to partners of younger women (6.2% for age group 25-34 and 3.0% for age group 20-24), and for residents of urban areas outside Yerevan (9.5% as compared to 4.5% in rural areas and 5.5% in Yerevan). This is definitely an untenable position because in small towns people's private lives are less sheltered and are more closely observed. It is highly unlikely that so many women, especially middle-aged women, would risk their reputations and relationships in those towns. The credibility of those suspicions is further undermined by comparison with data for Yerevan. In Yerevan, where the conditions for whatever form of infidelity are more "auspicious" due to higher level of anonymity, when most people are so focused on their problems, interests and personal lives that they could not care less about other people, the percentage of "suspects" is 1.7 times lower.

Against the background of the reviving patriarchal stereotypes and norms it is not surprising that 20.9% of surveyed ever-partnered women report that their intimate partner gets angry, if she speaks with another man, and that in case of 21.4% women the woman's partner expects her to ask his permission to seek health care. Again, partners of better educated women tend to be significantly more open-minded and tolerant than partners of women with lower levels of educational attainment.

A "children" parameter should also be factored into the equation of the controlling behavior in intimate relations. While not as uniform and straightforward in its impact as education, it is, nevertheless, seems to be quite a powerful factor and, hence, predictor with regard to most forms of controlling behavior. In most cases, intimate partners of women with no children exhibit controlling behavior to a greater extent (1.3-2.5 times on the average, to be more precise) than partners of women who have 1-2 and especially 3 or more children. Thus, according to the surveyed women, while 13.4% of partners of women with no children try to keep them from seeing friends, 9.4% to restrict their contacts with their family, 9.2% ignore them, 27.4% get angry when their women speak with another man and 8.6% suspect their woman of being unfaithful, the respective percentages of partners of women with 1 or two children are 11.0%, 6.2%, 3.8%, 22.0% and 7.3% and of women with three or more children are 7.7%, 4.5%, 2.3%, 18.1% and 6.2%.

The pattern does not hold, however, in cases of the intimate partners' *intention* to monitor constantly their women's whereabouts and of their *expectation* that their women should ask their permission before seeking health care. As evidenced by the same table, the picture is mixed.

The *intention* seems to demonstrate a strong uniform across-the-board trend in terms of the "children" factor. In other words, regardless of whether the couple has, and if yes, how many, children or does not have children at all, almost the same very high percentage of male partners want to know where their women are at all times. As the number of children is not a differentiating factor, two speculative conclusions could be drawn. The first one is that intensity, or sheer magnitude, of the intention tends to indicate that in this case the socio-cultural factors are primarily at work, particularly the above-mentioned resurgence of patriarchal stereotypes and norms. Or else a hypothesis would have to be made that the problem, which affects over a half of male partners of the surveyed women, is psychological, in which case the intention may be seen as bordering on paranoia, since it involves excessive, if not plainly irrational suspiciousness. The second one is

⁴⁷ It is eccentric given the current social and cultural context and prevalent views and values as well as norms of propriety and self-respect.

that whatever relatively “small” (1.65%) difference by this factor is observed that difference is also reflective of the impact of cultural and, more specifically, educational factors. The difference is between women with no children or 1 or 2 children, on the one hand, and women with 3 or more children, on the other. In most societies in the world (and Armenia is no exception), as a rule, the higher the level of educational level of the woman, the fewer children she has. Thus, assuming that better educated women have fewer children, the factor of education, which was discussed above, can be used to some extent for explanation.

There is no single explanation why the picture is mixed with regard to correlation between the number of children and the *expectation* that intimate partners have of their women to ask permission before seeking health care. One plausible hypothesis could be that economic (or, more precisely, financial) considerations needs to be taken into account alongside the *urge* or *socio-cultural conditioning to control* and the education factor at play and that the relative strength of those factors is different at various stages in the relationship reflected in the number of children.

PHYSICAL VIOLENCE

Physical violence is a type of violence that has an immediate impact on woman’s well-being and poses a danger to her health, including mental health, and/or life. The UN Secretary General’s Report provides a working definition of physical violence against women: “Physical violence involves intentionally using physical force, strength or a weapon to harm or injure the woman”⁴⁸. The present study used that definition as a frame of reference when exploring the phenomenon. It looked into the 6 principal forms of physical violence by intimate partners that were addressed in the WHO-designed questionnaire for multi-country population-based cross-section studies. Those acts are: The intimate partner (1) *slapped her/ thrown something at her that could hurt her*; (2) *pushed or shoved her or pulled her hair*; (3) *hit her with fist or with something else that could hurt her*; (4) *kicked, dragged her or beaten her up*; (5) *choked or burnt her on purpose*; and (6) *threatened to use or actually used a gun, knife or other weapon against her*. Thus, those forms encompass a relatively broad range of IPV acts from relatively “mild” to moderate to severe.

As evidenced by the survey data in Tables 2.8 and 2.9, *physical violence* against women perpetrated by intimate partners *is less prevalent* in this country than psychological violence and controlling behavior (both on the whole and when compared by degree of severity between the three categories) and *prevalence of physical violence is inversely correlated with severity of act*. Thus, 8.9% of the ever-partnered surveyed women said that they had been subjected by their intimate partners to at least one form of physical violence. The lion’s share of the percentage is accounted for by the nominally “mild” form of violence (which, actually, is “mild” only by comparison). Thus, 8.0% of women in this group report having been slapped or thrown something at them that could hurt them. That percentage is halved or almost halved in case of “moderate” forms, as 4.4% of women say that were pushed or shoved or that their hair was pulled, while 4.1% report that their intimate partner hit them with his fist or with something that could hurt them. 2.3% were kicked, dragged or beaten up. Less than 1 percent were subjected to severe forms of physical violence. 0.9% report that their intimate partners choked or burned them and 0.5% say that partners threatened to use or actually used a gun, knife or other weapon against them.

In fact, these findings do not come as a complete surprise considering the nature, consequences, effects and repercussions of this category of violence, particularly against the background of psychological violence and controlling behavior.

While Table 2.8 reflects a general picture with regard to prevalence of intimate partner physical violence against women as gauged by this survey and broken down by the important standard background characteristics, data in Table 2.9 reveal significant and interesting individual forms-related nuances that make a more comprehensive and insightful analysis possible. In particular, the discernible trends in the general picture

⁴⁸ *Ending violence against women. Study of the UN SG*, p. 43.

are even less uniform, forthright and consistent, when checked against more detailed data disaggregated by individual forms, than in the area of psychological violence and controlling behavior.

At first glance the data seem to indicate a consistent, albeit minimal, positive correlation between the *number of children* and prevalence of physical violence. Thus, among ever-partnered women with no children 8.5% reported physical abuse by intimate partners, while percentage goes up in case of women with 1 or 2 children (8.7%) and even further (9.2%) among women with 3 or more children. However, when data are broken down by individual forms, this correlation holds true only for the mild form of violence; for other forms it is reversed and a differential between the percentages in the subsets is in some cases bigger. Thus, when intimate partners slap their women or throw something at them that might hurt them, the fact that they have children is not a restraining factor. Yet, for all other forms of physical violence, children are a deterrent, which plays out most vividly in case of “modest” forms. As evidenced by the data in Table 2.9, about 1.5-2 times lower percentage of women with 1 or 2 children report having been pushed (or shoved or had their hair pulled) or hit with fist (or something else) respectively than among women with no children.

Table 2.8 Lifetime prevalence of physical violence against women by intimate partners

Percentage of ever-partnered women age 15-59 who were or were not ever subjected to physical violence by intimate partner, by background characteristics (“...” For fewer than 25 cases)

		Were subjected	Were not subjected	Total %	Number of women (ever-partnered)
Age	15-24	2.8	97.2	100.0	107
	15-19	...	...	...	3
	20-24	2.3	97.7	100.0	104
	25-34	5.3	94.7	100.0	451
	35-44	10.5	89.5	100.0	656
	45-59	9.9	90.1	100.0	1,153
Residence	Urban	8.2	91.8	100.0	1,710
	Yerevan	7.1	92.9	100.0	668
	Other urban	8.9	91.1	100.0	1,042
	Rural	10.7	89.3	100.0	657
Marital status	Currently married	7.3	92.7	100.0	2,082
	Formerly married	20.4	79.6	100.0	285
Number of living children*	0	8.5	91.5	100.0	88
	1-2	8.7	91.3	100.0	1,495
	3+	9.2	90.8	100.0	784
Education	No education	...	...	...	4
	Basic general	16.7	83.3	100.0	101
	Secondary general	10.9	89.1	100.0	962
	Specialized secondary	7.5	92.5	100.0	823
	Higher	5.7	94.3	100.0	477
Employment	Unemployed	7.2	92.8	100.0	1,467
	Employed	8.7	91.3	100.0	742
	Seasonal work	27.1	72.9	100.0	143
	Other	...	...	...	15
Total		8.9%	91.1%	100.0%	2,367

Table 2.9 Lifetime prevalence of physical violence against women by intimate partners

Percentage of ever-partnered women age 15-59, by background characteristics, who were ever subjected to one or more of the following acts of physical violence by intimate partner (“...” For fewer than 25 cases)

The intimate partner									
		slapped her or thrown something at her that could hurt her	pushed or shoved her or pulled her hair	hit her with fist or with something else that could hurt her	kicked, dragged her or beaten her up	choked or burnt her on purpose	threatened to use or actually used a gun, knife or other weapon against her	% who indicated at least one specified form	number of women (ever-partnered)
Age	15-24	2.8	1.0	0.0	0.0	0.0	0.0	2.8	107
	15-19	...	...	...	...	...	...	...	3
	20-24	2.3	1.0	0.0	0.0	0.0	0.0	2.3	104
	25-34	5.1	4.1	3.2	2.4	0.7	1.1	5.3	451
	35-44	10.3	5.7	5.0	3.3	1.3	0.2	10.5	656
	45-59	8.4	4.1	4.4	1.9	0.9	0.5	9.9	1,153
Residence	Urban	7.2	3.8	4.2	2.8	1.2	0.7	8.2	1,710
	Yerevan	6.5	3.9	3.1	2.3	1.0	0.7	7.1	668
	Other urban	7.7	3.8	4.9	3.0	1.4	0.7	8.9	1,042
	Rural	10.1	6.1	3.9	1.2	0.2	0.1	10.7	657
Marital status	Currently married	6.4	3.0	3.0	1.0	0.5	0.1	7.3	2,082
	Formerly married	20.0	15.0	12.8	12.2	4.2	3.7	20.4	285
Number of living children*	0	7.3	7.6	7.6	4.2	0.6	0.6	8.5	88
	1-2	7.5	4.2	4.0	2.4	1.2	0.7	8.7	1,495
	3+	9.1	4.6	4.1	1.9	0.5	0.2	9.2	784
Education	No education	...	...	...	...	...	...	...	4
	Basic general	15.9	15.1	12.5	5.1	0.6	1.9	16.7	101
	Secondary general	9.4	4.1	4.3	1.8	0.8	0.6	10.9	962
	Specialized secondary	6.8	3.5	2.9	1.8	0.3	0.3	7.5	823
	Higher	5.7	4.4	4.2	3.8	2.4	0.7	5.7	477
Employment	Unemployed (no job)	6.2	2.7	2.9	1.3	0.5	0.4	7.2	1,467
	Employed (job)	8.3	5.3	5.2	4.1	1.9	0.9	8.7	742
	Seasonal work	25.9	17.8	10.7	3.3	0.0	0.0	27.1	143
	Other	...	...	...	...	...	...	...	15
Total		8.0%	4.4%	4.1%	2.3%	0.9%	0.5%	8.9%	2,367

* While the number of children is an important factor and indicator in its own right, it is nevertheless heavily influenced by other factors such as - to mention but a few and in decreasing significance - age, education and residence.

Age is an important factor, which can shed additional light on violence-related cultural and social norms

prevalent in a society. The general trend of positive correlation between age and prevalence of physical violence is clear and not surprising. Obviously, on the whole, the older the woman, the more years she has spent with her intimate partner(s) and the higher the chance of exposure to violence. The overall picture, however, does not support widespread stereotypes that women, particularly, older women as wives and especially mothers have a special status and are revered in this society. If anything, in each successive age group a higher percentage of women (at least according to the survey data) are targeted by intimate partners through a larger number of and severer forms of violence. The comparison of data for age groups 15-24, 25-34 and 35-44 shows that the percentage of ever-partnered women subjected to at least one form of physical violence are increased almost twofold for each next group. Thus, while for the first of these three age groups the percentage is 2.8%, for the second one it is 5.3% and for the third one is 10.5%. Then, for the last group of women in the sample, 45-59-year-olds, prevalence declines but only slightly (to 9.9%). 15-24-year-olds are subjected exclusively to “mild” forms of physical violence. The next age group (25-34-year-olds) reports, in addition, moderate and sever forms of violence, while the percentage of women subjected to all forms of physical violence in the age group after it (i.e. of 35-44-year-olds) is higher across the board, with the exception of cases of threats or actual use of a weapon.

As in case of psychological violence and controlling behavior, prevalence of physical violence, too, is inversely correlated with the victims' *level of education*, if the overall picture is considered. The percentage of victims among ever-partnered women goes steadily down from 16.7% in case of women with basic education to 10.9% with secondary general, to 7.5% with specialized secondary and, finally, to 5.7% with higher education. Thus, *education* is, on the whole, a fairly accurate predictor with regard to low prevalence of intimate partner physical violence, especially when educational attainment has crossed a certain threshold (in this case it is secondary general education).

As regards the *residence* factor, the data show an interesting, although a somewhat intricate, pattern. According to the overall picture, prevalence of physical violence is lowest in Yerevan and highest in rural areas, with urban areas other than Yerevan showing almost the same prevalence as in rural areas. It would be wrong, however, to make sweeping generalizations without a closer look at the disaggregated data, in which case it becomes clear that the situation is more complicated. It turns out that rural areas “lead” only in terms of prevalence of the “mild” forms of physical violence, whereas with regard to moderate and especially severer forms of violence they “fall behind” urban areas. It is noteworthy that urban areas other than Yerevan figure prominently in that respect. That is to say that the percentage of intimate partners in urban areas other than Yerevan who are prone to resort to more brutal and savage forms of violence is higher than in other areas. Thus, 3.0% of women residing in other urban areas reported being kicked or dragged or beaten up, 4.9% hit with fist or something else, 0.7% threatened with a weapon (or weapon was actually used) and partners of 1.4% women choked or burned them. The percentages for women in rural areas are respectively 1.2%, 3.9%, 0.1% and 0.2%. (The percentage of women reporting those forms of violence in Yerevan is respectively 2.3%, 3.1%, 0.7% and 1.0%).

Data on the *employment status* reveal that being employed is definitely a “risk” factor for woman, even though not a particularly powerful one, in terms of stronger likelihood of physical abuse by intimate partner. It is noteworthy that this factor applies across the board with regard to individual forms of violence. Employment provides at least a measure of economic independence and security, if not higher social status and greater decision-making power in the family. Thus, it would seem that employed women should be targeted less by their intimate partners. Since that is not the case and since the percentages are very low (and very much alike) in the first place, a hypothesis could be put forth tentatively that whatever weight the “employment” factor carries, it does so in combination with others and, for the most part, indirectly at that.

The survey data clearly support two important conclusions drawn earlier in the section on psychological violence. The *first* conclusion is that current “marital status” is the best predictor for all forms of physical abuse by intimate partners. To be more precise, the percentage of women reporting physical abuse is at least

3-4 times lower among those who currently have an intimate partner. It is noteworthy that the difference in the ratio of the percentages of intimate partner abuse victims among between women with and women without a current partner grows consistently with the increasing severity of violence. While in case of the “mild” forms of physical abuse the percentage of the former is 3-4 lower than that of the latter, in the case of the “moderate” forms it is 5-10 times and in the case of the severe forms it is over (and sometimes even well over) ten. The *second* conclusion is that violence (in this case physical abuse) was an important reason or, at least, a contributing factor for divorces or breakups. 20.4% of those women in the survey sample, whose partnership with a man ended in divorce or separation, report that they were subjected to at least one form of physical violence. Among the formerly-partnered women, who were ever subjected to physical violence, women whose partner died account for only 14.4%, while women who separated from or broke up with the partner constitute 81.6%. Thus, physical abuse is definitely a contributing factor, alongside psychological violence, to the breakup/divorce.

It is noteworthy that of those ever-partnered women in the sample who were ever physically abused by their intimate partners 28.6% were subjected to physical violence within the 12 months preceding the survey.

In terms of ascertaining incidence of physical violence, it is useful to look at the data in Table 2.10. As in case of psychological violence, physical abuse, when it occurs in an intimate relationship, is not an isolated and rare episode. According to the survey data, the overwhelming majority of acts of physical violence in the time period before 12 months prior to the survey occurred not once but a few times or even many times. 76.4% to 88.7% of the women physically abused by their intimate partners over the period of time in question reported that they had been abused “a few times” or “many times”.

Table 2.10 Incidence of some forms of physical violence that women were subjected to by intimate partners before the past 12 months

Percentage of women age 15-59 whose intimate partner abused them physically in the period before the 12 months prior to the survey and who said this had happened once, a few times or many times (“[]” is for 25-49 cases)

Before the past 12 months					
Number of women	Women whose intimate partner	Once	A few times	Many times	Total %
131	Slapped them/ thrown something at them that could hurt	12.8%	60.3%	26.9%	100.0%
80	Pushed or shoved them or pulled their hair	13.1%	52.2%	34.7%	100.0%
78	Hit them with fist or with something else that could hurt them	23.6%	44.5%	31.9%	100.0%
40	Kicked, dragged them or beaten them up	[11.3%]	[48.2%]	[40.5%]	[100.0%]

It is also noteworthy that the share of “many times” in the group of “moderate” forms of physical abuse is on the average on a par with or sometimes even higher compared to “mild” forms of physical violence.

More focused and better-targeted surveys are needed to identify whether or not these trends in the incidence of physical violence perpetrated by intimate partners against women persist now as well. Physical abuse also merits further study in its capacity of a concomitant and/or aggravating factor for other types of abuse.

SEXUAL VIOLENCE

Sexual violence is a very serious type of violence against women, which encompasses a broad range of acts and which in its worst forms has long-term and far-reaching severe physical, mental, sexual and reproductive health consequences. A very useful definition of sexual violence was provided by the WHO *World Report on Violence and Health* (2002). As per that definition, sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a per-

son's sexuality using coercion, by any person ..., in any setting..."⁴⁹. It is noteworthy that thus construed, sexual violence also incorporates sexual harassment, albeit implicitly. The definition has been instrumental in channeling the debates and legislative measures towards more constructive, meaningful and effective outcomes.

The UN Secretary General's Report outlined various contexts in which woman can be abused sexually. The Report formulated a functional working definition of sexual violence against women: "Sexual violence includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs"⁵⁰.

The WHO/PATH Report elaborated further on the central idea of coercion and highlighted intimate partner sexual abuse, including degrading acts. "The touchstone of coercion is that a woman lacks choice and faces severe physical, social, or economic consequences if she resists sexual advances. ... [M]uch nonconsensual sex takes place within consensual unions and includes a woman being compelled to have sex when she does not want it, or to engage in types of sexual activity that she finds degrading or humiliating"⁵¹.

Sexual violence is arguably the worst type of violence as it entails violations against bodily integrity and dignity of person, including degrading and humiliating treatment, and as it causes, predictably, long-term psychological harm and traumas. While in all likelihood sexual violence is the most traumatic experience for women, it is the type of violence that they are least inclined to speak about in this culture.

This survey dealt with sexual violence perpetrated against women by their intimate partners. The survey questionnaire, which is based on the WHO-designed questionnaire for multi-country population-based cross-section studies, focused only on 3 forms of sexual violence against women perpetrated by intimate partners. Those are: (a) physically forcing the woman to have sexual intercourse when she does not want to; (b) even though she does not want to, woman engages in sexual intercourse out of fear of what her intimate partner might do; and (c) forcing woman to do something sexual that she finds degrading or humiliating. Thus, only a very limited aspect of sexual violence is addressed in this study. They are, however, quite comprehensive in their scope and encompass, subsume or reflect a whole range of acts of a similar nature. Thus, in a sense they can be seen as representative of a broader group of acts of sexual abuse. It is also so because, in addition, while they are largely constituting moderate-to-severe forms of sexual violence in terms of intimate partner abuse, they also integrate by default all the milder forms. One of the downsides of that approach is that it is not possible to ascertain whether there is any correlation (direct or inverse) between *prevalence of sexual violence* and *severity of act*.

It would seem from the survey data presented in Tables 2.11 and 2.12 that sexual violence against women is not a widespread phenomenon in Armenia. Thus, only 3.3% of the surveyed ever-partnered women indicated that they had ever been subjected to at least one of the above-mentioned forms of sexual violence by their intimate partners. While admittedly less prevalent than psychological and even physical violence, sexual abuse can hardly be such a rare occurrence in this country given the overall societal context and the realities of the turbulent, at times anomic, transition period with its attendant breakdown of traditional social and cultural norms and values.

While the existing evidence is sketchy and, more often than not, is based on expert opinions and estimates, anecdotal evidence, hearsay, surveys and other studies on a limited scale, etc., rather than on solid data, it still seems to indicate that the phenomenon is likely to go mostly unreported, particularly in case of intimate partner abuse. One major reason is fear of reprisals and re-victimization. Another major reason would be that women know they will most likely face social disapprobation rather than sympathy if they disclose details about their intimate, especially sexual, relations, and if they complain about their husbands' unwell-

⁴⁹ *World Report on Violence and Health* (Geneva, WHO, 2002), p. 149.

⁵⁰ *Ending violence against women. Study of the UN SG*, p. 43.

⁵¹ WHO/PATH, 2005, p. 17.

come actions. So, they do not want the proverbial insult, which in this case may amount to social stigma, to be added to injury. The next major reason is lack of awareness and proper sex and legal education in the society at large. It would seem that most people sincerely believe that husband is entitled to expect wife's full compliance and that "good" wife has to oblige with favors. This mentality is not limited to broad segments of public at large but is implicitly reflected in domestic legislation. Thus, the laws regulating the relations in consensual unions (primarily the Family Code) do not apply the concept of "nonconsensual sex" to them. Marital rape is not addressed in the country's Criminal Code (or in any other law for that matter). It is not treated as an offense, hence, it is not criminalized and perpetrators cannot be brought to justice.

Very few women, if at all, turn or speak openly to interested State agencies, non-governmental organizations or researchers. This is the kind of information that respondents are most reluctant to disclose. The present study is no exception. The underlying reasons for that are clear. They include, to mention by a few, a sensitive nature of the issue, ingrained prejudices, internalized traditionalistic perceptions of guilt and shame and norms of "propriety" and, last but not least, the survey format (face-to-face interviews). The latter effectively rules out anonymity and relies heavily on trust and rapport, which are rare commodities anyway and which are particularly hard to come by these days.

Table 2.11 Prevalence of sexual violence against women by intimate partners

Percentage of ever-partnered women age 15-59 who were ever subjected to sexual violence by intimate partner, by background characteristics ("..." For fewer than 25 cases)

		Yes	No	Total %	Number of women (ever-partnered)
Age	15-24	1.7	98.3	100.0	107
	15-19	...	...	...	3
	20-24	1.7	98.3	100.0	104
	25-34	2.3	97.7	100.0	451
	35-44	5.7	94.3	100.0	656
	45-59	2.6	97.4	100.0	1,153
Residence	Urban	2.8	97.2	100.0	1,710
	Yerevan	2.6	97.4	100.0	668
	Other urban	2.9	97.1	100.0	1,042
	Rural	4.7	95.3	100.0	657
Marital status	Currently married	3.0	97.0	100.0	2,082
	Formerly married	5.7	94.3	100.0	285
Number of living children	0	2.9	97.1	100.0	88
	1-2	3.0	97.0	100.0	1,495
	3+	4.1	95.9	100.0	784
Education	No education	...	...	...	4
	Basic general	7.7	92.3	100.0	101
	Secondary general	3.6	96.4	100.0	962
	Specialized secondary	2.7	97.3	100.0	823
	Higher	2.9	97.1	100.0	477
Employment	Unemployed	2.5	97.5	100.0	1,467
	Employed	3.3	96.7	100.0	742
	Seasonal work	12.0	88.0	100.0	143
	Other	...	...	...	15
Total		3.3%	96.7%	100.0%	2,367

Under the circumstances, it comes as no surprise that, as evidenced by Table 2.11 data, only 3.3% of the surveyed ever-partnered women reported having been subjected to at least one form of sexual violence. Table 2.12 provides data not only broken down by background characteristics of the respondents but also by the above-mentioned three forms of sexual violence. Thus, only 3.0% of the ever-partnered women in the sample admitted that their intimate partners had forced them to have sex when they did not feel like it, merely 1.7% confessed to having sexual intercourse, when they did not want to, out of fear of what their partner might do and the minuscule 0.8% owned up to having been forced by intimate partner to do something sexual that they found degrading or humiliating.

At the same time it may well be the case that sexual violence is indeed at the bottom of the list, lagging behind psychological violence and controlling behavior as well as (to a lesser extent) behind physical violence in terms of prevalence.

Table 2.12 Prevalence of sexual violence against women by intimate partners

Percentage of ever-partnered women age 15-59 who were ever subjected to one or more of the following acts of sexual violence by intimate partner, by background characteristics (“...” For fewer than 25 cases)

		Did your current husband/partner or any other partner ever physically force you to have sexual intercourse when you did not want to?	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?	Did your partner or any other partner ever force you to do something sexual that you found degrading or humiliating?	Percentage who agree with at least one specified reason	Number of women (ever-partnered)
Age	15-24	0.7	1.7	0.0	1.7	107
	15-19	...	...	...	...	3
	20-24	0.7	1.7	0.0	1.7	104
	25-34	2.3	1.3	0.8	2.3	451
	35-44	5.3	2.7	2.0	5.7	656
	45-59	2.3	1.4	0.3	2.6	1,153
Residence	Urban	2.5	1.8	0.8	2.8	1,710
	Yerevan	2.0	1.8	0.9	2.6	668
	Other urban	2.8	1.7	0.8	2.9	1,042
	Rural	4.5	1.7	0.8	4.7	657
Marital status	Currently married	2.8	1.4	0.7	3.0	2,082
	Formerly married	4.6	4.1	1.7	5.7	285
Number of living children	0	2.9	2.9	1.6	2.9	88
	1-2	2.7	1.4	0.8	3.0	1,495
	3+	3.8	2.2	0.7	4.1	784
Education	No education	...	...	...	...	4
	Basic general	7.7	3.2	0.0	7.7	101
	Secondary general	3.1	1.8	0.9	3.6	962
	Specialized secondary	2.5	1.1	0.5	2.7	823
	Higher	2.9	2.4	1.5	2.9	477
Employment	Unemployed	2.2	1.4	0.4	2.5	1,467
	Employed	3.0	2.3	1.6	3.3	742
	Seasonal work	12.0	2.3	1.6	12.0	143
	Other	...	...	...	...	15
Total		3.0%	1.7%	0.8%	3.3%	2,367

As was the case with other types of violence, education and age are important factors and to some extent predictors also with regard to sexual violence, especially when the overall data are considered. An inverse correlation between prevalence of sexual violence and victims' *level of education* is almost unequivocal. Table 2.11 clearly shows that the percentage of victims among ever-partnered women drops sharply from 7.7% in case of women with basic education to 3.6% for women with secondary general and 2.7% for women with specialized secondary education, with the percentage among women with higher education is slightly higher (2.9%) than among the latter group. The situation, however, is not so clear-cut when the data are broken down by individual forms (See Table 2.12), even though the variations are minor.

As a factor, *age* demonstrates more uniformity across the board than education. The trend replicates the pattern identified in case of psychological and physical violence. When all forms of *de facto* non-consensual sex are taken together, a progressively bigger increase in case of age groups 15-24, 25-34 and 35-44 (1.7%, 2.3% and 5.7%) is then followed by a decline in the last age group (of 45-59-year-olds) to 2.6%. However, the data itemized for individual forms show some variations within the above-mentioned trend. Thus, there is very little age group-related difference among those women who had sexual intercourse, even though they did not want to, because they were afraid of what their partner might do.

The survey data tend to indicate that *employment* status does not affect prevalence of sexual violence (with the difference ranging from 0.8% to 1.29% across the board), with an exception of women engaged in seasonal work. This exception, though, is limited practically to one form of sexual violence (women were forced to have sex when they did not want to).

Likewise, the effect of the *residence* factor is manifested only in the form of sexual violence, which has just been mentioned) and, through it, even more moderately - in the cumulative data. Thus, the percentage of women reporting ever being forced to have sex when they did not want to is lowest among the respondents from Yerevan (2.0%) and highest in rural areas (4.5%), with urban areas other than Yerevan somewhere in-between (2.8%).

The percentages of women ever subjected to sexual abuse are 2.6%, 4.7% and 2.9% respectively for those sub-sets of the respondents.

As regards the number of children, it does not seem to be a significant factor with regard to sexual abuse by intimate partner, as evidenced by the pattern identified in Tables 2.11 and 2.12. While the percentage of ever-abused women with 1 or 2 children is on the whole basically the same ($\approx 3.0\%$) (and for individual forms is even lower than) in case of women with no children (here the difference varies from 0.2% to 1.5%), the percentage of such women with 3 or more children is higher (4.1%). If having a child(children) were a factor, that percentage would either go up or down uniformly, which is not the case.

The survey findings concerning sexual abuse of by intimate partners also support the conclusion made earlier that current "marital status" is the best predictor for all forms of intimate partner violence (in this case – for non-consensual sex). The percentage of women reporting sexual abuse is 1.9 times lower in case of overall prevalence (and in case of individual forms 1.6-2.9 times lower) among those who currently have an intimate partner as compared to those women who had a partner in the past but do not have one any longer.

The available survey data make it possible to ascertain incidence of sexual abuse by intimate partners only for the period before the 12 months preceding the survey and only for two forms of that abuse. Very much like psychological and physical abuse, sexual violence, too, when occurring in the setting of an intimate partnership, is not a rare occasion. The data in Table 2.13 indicate that the same women are targeted by sexual violence more than once. 88.12% to 95.2% of the women forced into some form of non-consensual sex by their intimate partners over the period of time in question reported that they had been abused "a few times" or "many times".

Table 2.13 Incidence of sexual violence that women were subjected to by intimate partners before the past 12 months

Percentage of women age 15-59 whose intimate partner abused them sexually in the period before the 12 months prior to the survey and who said this had happened once, a few times or many times (“[]” is for 25-49 cases)

Before the past 12 months					
Number of women	Women whose intimate partner	Once	A few times	Many times	Total %
47	physically forced her to have sexual intercourse when she did not want to	[11.9%]	[63.4%]	[24.7%]	100.0%
34	had sex with her, which she did not want to but had it because she was afraid of what the partner might do	[7.5%]	[73.7%]	[18.8%]	100.0%

Thus, both the prevalence and incidence data tend to indicate that while sexual abuse by intimate partners seems to be a problem, it nevertheless remains for the most part hidden and invisible societally, since many women prefer to keep silent and to not disclose the facts. They have more than one reason for that. Further, better-focused and designed studies are necessary to explore the phenomenon and to find out how women come to terms with and/or find solutions to the problem, if at all, and how and to what extent social and other State policies might be changing the situation and women’s as well as men’s perspectives on the problem.

PHYSICAL AND SEXUAL VIOLENCE

The survey data from all over the world tend to indicate that whenever intimate-partner violence occurs, it is rarely confined to one type of violence. Their co-occurrence in some relationships is not unusual, especially what concerns sexual and physical abuse. One of the reasons why combination of these two types of violence is important is evidence that women “who experience both physical and sexual abuse from intimate partners are at higher risk of health problems generally than those experiencing physical violence alone”⁵².

As indicated by findings from various countries, there is a substantial overlap between physical and sexual violence by intimate partners⁵³.

However, while there are grounds to contend that each category of violence can become a contributing or trigger factor (because aggressive behavior becomes a pattern, it tends to proliferate, cross over and “spill” into other spheres) and have an additive, cumulative and/or reinforcing effect, this is not an ironclad rule and the scope of the phenomenon varies considerably from country to country and culture to culture. Thus, there is compelling evidence that while in North and Central America sexual violence is accompanied usually by physical violence and emotional abuse that is not the case in Thailand, Bangladesh and Ethiopia⁵⁴.

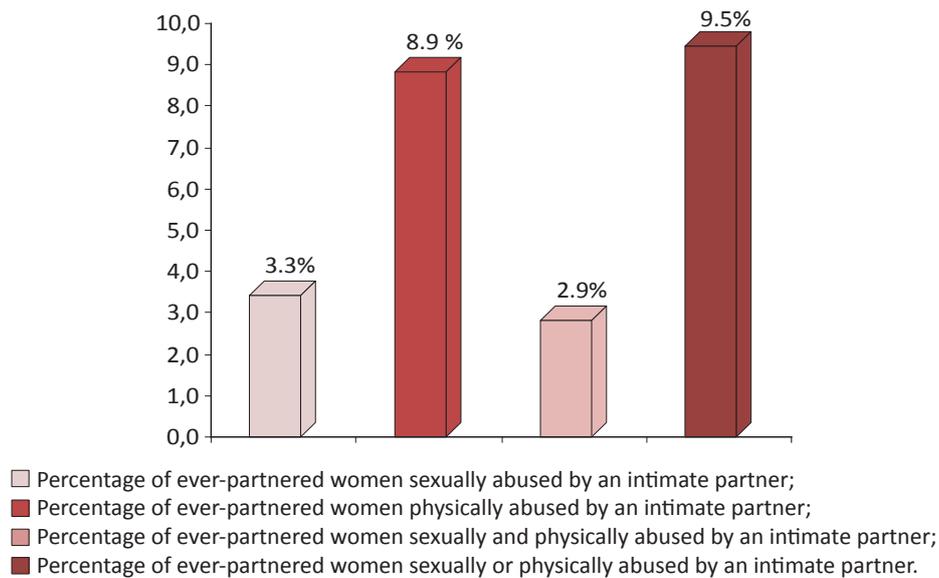
Therefore, it might be of interest to see where Armenia stands in that respect. The existing evidence seems to indicate that sexual abuse is usually accompanied by physical violence. According to the survey data, virtually 4 in 5 sexually abused women were also abused physically. The survey data on lifetime prevalence of physical and sexual intimate-partner violence are presented in Fig. 2.1.

⁵² *World Report on Violence and Health*. Krug E.G. et al., eds. Geneva: WHO, 2002, p. 163.

⁵³ García-Moreno, C. et al. *WHO multi-country study on women’s health and domestic violence against women: initial results on prevalence, health outcomes and women’s responses*. Geneva: WHO, 2005, p. 32.

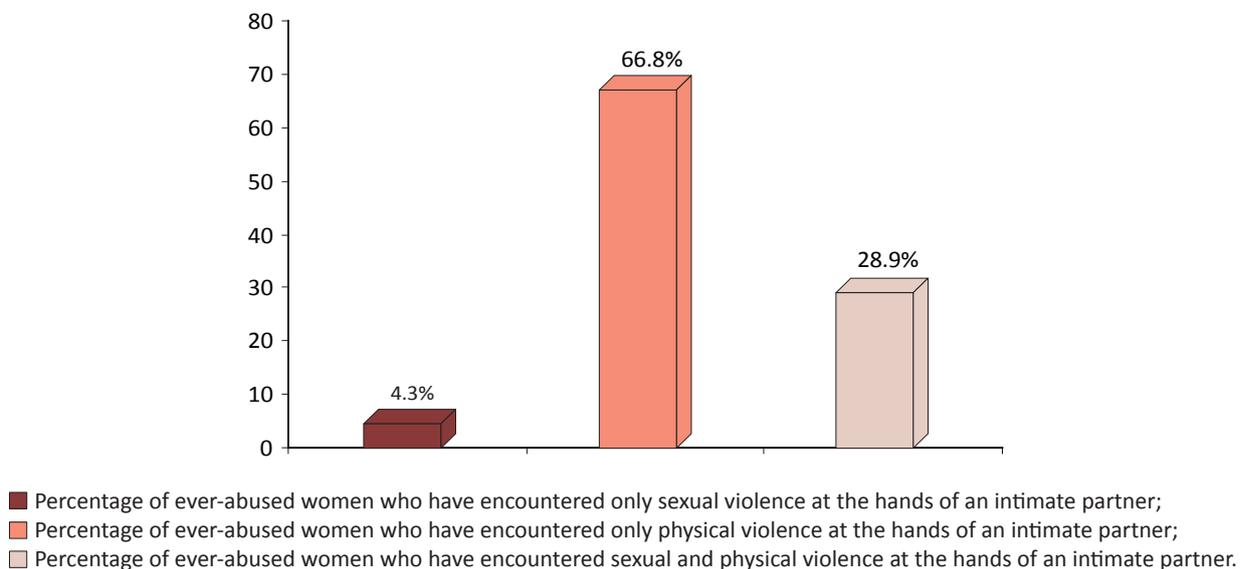
⁵⁴ Ellsberg M, and Heise L. *Researching Violence Against Women: A Practical Guide for Researchers and Activists*. Washington, DC: WHO & PATH, 2005, p. 16.

Fig. 2.1 Lifetime prevalence of sexual and physical intimate-partner violence among ever-partnered women



A more comprehensive picture can be obtained, if the data on the lifetime prevalence are broken down by relative share of either category of violence (i.e. “physical violence only” and “sexual violence only”). In that case the results show very clearly that while physical violence and sexual abuse do not necessarily go hand in hand, nevertheless 1 in 4 ever sexually or physically abused women was a victim of *both* physical and sexual violence. This is the conclusion, which can be drawn from Fig. 2.2.

Fig. 2.2 Lifetime prevalence of sexual violence only, of physical violence only and of sexual and physical violence only among women ever abused sexually and/or physically



The data also show that every fifth woman, who is subjected to physical violence, is also a victim to sexual abuse. This conclusion is further supported with data from responses to another question (# 903), in which case at least 20% of those women who experienced physical violence by an intimate partner, were also forced by him to have sex.

It should be noted here that in the past two decades the Armenian society has been faced with the phenomena, which had earlier been almost non-existent and which are known to significantly contribute to shaping the mentality that regards physical and especially sexual violence against women as permissible. Those are

prostitution, trafficking and pornography.

In Armenia, as in many post-Soviet countries, there has been an unprecedented upsurge in prostitution, trafficking in women and in distribution, if not production, of pornographic (or, at least, what is labeled as “erotic”) materials via TV, DVD, print media and special publications and, notably, the Internet. Those materials abound and access to them is virtually unlimited, even for children and adolescents. Sexually explicit materials, particularly images of sexual exploitation of women and depiction of women as sex objects (not a rare theme in such materials) proliferate and usually they are not censored. It should be a matter for serious concern since, as stressed in the Beijing Platform for Action, they are “factors contributing to the continued prevalence of such violence, adversely influencing the community at large, in particular children and young people”⁵⁵.

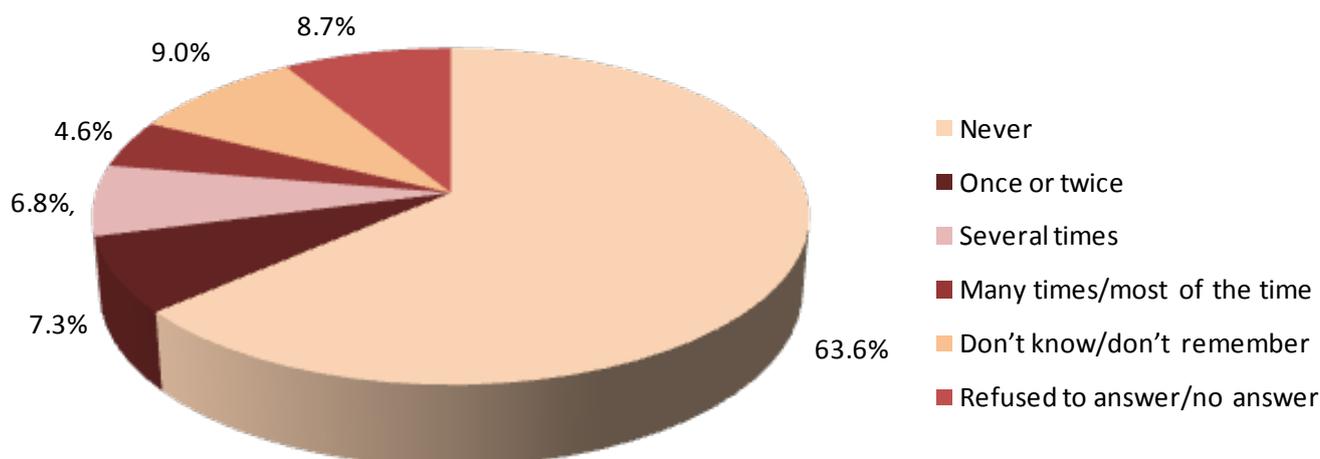
While those materials shape and perpetuate stereotypical attitudes to and degrading perceptions of women, which over-emphasize their subordinate position, they also promote the idea that women in fact enjoy it. In addition to media, they are not a rare occurrence in some of those segments of pop-culture that routinely attract adolescent and young audience. It can be expected that, if internalized, those attitudes and perceptions contribute to physical and sexual violence against women, including in intimate relationships.

VIOLENT INCIDENTS AND FORCED SEX

In order to better ascertain a correlation (if any) between physical and sexual violence, those sampled women, who had ever experienced intimate partner physical violence, were asked if that violence had been accompanied with or followed by forced sex. As shown by data in the Figure 2.3, while almost two-thirds of those respondents reported no such incident, the remaining one-third either had such experience or forgot or chose to forget about it. In any case, 18.7% of the respondents had definitely been subjected to physical and sexual abuse, with the episodes occurring concurrently or in quick succession. Only 7.3% reported those as isolated incidents taking place once or twice, while 11.4% held that those incidents were not an unusual occurrence as those happened several or most times or even most of the time.

Fig. 2.3 Prevalence of forced sex by intimate partner during or after a violent incident

Percentage of ever-partnered women age 15-59 (226 women) who were ever subjected to physical violence by intimate partner and who were or were not ever forced to have sex with him during or after a violent incident



As noted earlier, the notions of nonconsensual sex and marital rape are still foreign to prevalent mentality of the Armenian society and to the country’s legislation. The lack of, on the one hand, legal protection and, on the other hand, awareness on the part of women can to a certain account for low level of disclosure of sexual abuse (when it is not seen as such), even if it aggravated by physical abuse. In this case, less than 2 % of ever-partnered women in the sample reported having been subjected to sexual abuse aggravated by physical violence.

⁵⁵ Beijing Platform for Action, para. 118, (p. 75).

PUTATIVE REASONS FOR INTIMATE PARTNER VIOLENCE

While discussing the underlying reasons for physical violence, a word of caution is not inappropriate. For the most part the studies reflected the stated reasons or the reasons that the respondents “read into” the actions of others. In either case there is plenty of room for misinterpretation and a margin of error can vary within a wide, albeit unspecified, range.

In the present study an attempt was made to probe what particular situations led, in the respondents’ view, to physical abuse by their intimate partner.

The data in Table 2.14 present the following picture. To begin with, almost half of the respondents indicated that there was no particular reason why their intimate partner abused them physically. It means, *inter alia*, that those women either do not remember why the incident(s) happened or did not ask the partner; or else the partner did not provide any explanation for his violent behavior. Another possibility is that at times there is no reason at all, even a nominal one. It is not a rare occurrence in violent relationships that a pattern of violence emerges, which may not necessarily require a “valid” enough reason for violence.

Another conclusion that can be drawn from the data is that the reasons are multiple since 96.3% of the respondents indicated at least one reason, while most of them individually account for a small percent. It is noteworthy that woman’s pregnancy does not constitute a reason for physical abuse, as less than one percent (0.6%) of the respondents indicated it.

Thirdly, the list of reasons is inclusive enough, since only 5.9% of the respondents indicated other reasons.

Table 2.14 Reasons for physical abuse by intimate partner

Percentage of ever-partnered women age 15-59 who were ever subjected to physical violence by intimate partner and who identified the following reasons for physical abuse

Total	100%
No particular reason	47.9%
Man is drunk	33.0%
Money problems	18.2%
Difficulties at his work	5.7%
He is unemployed	10.1%
No food at home	3.1%
Problems with his or her family	6.8%
She is pregnant	0.6%
He is jealous of her	10.6%
She refuses sex	3.4%
She is disobedient	2.5%
Other	5.9%
Percentage of women who indicated at least one reason	96.3%
Number of women (who ever experienced physical violence by intimate partner)	210

Lastly, it follows from the table that the relative “weight”, or significance, of individual reasons varies, and within a very wide range at that. As to their significance, they fall into several groups.

Very insignificant, as reasons, are woman being disobedient or refusing sex or failing to cook food (those reasons were identified by 2.5%, 3.4% and 3.1% of the respondents respectively).

A higher percentage of the respondents regard difficulties at man’s work and problems with his or her family as reasons for violent behavior (5.7% and 6.8% of the respondents respectively).

Each tenth respondent pointed at partner's being unemployed or jealous as reasons for his violent behavior (10.1% and 10.6% of the respondents respectively).

Money problems figure prominently as a reason, with 18.2% of the respondents ticking that option off on the list.

Man's drinking problems stand out as the single most significant cause for violent behavior. One-third of the respondents (33.0%) associate violent behavior with drunkenness.

Excessive use of alcohol is definitely a risk factor. Data from this survey clearly support the findings of studies and surveys conducted in other countries that identified a strong correlation between intimate partner's alcohol consumption and violence and that showed that alcohol may play a disinhibiting role in various types of physical, sexual and psychological abuse.

The table data also seem to indicate that in a significantly large number of cases of male aggression is fueled by economic uncertainty, unemployment and financial problems.

The survey data also tend to support the conclusions drawn earlier in this chapter with regard to close correlation between intimate partner violence and ingrained stereotypes and certain social and cultural norms that promote rigid gender roles.

VIOLENT INCIDENTS AND PRESENCE OF CHILDREN

Presence of children during violent incidents is a very traumatic experience both for victims of violence and for children themselves. Since children who witness domestic violence suffer serious harm, that may, in fact, be regarded as a form of psychological violence against children. At the OSCE 2002 Vienna Meeting, experts pointed out that domestic violence has a severe impact on the future of the child-witness of violence⁵⁶.

⁵⁶ OSCE, 2002 Vienna meeting, p. 12.

Table 2.15 Physical abuse of respondents' mothers by the latter's partners during the respondents' childhood

Percent distribution of all sampled women age 15-59 by whether when they were children their mothers were hit by the latter's partners, by background characteristics ("..." For fewer than 25 cases)

		Yes	No	Parents did not live together	Don't know/don't remember	Refused to answer/no answer	Total %	Number of women (all women)
Age	15-24	5.0	84.3	2.4	7.9	0.4	100.0	297
	15-19	2.6	81.0	0.6	15.8	0.0	100.0	128
	20-24	6.8	86.7	3.8	1.9	0.8	100.0	169
	25-34	7.0	87.7	0.6	4.0	0.7	100.0	518
	35-44	10.5	83.0	0.6	5.3	0.6	100.0	705
	45-59	6.4	79.0	1.1	10.1	3.4	100.0	1,229
Residence	Urban	7.0	83.4	1.2	6.8	1.6	100.0	2,011
	Yerevan	5.9	90.1	1.1	2.8	0.1	100.0	792
	Other urban	7.8	79.0	1.2	9.4	2.6	100.0	1,219
	Rural	8.5	79.1	0.7	9.3	2.4	100.0	738
Marital status	Never married	5.5	85.0	0.8	8.1	0.6	100.0	382
	Currently married	7.7	82.3	1.0	6.7	2.3	100.0	2,082
	Formerly married	8.1	77.3	1.9	12.4	0.3	100.0	285
Number of children	0	6.1	85.3	0.8	7.2	0.6	100.0	470
	1-2	7.6	81.1	1.3	7.7	2.3	100.0	1,495
	3+	8.0	82.4	0.6	7.3	1.7	100.0	784
Education	No education	...	...	...	...	...	...	8
	Basic general	8.0	78.9	1.8	9.3	2.0	100.0	118
	Secondary general	9.9	76.6	1.5	8.6	3.4	100.0	1,104
	Specialized secondary	6.9	83.4	0.5	8.2	1.0	100.0	881
	Higher	3.8	90.8	0.8	4.2	0.4	100.0	638
Employment	Unemployed	7.1	81.8	0.9	8.1	2.1	100.0	1,712
	Employed	7.4	85.1	1.6	5.0	0.9	100.0	873
	Seasonal work	12.1	69.9	0.5	13.2	4.3	100.0	149
	Other	...	...	...	...	...	...	15
Total		7.4%	82.2%	1.0%	7.5%	1.9%	100.0%	2,749

As evidenced by data in Table 2.15, the definitive answers amount to about 90%, while the “grey area” of uncertainty accounts for the remaining 10%. Therefore, the percentage of women whose mothers were hit by the partners is within the range of 7.4% to 17.8%. Many Armenian mothers would try to shelter their children from scenes of physical or even psychological abuse besides (or as a part of) their efforts to keep the matter quiet and secret as much as possible. In any case, there must have been some indications or suspicions because a significant percentage of the respondents were not absolutely sure that their mothers had not been abused physically.

It is also noteworthy to look at the data broken down by two factors, which are significant in this case, *viz.* the respondents' age and residence. As regards age, based on the survey data a tentative conclusion could be drawn that it is likely that prevalence of intimate partner violence has been steadily, although arguably

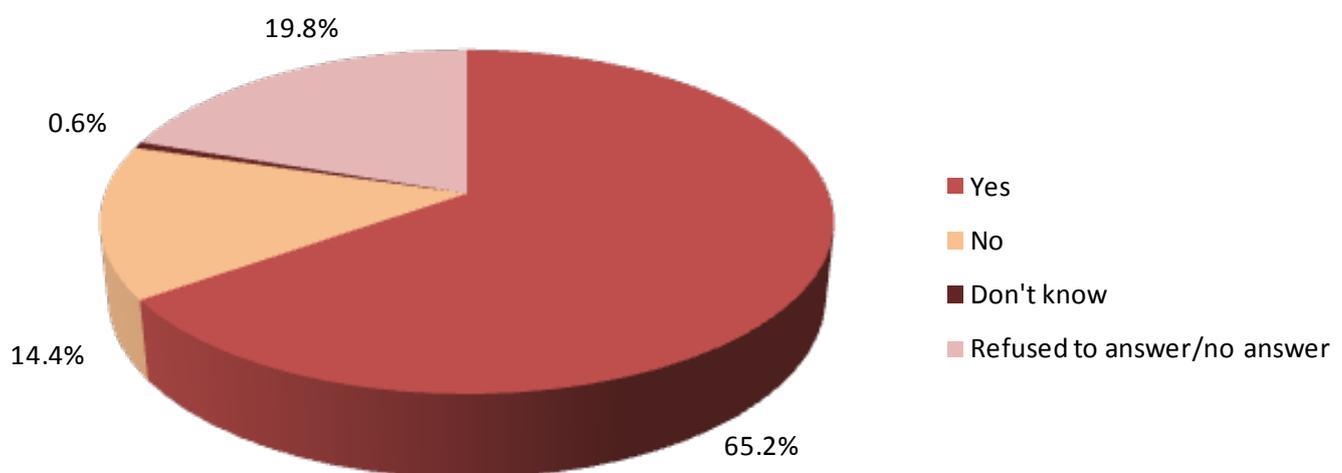
very slowly, declining (or at least is not growing), in inter-generational terms. In other words, mothers of younger generations were reportedly less abused than those of older generations (roughly, three generations were surveyed, given that the difference between two successive generational cohorts is conventionally taken to be 15 years). As the table data indicate, only 2.6% in the youngest age group (15-19-year-olds) reported physical abuse of their mothers, while among the 25-34-year-olds the percentage is 7.0%. Or, in case of 20-24-year-olds and 35-44-year-olds the percentage is respectively 6.8% and 10.5%.

The only exception from this trend seems to be the oldest age group but it should also be noted that a relatively high percentage of women in that age group refused to answer (3.4%, while for other age groups the percentage ranged from 0% to 0.8%). Assuming that they chose not to answer that question because they felt uncomfortable disclosing such sensitive information and that in fact in most cases their mothers had been physically abused by intimate partners, the overall percentage fits the trend.

The residence factor is also important. According to the table data, the lowest percentage is in Yerevan (5.9%) and the highest is in rural areas (8.5%), with other urban areas falling in between (7.8%) but definitely closer to the rural area. While noticeable as is, the difference between Yerevan and rural areas would be even more pronounced, if the mobility factor could be controlled and, thus, adequate corrections made. Even though geographical mobility cannot and should not be discarded altogether (particularly because women in Armenia not infrequently move to other locations as a result of marriage and because 84.9% of women in this survey sample are or were married (89.6% with an intimate partner), still a general trend can, *mutatis mutandis*, be recognized, as the “bride flow”, when it occurs, is usually bigger towns- or cities-bound. Yerevan is rarely a “source” area but rather a destination. The primary source areas are villages and small towns. In other words, since an unspecified percentage of the respondents’ parent families are in other locations and given the prevalent direction of marriage-related mobility of young women, the percentage for Yerevan would be definitely lower, in other urban area would be probably about the same and in rural areas would most likely be higher. Since knowing and witnessing are different things (albeit closely related) in terms of psychological impact on and of mental-health consequences for children, those women who replied in the affirmative or who refused to answer to the above question were asked if, as children, they had witnessed that violence.

Fig. 2.4 Physical abuse of respondents’ mothers witnessed by the respondents in childhood

Percent distribution of those sampled women age 15-59 (255 women), who answered in the affirmative or who refused to answer the previous question of whether their mothers had been physically abused by partners in respondents’ childhood, by whether as children they witnessed that violence



It follows from the data in the Figure 2.4 that at least two-thirds (and, possibly, as many as over four-fifth) of those women witnessed, as children, how their mothers were physically abused by partners. In other words, between 6.0% and 7.9% of women in the sample saw or heard, as children, their mothers physically abused.

One important aspect of that impact is that presence of children during violent incidents at home strengthens the intergenerational cycle of violence. In its 2002 Report, the WHO concludes that among “personal history factors, violence in the family of origin has emerged as an especially powerful risk factor for partner aggression by men⁵⁷”.

Study after study have shown that growing up in an abusive home is a fairly accurate predictor that as adults these individuals will be likely to resort to violent behavior⁵⁸ and that witnessing chronic domestic violence can lead to a lifelong pattern of violence in personal relationships⁵⁹.

Data in Table 2.16-a and Table 2.16-b indicate clearly that women’s partners are more abusive, if their mothers were beaten by husbands. According to Table 2.16-a, among ever-partnered women in the sample (aged 15-59) who were ever subjected to physical intimate partner violence the percentage of partners with physically abused mothers is 8 times higher (20.9%) than among ever-partnered women who were NOT ever subjected to physical intimate partner violence (2.6%).

Table 2.16-a Physical abuse of respondents in connection with physical abuse of mothers of the respondents’ abusive and non-abusive intimate partners

Partner’s mother was or was not beaten by her husband	Ever-partnered women age 15-59 who were or were not ever subjected to physical violence by intimate partner	
	Were	Were Not
Partner’s mother was beaten by her husband	20.9%	2.6%
Was not beaten	33.2%	69.2%
Parents did not live together	0.5%	1.5%
Don’t know	45.0%	25.8%
Refused to answer	0.5%	0.8%
Total (ever-partnered) 2,367	100.0%	100.0%

The data in Table 2.16-b are even more telling. The male intimate partners, whose mothers were beaten by husbands, are almost ten times more likely to be physically abusive towards their women (43.6%) than those whose mothers were not beaten (4.5%).

Table 2.16-b Physical abuse of mothers of the respondents’ abusive and non-abusive intimate partners

Partner’s mother was or was not beaten by her husband	Ever-partnered women age 15-59 who were or were not ever subjected to physical violence by intimate partner		
	Were	Were Not	Total
Partner’s mother was beaten by her husband	43.6%	56.4%	100.0%
Was not beaten	4.5%	95.5%	100.0%

Thus, the findings of this survey confirm the conclusions drawn from other studies concerning the intergenerational cycle of violence and the pattern of violence in interpersonal relations of males who grew up in families where their mothers were abused.

Here an aspect of a “victim cycle” can and should be emphasized: women whose mothers were abused and thus who grew up in an abusive environment are more likely to be subjected to intimate partner violence.

⁵⁷ WHO 2002 Report, p.98.

⁵⁸ *Addressing violence against women: piloting and programming*. Rome, Italy, 15/19 September 2003, p. 15.

⁵⁹ See *Ending violence against women. Study of the UN SG*, p. 61.

Table 2.16-c Physical abuse of mothers of the respondents with abusive and non-abusive intimate partners

Respondent's mother was or was not beaten by her husband	Ever-partnered women age 15-59 who were or were not ever subjected to physical violence by intimate partner	
	Were	Were Not
Respondent's mother was beaten by her husband	13.8%	7.1%
Was not beaten	69.0%	83.1%
Parents did not live together	2.9%	.9%
Don't know	7.6%	7.3%
Refused to answer	6.7%	1.6%
Total (all women) 2,749	100.0%	100.0%

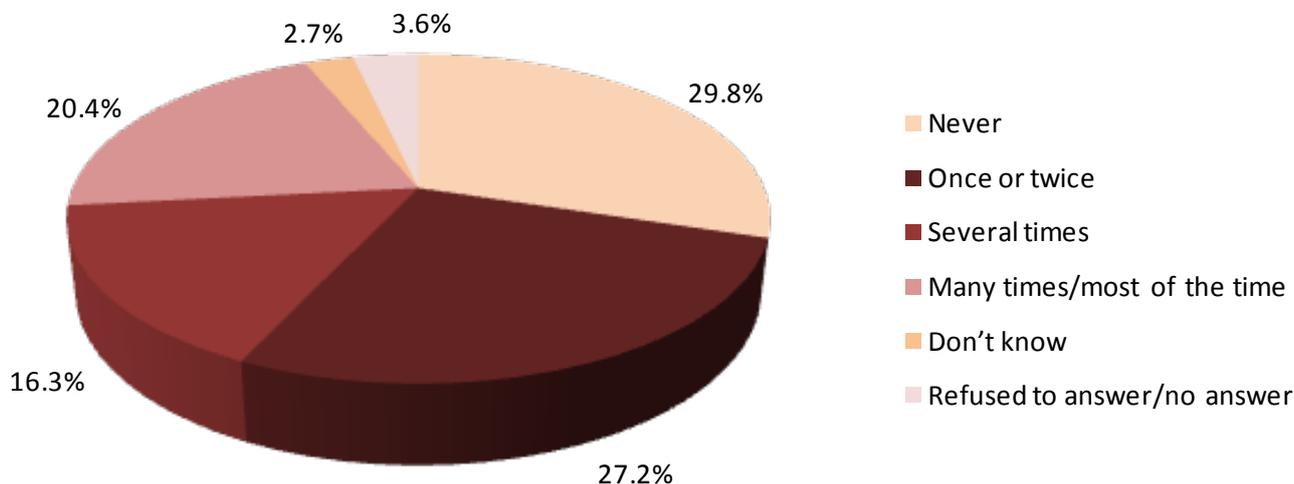
As evidenced by data in Table 2.16-c, 13.8% of mothers of women subjected to physical intimate partner violence had been beaten by husbands, while in case of women with non-abusive partners the percentage of their mothers beaten by husbands is almost twice as low (7.1%).

On the other hand, 15.8% of women, whose mothers had been beaten by husbands, are or were in a relationship with a physically abusive male partner. The percentage is twice as low in case of such women whose mothers had not been beaten by husbands (7.5%).

This vicious cycle does not stop there. As data from Figure 2.5 demonstrate, about two-thirds of physically abused women pointed out that their children witnessed how they were abused, with over half of those incidents occurring several or many times.

Fig. 2.5 Physical abuse of respondents witnessed by their children

Percent distribution of those sampled women age 15-59 (203 women) who experienced physical violence by their partners and who have children, by whether their children witnessed how they were physically abused by intimate partners



WOMEN'S VIOLENCE AGAINST MEN

While most victims of gender-based violence are women, at times it is women who resort to violence. The format of this survey allowed for looking into the patterns of physically abused women's behavior. It is noteworthy that while themselves caught in the cycle of violence, very few of those women commit violent acts, whether unprovoked or in retaliation, against their intimate partners. Data in Table 2.17-a show that less than 3.5% of those women admit that they physically mistreated their intimate partners, when the latter were not hitting or in any other way mistreating them physically. On the other hand, 92.1% of this group of

the respondents unambiguously stated that they never physically abused their intimate partners, when the latter would not assault them.

Table 2.17-a Physical abuse by respondents of their intimate partners

Percent distribution of women age 15-59 physically abused by their partners, by whether (and if yes, how often) they, although unprovoked, mistreated their partners

Never	Once or twice	Several times	Many times	Don't know/ don't remember	Refused to answer/ no answer	Total	Number of women (who experienced physical violence by partner)
92.1%	2.8%	0.6%	0%	2.2%	2.3%	100.0%	226

When asked whether they fought back in defense, more of those women answered in the affirmative. As evidenced by data in Table 2.17-b, only about 20 % (or, at the most, about 25%) of those women fought back, when physically mistreated by their intimate partners. In any case, three-fourth of physically abused women did not resort to violence even in self-defense.

Thus, it is clear that on the whole women, even physically abused women, do not initiate or perpetuate intimate partner violence and that very few of them resort to it in self-defense or retaliation.

Table 2.17-b Physical abuse by respondents of their intimate partners

Percent distribution of women age 15-59 physically abused by their partners, by whether (and if yes, how often) they fought back physically or defended themselves

Never	Once or twice	Several times	Many times/ most of the time	Don't know	Refused to answer/ no answer	Total	Number of women (who experienced physical violence by partner)
75.5%	17.8%	0.7 %	0.9 %	2.5%	2.6%	100.0%	226

ATTITUDES TOWARDS VIOLENCE

Attitudes towards violence, including intimate partner violence, are very important because they either strongly oppose or even condemn violence unconditionally, thereby promoting zero-tolerance towards it and thus decreasing its prevalence, or they condone partner violence on certain conditions. The latter attitude is not uncommon in certain cultures that promote environment of complicity and impunity, with, as the *Special Rapporteur on Violence against Women* put it, victims blamed and perpetrators excused⁶⁰.

The survey data indicate that even among women there is no consensus on many domestic violence-related issues. Their divergent views reflect the differences of opinion existing in the society at large as well as the same persons' distinctly different perceptions of various aspects of the same phenomenon. The divisions run across the educational, age and area of residency lines.

Thus, when asked if they agree with the statement that if a man mistreats his wife, others outside of the family should intervene, most women in the sample replied in the negative (60.8%). Only 27.5% of the respondents agreed that others could intervene in that situation (See Table 2.18).

The breakdown of the data by background characteristics shows a more complex picture than in most instances discussed above. The differences of opinion are not uniformly correlated with most of those characteristics and when they do they still require other factors for explanation. Thus, by all standards residents in rural areas and in small towns tend to hold more conservative and traditionalistic, if not downright patri-

⁶⁰ The *Report of the Special Rapporteur on Violence Against Women* (Executive Summary, E/CN.4/2003/75, 6 January 2003: Quoted in Final Report, *Good practices*, Expert meeting Vienna 2005, p. 5).

archal views. However, the data in Table 2.18 clearly show that in this case it is the other way round. It is in Yerevan that the share of the respondents, who oppose outside intervention in domestic violence situation, is the highest (68.0%), while in rural areas it is the lowest (56.8%). In other urban areas it is considerably lower than in Yerevan (58.5%). It is also noteworthy that the percentage of the respondents who are uncertain is higher outside of Yerevan (13.1% in other urban, 11.4% in rural areas and 6.8% in Yerevan).

Likewise, the effect of education is not straightforward either. Thus, the percentage of those who agree that people outside of the family should intervene to stop domestic violence is highest among respondents with basic education (34.7%), while the share of those who think so among respondents with specialized secondary and higher education is lower (28.9% and 27.9% respectively). The difference is even more marked among those who disagree with the statement. Thus, while the percentage of those who believe that others outside of the family should not intervene in case of domestic violence is roughly the same among the respondents with secondary general, specialized secondary and higher education (61.6%, 60.2% and 63.0% respectively), the percentage of those who think so among women with only basic education is much lower (47.1%). The percentage of those who could not make up their mind is also higher among the latter group (16.0%), while among the respondents with secondary special and especially with higher education is visibly lower (9.9% and 8.1% respectively).

As a factor, age seems to be of even less significance in this case. The table data do not reveal a single uniform pattern. While the age group of 15-19-year-olds seems to be most “sympathetic” to the idea that others outside of the family should intervene when a man mistreats his wife (37.0% of them agree and 39.0% disagree with the idea), it is also among that age group that the percentage of those who do not have a definitive answer to that question or have refused to answer is the highest (20.0% and 4.0% respectively). The next age group (20-24-year-olds) is significantly less supportive of the idea of outside intervention, with only 26.9% of them agreeing and 56.3% disagreeing with the statement. The percentage of those who say they do not know or who refuse to answer is also relatively high (14.6% and 2.2% respectively). The split between those who agree with the idea and those who do not is almost the same among the respondents in the age bracket from 25 to 34 as it was in the previous age group. Here “supporters” of the idea constitute 31.1% and “opponents” 59.9%. An about 4-percent increase in each category in this group as compared to the previous one can be accounted for by an equal decrease in the percentage of those who cannot or would not give an answer (8.6% and 0.4% respectively). The least supportive group is that of 35-44-year-olds, with only 23.0% agreeing and 67.8% disagreeing with the statement. The last age group (45-59-year-olds) differs significantly with the previous group and comes close to 20-24-year-olds and 25-34-year-olds.

Table 2.18 Attitudes towards interference of persons other than family members in case a man mistreats his wife

Percent distribution of all sampled women age 15-59, by background characteristics, who gave the following responses to the question of whether they agree that others outside the family, should intervene in case a man mistreats his wife (“...” For fewer than 25 cases)

		Agree	Disagree	Don't know	Refused to answer/ no answer	Total %	Number of women (all)
Age	15-24	31.3	48.8	16.9	3.0	100.0	297
	15-19	37.0	39.0	20.0	4.0	100.0	128
	20-24	26.9	56.3	14.6	2.2	100.0	169
	25-34	31.1	59.9	8.6	0.4	100.0	518
	35-44	23.2	67.8	8.2	0.8	100.0	705
	45-59	27.5	60.0	11.8	0.7	100.0	1,229
Residence	Urban	26.6	62.3	10.6	0.5	100.0	2,011
	Yerevan	24.6	68.0	6.8	0.6	100.0	792
	Other urban	27.9	58.5	13.1	0.5	100.0	1,219
	Rural	29.8	56.8	11.4	2.0	100.0	738
Marital status	Never married	30.2	49.0	18.4	2.4	100.0	382
	Currently married	25.7	64.4	9.4	0.5	100.0	2,082
	Formerly married	37.0	49.9	11.2	1.9	100.0	285
Number of children	0	30.2	50.5	17.1	2.2	100.0	470
	1-2	26.8	64.7	7.8	0.7	100.0	1,495
	3+	27.1	59.5	12.8	0.6	100.0	784
Education	No education	...	...	...	...	...	8
	Basic general	34.7	47.1	16.9	1.3	100.0	118
	Secondary general	25.2	61.6	12.4	0.8	100.0	1,104
	Specialized secondary	28.9	60.2	9.9	1.0	100.0	881
	Higher	27.9	63.0	8.1	1.0	100.0	638
Employment	Unemployed	26.6	60.2	12.3	0.9	100.0	1,712
	Employed	29.0	62.7	7.4	0.9	100.0	873
	Seasonal work	26.8	58.2	13.3	1.7	100.0	149
	Other	...	...	...	...	...	15
Total		27.5%	60.8%	10.8%	0.9%	100.0%	2,749

As regards the ‘marital status’ factor, it is noteworthy that formerly married women are, relatively speaking (since even in that group the percentage of women who disapprove of the idea is higher), more supportive of the idea (37.0% vs. 49.9%) than women who never had an intimate partner (who were never married) (30.2% vs. 49.0%) and significantly more so than currently married women (25.7% vs. 64.4%). Alongside the correlations with age, education and place of residence, these ‘marital status’-related variations seem to indicate that there is no uniform or a single predominant attitude in the society at large and that women’s personal experience (or lack thereof) plays a major role in shaping their attitudes.

These findings are not particularly surprising because DV is still for the most part a taboo topic in this society, which does not figure prominently in the public discourse and which, even when discussed, is usually discussed only superficially and in very general terms.

As evidenced by Table 2.19, only 7.7% of all surveyed women believe that family problems (and DV is one of the most sensitive among those) can be discussed with persons other than family members, whereas the overwhelming majority (90.5%) believe that family problems should only be discussed within the family.

Table 2.19 Attitudes towards discussion of family problems with persons other than family members

Percent distribution of all sampled women age 15-59, who gave the following responses to the question of whether family problems should only be discussed with people in the family

Agree	Disagree	Don't know	Refused/no answer	Total	Number of women (All)
90.5%	7.7%	1.3%	0.5%	100.0%	2,749

When, however, the question was rephrased and women were asked if they agree with the statement that domestic violence is a private issue where law cannot intervene, the prevalent response is a mirror image of the one given to the question on intervention of outsiders in case of domestic violence (See Table 2.20).

Table 2.20 Attitudes towards interference of law in case of domestic violence

Percent distribution of all sampled women age 15-59, by background characteristics, who responded to the question if the law can intervene in case of DV (“...” For fewer than 25 cases)

		Agree	Disagree	Don't know	Refused to answer/ no answer	Total %	Number of women (all)
Age	15-24	29.6	53.2	14.4	2.8	100.0	297
	15-19	20.9	55.9	20.5	2.7	100.0	128
	20-24	36.1	51.2	9.7	3.0	100.0	169
	25-34	31.2	55.6	12.5	0.7	100.0	518
	35-44	33.3	54.1	11.7	0.9	100.0	705
	45-59	30.2	53.5	15.5	0.8	100.0	1,229
Residence	Urban	30.6	55.5	13.1	0.8	100.0	2,011
	Yerevan	41.9	47.2	9.9	1.0	100.0	792
	Other urban	23.3	60.8	15.2	0.7	100.0	1,219
	Rural	32.5	50.2	15.9	1.4	100.0	738
Marital status	Never married	30.5	48.5	18.9	2.1	100.0	382
	Currently married	31.5	54.9	12.9	0.7	100.0	2,082
	Formerly married	29.6	55.1	13.6	1.7	100.0	285
Number of children	0	30.5	50.9	16.5	2.1	100.0	470
	1-2	32.4	55.6	11.2	0.8	100.0	1,495
	3+	29.1	52.8	17.3	0.8	100.0	784
Education	No education	...	...	...	...	...	8
	Basic general	26.0	50.3	22.7	1.0	100.0	118
	Secondary general	31.5	51.5	15.9	1.1	100.0	1,104
	Specialized secondary	29.6	55.9	13.7	0.8	100.0	881
	Higher	33.2	56.7	8.8	1.3	100.0	638
Employment	Unemployed	30.7	52.4	15.9	1.0	100.0	1,712
	Employed	32.2	57.1	9.8	0.9	100.0	873
	Seasonal work	27.3	58.3	13.3	1.1	100.0	149
	Other	...	...	...	...	...	15
Total		31.1%	54.0%	13.9%	1.0%	100.0%	2,749

Over a half of the respondents (54.0%) believe that law should intervene, while about one-third of the respondents (31.1%) agree with the statement that law should not intervene since domestic violence is a private issue. 13.9% of the respondents could not give a definitive answer, while 1.0% would not give any answer at all to the question.

As evidenced by data in Table 2.20, some background characteristics have a more conspicuous and profound impact on the respondents' attitudes. Therefore, as factors, those characteristics may have greater predictive power or, at least, they are more reflective of the prevalent attitudes in the sampled population.

It is noteworthy that *age* is not a strong differentiating factor in this case. On the whole, there is a rare "consensus" among various age groups. The percentage of the respondents who disagree with the statement that domestic violence is a private issue where law cannot intervene, i.e. who are sympathetic to the idea of intervention by law, is almost the same in each age group, with only minor variations. That percentage is 53.2% for 15-24-year-olds, 55.6% for 25-34-year-olds, 54.1% for 35-44-year-olds and 53.5% for 45-59-year-olds. The same holds true for those who believe that law should not intervene because domestic violence is a private issue. The percentage of those who think so in the said age groups is 29.6%, 31.2%, 33.3% and 30.2% respectively.

The only exception, and a significant exception at that, is a striking difference between two sub-groups in the first age group. While 55.9% of the 15-19-year-olds are supportive of the idea of intervention by law in domestic violence cases, among 20-24-year-olds the percentage is 51.2%. The share of those in the latter sub-group who oppose that intervention is 1.7 times higher (36.1%) than that among 15-19-year-olds. It is also noteworthy that 20.5% of 15-19-year-olds have not made up their mind yet with regard to the issue, while among 20-24-year-olds only 9.7% opted for "Don't know" reply.

Number of children is not a differentiating factor in this case either. The differences are minor and, more importantly, there is no single pattern that would reflect correlation between the attitude and the fact whether the respondent has (or does not have) a child (children). In fact, there is virtually no difference in the attitudes of the respondents who have no children and those who have three or more children. The percentage of those who are supportive of the idea of intervention of law in case of domestic violence is 50.9% and 52.8% respectively. The percentage of the respondents who think the law should not intervene in such a private issue is 30.5% and 29.1% respectively and of those who have not made up their mind yet is 16.5% and 17.3% respectively. The two groups differ, albeit not considerably, from the respondents who have 1 or 2 children.

The impact of *education* is not straightforward either. On the one hand, there seems to a direct correlation between the level of educational attainment and women's *positive* attitude to intervention of law in case of domestic violence. In other words, the higher the respondent's level of education the more likely she is to be sympathetic to the idea that domestic violence is not the private issue where law should not intervene. However, the difference is relatively modest when compared to views on other issues. Thus, 50.3% of the respondents in the former group and 56.7% in the latter group believe that the law should intervene when domestic violence occurs. The percentage of those who have not made up their mind yet declines in relation with the growing level of education (from 22.7% of the respondents with basic general education to 8.8% of the respondents with higher education). On the other hand, the same direct correlation is observed between the level of educational attainment and women's negative attitude to intervention of law in case of domestic violence. In other words, in an apparent contradiction to what has just been said, the higher the respondent's level of education the more likely she is *not* to be sympathetic to the idea that domestic violence is not the private issue where law should not intervene. That conclusion, however, applied to a smaller group of the respondents. From 26.0% of the respondents with basic general education to 33.2% of the respondents with higher education agree with the statement that domestic violence is a private issue where law cannot intervene. Thus, in each group of the respondents broken down by education level the percentage of those who agree with that statement is 1.7 - 2 times lower than that of those who disagree with it.

The data broken down by '*marital status*' show an interesting pattern of a quite rare unanimity between women currently with a partner and women who formerly had a partner. Thus, the percentage of the respondents who are sympathetic to the idea that domestic violence is not the private issue where law should not intervene is 54.9% in the former group and 55.1% in the latter. The percentage of the respondents who are not sympathetic to the idea is 31.5% in the former group and 29.6% in the latter. Approximately the same percentage of women in those groups chose "Do not know" option (12.9% and 13.6%).

The data for women, who never had a partner, show a different pattern than those two groups. While the percentage of the respondents who agree with the statement that domestic violence is a private issue where law cannot intervene (30.5%) is almost the same as in the previous two groups, the share of those who disagree with the statement is lower in this case (48.5%). Thus, only a plurality, not the majority, of those women is sympathetic to the idea that domestic violence is not the private issue and that law should intervene. The percentage of those who opted for 'Don't know' reply (18.9%) is also noticeably higher in this group of the respondents than in two other groups.

The *area of residence* is clearly the most differentiating factor in terms of the attitudes to the issue. It is noteworthy that the difference between urban respondents (that category lumps together residents of Yerevan and of other cities and towns) and rural respondents is not considerable, as might be expected. Thus, 30.6% of urban respondents and 32.5% of rural respondents regard DV as a private issue where law should not intervene. At the same time, 55.5% of urban respondents and 50.2% of rural respondents disagree with that view. 13.1% in the former group and 15.9% in the latter group have not made their mind yet.

A marked difference is observed, however, between respondents from Yerevan and from other urban areas. To begin with, the plurality, not the majority, of respondents from Yerevan believes that law should intervene in case of domestic violence (47.2%). Among respondents from other urban area the percentage of those who think so is 60.8%. Secondly, the percentage of respondents from Yerevan who find that law should not intervene in domestic violence cases is unprecedentedly high (41.9%). No other group or subgroup of the respondents in the sample had such a high percentage of those who were opposed to the idea of intervention on the part of law. The percentage of the respondents who think so in other urban areas is very, almost unprecedentedly low (23.3%). Thirdly, the percentage of respondents from Yerevan who remain undecided is low (9.9%), especially when compared to respondents from other urban area (15.2%).

While not dramatic, the difference between the attitudes of Yerevan residents and those of rural residents are quite perceptible, especially in case of the respondents who believe law should not intervene because domestic violence is a private issue. While only 32.5% of the respondents from rural area think, among the respondents from Yerevan the share of those who think so is higher by almost 10 percentage points (41.9%).

Further surveys and studies, including qualitative studies, are needed to account for those differences and to find explanations why respondents from Yerevan tend to be more traditionalistic and more inclined to harbor patriarchic views than residents of other urban and even rural areas.

The data tend to indicate that there is a growing understanding among various segments of the Armenian society that violence perpetrated against women is not a private matter, even when committed in the private sphere of the family, and that the State has a responsibility to interfere to stop and to prevent violence and to provide adequate protection to women targeted by gender-based violence.

Another important issue is whether surveyed women condone partner violence on certain conditions. Table 2.21 presents data on women's assessment of several reasons as good enough for man to his wife.

Table 2.21 Women’s views on reasons that may justify a man hitting his wife

Percent distribution of all sampled women age 15-59, by background characteristics, who believe that a man has a good reason to hit his wife if (“...” For fewer than 25 cases)

		She does not complete household duties to his satisfaction	She disobeys him	She refuses to have sex with him	She asks whether he has other girlfriends	He suspects that she is unfaithful	He finds out that she has been unfaithful	% of those who agree with at least one specified reason	Number of women (all)
Age	15-24	0.9	7.8	0.7	3.4	3.3	35.0	37.3	297
	15-19	1.7	6.8	1.0	1.8	3.1	32.6	33.1	128
	20-24	0.2	8.6	0.5	4.6	3.5	36.8	40.5	169
	25-34	1.3	8.6	0.6	2.3	5.2	31.0	34.1	518
	35-44	2.5	11.4	1.7	4.4	5.6	35.9	39.1	705
	45-59	2.8	11.9	2.0	2.2	5.8	34.5	37.4	1,229
Residence	Urban	2.2	9.7	1.4	3.0	4.6	33.3	36.4	2,011
	Yerevan	3.7	7.3	1.7	2.0	4.2	24.8	28.4	792
	Other urban	1.3	11.2	1.2	3.7	4.8	38.8	41.5	1,219
	Rural	2.2	13.5	1.8	2.6	7.5	36.9	39.5	738
Marital status	Never married	0.3	4.3	0.5	2.2	3.8	23.5	25.2	382
	Currently married	2.8	12.1	1.6	3.0	6.0	36.5	39.8	2,082
	Formerly married	0.7	8.6	2.5	3.0	2.7	32.4	34.4	285
Number of children	0	0.7	5.0	0.7	2.2	3.8	25.0	26.5	470
	1-2	2.3	10.1	1.3	3.2	4.8	35.6	38.7	1,495
	3+	3.1	15.2	2.4	2.9	7.5	37.3	40.9	784
Education	No education	...	...	...	...	...	...	...	8
	Basic general	3.2	21.6	5.7	3.1	4.9	41.0	44.1	118
	Secondary general	2.1	14.1	1.7	3.4	5.9	39.2	42.4	1,104
	Specialized secondary	3.0	10.0	1.6	3.6	6.6	35.5	38.8	881
	Higher	1.1	3.3	0.2	1.0	2.5	22.8	24.7	638
Employment	Unemployed	2.6	11.8	1.7	4.0	5.9	35.8	38.5	1,712
	Employed	1.9	8.1	1.0	1.1	3.4	29.9	32.9	873
	Seasonal work	0.4	13.8	2.5	1.5	10.2	42.8	48.6	149
	Other	...	...	...	...	...	...	...	15
Total		2.2%	10.7%	1.5%	2.9%	5.4%	34.3%	37.2%	2,749

As indicated by the data, women’s attitudes towards wife beating vary significantly depending on the circumstances and on the respondents’ background characteristics.

Thus, at least three of the six circumstances addressed in the question are not seen as legitimate reasons for a husband to hit his wife. Only 1.5%, 2.2% and 2.9% of the respondents respectively believe that a husband has a good reason to hit his wife if *she refuses to have sex with him*, *does not complete her household work to*

his satisfaction or asks him whether he has other girlfriends.

The other three circumstances seem to be more relevant, albeit to a varying extent, in the respondents' eyes as justifications for wife beating. It is also noteworthy that with regard to those circumstances the differences in the respondents' opinions are more pronounced and marked.

While bigger than in case of the first three circumstances, the percentage of the respondents who view the *husband's suspicions that the wife is unfaithful* as a legitimate reason for wife beating is still low (5.4%). The 'age' and 'number of children' factors are directly and straightforwardly correlated with the respondents' views on this circumstance. In other words, the older the respondents are and/or the more children they have the higher percentage of them regard husband's suspicions that the wife is unfaithful as a good reason for wife beating. Thus, while 3.3% of the respondents in the age group of 15-24-year-olds find those suspicions as good reason, the percentage of the respondents in the age group of 45-59-year-olds who think so is 1.8 times higher (5.8%). Likewise, while only 3.8% of the respondents with no children hold that view, the percentage of women who express that view and who have 1-2 children is 4.8% and 3 or more children is 7.5%.

The 'residence' factor, too, has a relatively strong impact, with the percentage of the respondents justifying wife beating on the grounds of suspicion she was unfaithful being 1.5- times higher in rural areas (7.5%) in comparison to urban areas (4.6%). It is noteworthy that in case the difference between the respondents from Yerevan and from other urban areas is insignificant.

With regard to 'marital status' factor, the biggest difference is between women who are currently with a partner (6.0%) and those who had a partner in the past (2.7%), with the respondents, who never had a partner, falling almost in-between (3.8%).

It is a rare case, when the impact of the 'education' factor is quite convoluted. The usual pattern of direct correlation between the level of educational attainment and more progressive views is almost reversed. Thus, while only 4.9% of the respondents with basic education justify wife beating on the grounds of suspicion of her infidelity, 5.9% with secondary general and 6.6% with specialized secondary education do so. It is only at the level of higher education that the usual pattern returns, with the percentage of supporters of that view being the lowest in that subgroup (2.5%).

One in ten respondents in the sample (or 10.7%) believes a man is justified in hitting his wife, if *she disobeys him*. The 'age' and 'number of children' factors are directly correlated with the respondents' views on this circumstance, i.e. the older the respondents are and/or the more children they have the higher percentage of them regard wife's disobedience as a good reason for the husband to hit her.

In the age groups the percentage goes up from 7.8% among 15-24-year-olds to 8.6% among 25-34-year-olds and to 11.4% and 11.0% among 35-44-year-olds and 45-59-year-olds respectively.

While only 5.0% of the respondents who have no children regard wife's disobedience as a legitimate reason for her man to hit her, among women with 1-2 children or with 3 or more children the percentage of those who hold that view is 10.1% and 15.2% respectively.

With regard to 'marital status' factor, the lowest percentage is predictably in the subset of the women who never had a partner. The percentage is twice as high in case of the respondents who had a partner in the past (8.6%) and is almost three times as high among the respondents who currently have a partner (12.1%).

The 'residence' and especially 'education' factors have an impact, which fits well into a usual pattern. Residents of Yerevan to a lesser extent than do residents of other urban areas tend to perceive wife's disobedience as justification for the husband to hit her (7.3% vs. 11.2%). Likewise, the latter are less inclined to see that as a good reason than are residents of rural areas (13.5%).

The higher the level of respondents' educational attainment, the less likely they are to regard wife's disobe-

ence as a valid reason for her husband to hit her. The percentage of those who regard that as a good reason goes down from 21.6% (respondents with basic general education) to 14.1% and 10.0% (respondents with secondary general and with specialized secondary education respectively) and to 3.3% (respondents with higher education).

In the eyes of the respondents, *adultery* seems to be the most justifiable reason for a man to hit his wife. Every third woman in the sample (34.3%) exonerates and condones the husband who hits his wife when he finds out that she has been unfaithful. It is a clear indication that patriarchal stereotypes are entrenched in some segments of the society at large, when a sizeable proportion of women, their awareness of the double standards notwithstanding, justify intimate partner violence against the women who deviate from or who do not comply with the rigid “accepted” social norms governing their sexuality.

It is noteworthy that women of almost all *age* groups in the sample have basically the same attitude (with the percentage of those who find marital infidelity a good reason for a man to hit his wife constituting 34.5%-35.9%), with a minor exception of 25-34-year-olds. In that group the percentage is 31.0%.

All the other social and demographic background characteristics of the respondents (such as residence, marital status, number of children and education) have a clear and significant impact on their attitudes.

A factor of *children* is very important. Nearly the same proportion of women who have 1-2 (35.6%) or 3 or more children (37.3%) justify a man who hits his wife for being unfaithful. A significantly smaller proportion of women with no children (25.0%) regard marital infidelity as a good reason for IPV.

Likewise, the difference between currently- and formerly-*partnered* women is much smaller in comparison with women who never had a partner. Thus, 36.5% of women who currently have a partner find infidelity a good reason for man to hit his wife. The percentage for women who no longer have a partner is 32.4%. Only 23.5% of never-partnered women share that view.

At a first glance the attitudinal difference between urban and rural residents is fairly small (33.3% and 36.9% respectively). However, when data are broken down for residents of Yerevan and of other urban areas the resulting picture is markedly different. Thus, the percentage of the former who justify a man who hits an unfaithful wife is even higher (38.8%) than that of rural residents. On the other hand, the percentage of respondents from Yerevan who regard intimate partner violence in that situation as legitimate is 1.5 times smaller (24.8%).

The impact of the ‘education’ factor fits the expected pattern, *viz.* **the higher the level of educational attainment, the less likely the respondents are to condone intimate partner violence**, even when the latter is triggered by adultery. The percentage of the respondents who justify a man hitting his adulterous wife goes down from high 41.0% for women with basic general education to 22.8% for women with higher education (the percentage for women with secondary general and specialized secondary education is 39.2% and 35.5% respectively).

PERCEPTIONS OF SEXUAL AUTONOMY

The recognition of and respect for women’s sexual autonomy and its protection by law are among crucial preconditions for ending violence against women because perceptions of legitimacy and acceptance of control over women’s sexuality constitute some root causes of and trigger many forms of physical and sexual violence against women. Rejection of women’s sexual autonomy is an end result of and at the same time a driving force for perpetuation of women’s subordination and male domination.

As indicated in the WHO 2002 Report, many men do not recognize woman’s “right to make an autonomous decision about participating in sex. In many cultures women, as well as men, regard marriage as entailing the obligation on women to be sexually available virtually without limit...”⁶¹.

⁶¹ WHO 2002 Report, p. 162.

It is noteworthy that while the survey data provide evidence of resurgence of certain patriarchal values and tend to indicate that some cultural and societal norms prescribing women's subordination and men's superiority may be gaining prominence, they show unequivocally that a vast majority of surveyed women reject the idea of men's sexual entitlement.

In this section the *respondents' disagreement* with the statement that wife has an obligation to have sex with her husband even if she does not feel like it and *recognition* of a married woman's right to refuse to have sex with her husband for a number of reasons are construed as proxies for recognition of women's sexual autonomy.

Table 2.22 Respondents' views on wife's "obligation" to have sex with her husband even if she does not feel like it

Percent distribution of all sampled women age 15-59, by background characteristics, who agree or disagree with the statement that wife has an obligation to have sex with her husband even if she doesn't feel like it ("..." For fewer than 25 cases)

		Agree	Disagree	Don't know	Refused to answer/ no answer	Total %	Number of women (all)
Age	15-24	11.6	59.3	22.9	6.2	100.0	297
	15-19	14.7	45.1	33.2	7.0	100.0	128
	20-24	9.3	70.0	15.1	5.6	100.0	169
	25-34	17.0	69.0	10.4	3.6	100.0	518
	35-44	12.2	75.0	9.4	3.4	100.0	705
	45-59	15.0	70.0	11.7	3.3	100.0	1,229
Residence	Urban	13.2	72.4	10.8	3.6	100.0	2,011
	Yerevan	16.1	77.5	5.8	0.6	100.0	792
	Other urban	11.4	69.1	14.1	5.4	100.0	1,219
	Rural	17.1	63.3	15.4	4.2	100.0	738
Marital status	Never married	8.2	60.2	27.2	4.4	100.0	382
	Currently married	15.4	72.1	9.2	3.3	100.0	2,082
	Formerly married	14.2	67.4	12.3	6.1	100.0	285
Number of children	0	10.2	61.1	24.4	4.3	100.0	470
	1-2	13.5	74.5	8.0	4.0	100.0	1,495
	3+	18.3	66.6	12.4	2.7	100.0	784
Education	No education	...	...	...	...	...	8
	Basic general	24.2	53.4	17.2	5.2	100.0	118
	Secondary general	16.2	64.5	14.4	4.9	100.0	1,104
	Specialized secondary	13.5	71.7	11.3	3.5	100.0	881
	Higher	10.1	80.1	8.0	1.8	100.0	638
Employment	Unemployed	14.4	69.8	12.2	3.6	100.0	1,712
	Employed	12.8	73.2	10.5	3.5	100.0	873
	Seasonal work	19.3	55.0	19.3	6.4	100.0	149
	Other	...	...	...	...	...	15
Total		14.2%	70.0%	12.1%	3.7%	100.0%	2,749

The data in Table 2.22 show that only 14.2% of the respondents agree with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it. At the same time the percentage of those who disagree with that statement is five times bigger (70.0%). 12.1% of the respondents could not and another 3.7% would not give a definitive answer *pro* or *contra*.

The *age* factor shows an interesting dynamic. The smallest percentage of supporters of women's sexual autonomy is among the age sub-group of 15-19-year-olds (45.1%), who are the least mature and experienced in the sample. It should be noted, however, that the percentage constitutes the plurality in that subgroup and only 14.7% agree with the statement that wife has an obligation to have sex with her husband even if she does not feel like it. Starting with the next subgroup of 20-24-year-olds and throughout all the other age groups the percentage of the respondents who support women's sexual autonomy is about 70.0% or more.

As to the *residence* factor, the biggest percent of supporters of women's sexual autonomy is predictably among residents of Yerevan (77.5%), followed by respondents in other urban areas (69.1%). Even though the level of that support is lowest among respondents from rural areas, still the supporters constitute a clear majority with 63.3%, while those who think otherwise account for only 17.1%.

An interesting picture emerges when data are broken down by the '*marital status*' factor. Never-partnered respondents have the smallest percentages of both supporters and opponents of women's sexual autonomy in comparison with currently-partnered and formerly-partnered women. 8.2% in that group of the respondents agree and 60.2% disagree with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it. The percents of the respondents who think so are 15.4% and 72.1% respectively for currently-partnered women and 14.2% and 67.4% respectively for formerly-partnered women. It is small wonder that the percentage of those who have not made up their mind one way or the other is 2 to 3 times higher than among formerly-partnered and currently partnered women (12.3% and 9.2% respectively).

The impact made by the '*number of children*' factor follows the same pattern. The percentage of the respondents who have not made up their mind yet is highest among women with no children (24.4%), while the proportion is 2 to 3 times lower among women with 3 or more children (12.4%) and 1 or 2 children (8.0%). Accordingly, the percentages of both supporters and opponents of women's sexual autonomy are lowest among the respondents with no children (10.2% and 61.1% respectively) in comparison with the respondents who have children. At the same time, women with 3 or more children are supportive of women's sexual autonomy to a lesser extent than are women with 1 or 2 children. Thus, 18.3% in the former group agree and 66.6% disagree with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it, whereas in the latter group the respective percentages are 13.5% and 74.5%.

With regard to the '*education*' factor, support for women's sexual autonomy is, not surprisingly, directly correlated with the level of educational attainment. It is also noteworthy that not only the proportion of supporters increases with a higher level of educational attainment but also the relative weight of supporters vs. opponents grows, while the percentage of those who have not yet made up their mind (as well as of those who refused to answer) declines.

Thus, among the respondents with basic general education only a slim majority (53.4%) disagrees with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it. That percentage is slightly more than 2 times bigger than that of the opponents of women's sexual autonomy (24.2%).

In the group with secondary general education the share of the supporters of women's sexual autonomy (64.5%) is about 4 times bigger than that of the opponents (16.2%).

Among the respondents with specialized secondary education the share of the supporters of women's sexual autonomy (71.7%) is about 5.5 times bigger than that of the opponents (13.5%).

As to holders of higher education, the share of the supporters of women's sexual autonomy (80.1%) is about 8 times bigger than that of the opponents (10.1%).

The percentages of those respondents who chose “I don’t know” option are the following for the said groups: 17.2%, 14.4%, 11.3% and 8.0% respectively.

The survey also explored whether the respondents perceive as valid some of the reasons that a married woman can have to refuse to have sex with her husband.

Table 2.23 Respondents’ perceptions of some reasons on which a married woman can refuse to have sex with her husband

Percent distribution of all sampled women age 15-59, by background characteristics, who agree that a married woman can refuse to have sex with her husband if: (“...” For fewer than 25 cases)

		She doesn't want to	He is drunk	She is sick	He mis-treats her	Percentage of those who agree with at least one specified reason	Number of women (all)
Age	15-24	70.3	75.1	76.7	75.2	78.6	297
	15-19	62.3	66.0	66.5	65.2	67.2	128
	20-24	76.4	81.9	84.4	82.8	87.3	169
	25-34	71.1	76.3	79.9	77.6	81.0	518
	35-44	73.0	78.1	80.7	76.4	83.1	705
	45-59	70.7	77.1	80.8	77.5	83.1	1,229
Residence	Urban	70.7	76.1	77.7	75.0	79.9	2,011
	Yerevan	83.1	88.5	88.8	86.9	90.9	792
	Other urban	62.6	68.0	70.5	67.2	72.7	1,219
	Rural	73.2	79.5	86.9	82.5	88.6	738
Marital status	Never married	68.9	70.8	73.4	72.4	74.6	382
	Currently married	72.5	78.4	81.6	78.3	83.8	2,082
	Formerly married	66.4	75.1	78.3	73.7	81.3	285
Number of children	0	68.3	72.4	75.4	74.4	76.3	470
	1-2	73.2	78.6	80.9	78.4	83.0	1,495
	3+	69.6	76.6	81.7	75.8	84.2	784
Education	No education	...	...	...	...	...	8
	Basic general	48.0	60.4	70.5	66.9	73.4	118
	Secondary general	72.7	77.2	81.2	76.7	83.7	1,104
	Specialized secondary	69.4	75.5	78.4	75.4	80.3	881
	Higher	76.0	81.7	82.6	81.7	84.0	638
Employment	Unemployed	68.5	74.8	78.6	74.9	80.3	1,712
	Employed	77.9	82.2	83.9	81.8	86.6	873
	Seasonal work	64.2	71.1	76.6	74.1	78.5	149
	Other	...	...	...	...	...	15
Total		71.3%	77.0%	80.2%	77.0%	82.2%	2,749

As evidenced by the data from Table 2.23, even though double standards in the area of sexuality are widespread in this society and the resurging patriarchal stereotypes as well as mainstream cultural and societal norms are not supportive of women’s autonomy, especially with regard to women’s control over their bodies

and sexuality, a large majority of the respondents not only reject men's sexual entitlement but also regard as valid the reasons for a married woman to refuse to have sex with her husband.

71.3% of the surveyed women believe that a married woman can refuse to have sex with her husband if she does not want to; 77.0% if he is drunk; 80.2% if she is sick and 77.0% if he mistreats her.

The first reason is that *woman does not want to have sex*. The issue is very much like the wife's "obligation" to have sex with her husband, which was discussed earlier. Some minor variations notwithstanding, especially when data are broken down by background characteristics, the respondents on the whole replied in basically the same way as they did to the questions about the said "obligation."

As regards the second reason (*viz. the husband is drunk*), an impact of individual factors is different. The most "neutral" factor is *age*, as differences between the age groups are, on the average, minimal. The only exception is difference between two sub-groups of 15-19-year-olds (66.0%) and 20-24-year-olds (81.9%), which, probably, is accounted for by differences in social maturity and experience.

The *residence*-related differences are quite pronounced. While 88.5% of respondents from Yerevan see that reason as valid, "only" 68.0% of respondents from other urban areas do so, and rural residents are in between with 79.5%.

This reason is seen as valid by a higher proportion of *currently-partnered women* (78.4%) than by *formerly-partnered* (75.1%) or *never-partnered* ones (70.8%).

The differences are even smaller when data are broken down by *number of children*. The highest proportion of the respondents who regard this reason as valid for a married woman to refuse to have sex with her husband is among women who have 1 or 2 children (78.6%). Slightly lower percentage (76.6%) is among women who have 3 or more children. Among women with no children the percentage of the respondents sharing this view is 72.4%.

The data for the '*education*' factor show that the usual pattern of direct relationship between the level of educational attainment and the support for women's sexual autonomy holds up, with a minor exception in case of specialized secondary education. The most visible difference is between the respondents with basic general education and secondary general education. In the former group, the percentage of those who regard woman's refusal to have sex with a drunken husband as legitimate is 60.4%. In the latter group, it is 77.2%. The percentage in the group of holders of special secondary education is slightly lower (75.5%) than in the previous group. The percentage is predictably highest among the respondents with higher education (81.7%).

As regards the next reason (*viz. the husband mistreats his wife*), the impact of individual factors is strikingly similar to what it is in case of the previous reason. The variations and differences are on the whole very small. In any case they do not change the overall picture.

The data in Table 2.23 clearly demonstrate that in the respondents' opinion the most "valid" reason for a married woman to refuse to have sex with her husband is her being sick, as indicated by 4 in 5 respondents.

The pattern of impact of individual factors (background characteristics) is basically the same as in case of other reasons, with some tendencies manifested in a more accentuated way. Thus, in case of the '*residence*' factor, the percentage of rural respondents who regard the reason as valid is not only very high (86.9%) but also comes close to that of the respondents from Yerevan who share this view (88.8%). In case of the '*education*' factor, even the percentage of the respondents with basic general education who believe that a married woman can refuse to have sex with her husband if she is being is high (70.5%), while the differences between other subsets of the respondents who think so too are smaller (81.2% among the respondents with secondary general education, 78.4% with specialized secondary and 82.6% with higher education).

The survey findings provide conclusive evidence that the overwhelming majority of the respondents recognize women's sexual autonomy, do not accept men's sexual entitlement and do not condone or justify

coerced sex⁶² in intimate relationships.

WOMEN'S ECONOMIC EMPOWERMENT AND VIOLENCE

Closely linked to the principle of substantive equality, which stresses equal rights and equal opportunities for women, the idea of women's empowerment entails, *inter alia*, growing *political, economic and social influence* of women in the society, women's *greater decision-making power and control over their own lives* as well as their *self-realization and self-actualization*.

Since "violence against women is one of the crucial social mechanisms by which women are forced into a subordinate position compared with men"⁶³, economic disempowerment of women, including economic deprivation, is regarded as *economic violence against women*.

The UN General Assembly *Resolution on the Elimination of Domestic Violence against Women* recognizes that "domestic violence can include economic deprivation and isolation and that such conduct may cause imminent harm to the safety, health or well-being of women"⁶⁴.

Therefore, *economic empowerment* of women is of special importance, because it is a precondition for greater financial and personal autonomy. When women have financial autonomy, economic self-reliance and self-sufficiency, including, access to livelihood options, and, in general, when they are economically empowered, they are less (or not at all) dependent on their husbands (partners) and are better protected against intimate partner violence. In that case women have viable options and can make a decision to leave the violent relationship because they rely not merely on social support and social security but on their own economic resources.

The survey collected data on *women's empowerment* such as ownership and possession of property, employment, control over the use of their own earnings and the magnitude of women's cash earnings relative to those of their husbands/partners as well as data on *economic disempowerment* of or *economic violence* against women by their intimate partners (who take women's earnings or savings from them or refuse to give money for household expenses).

Ownership of and control over means of production are important indicators of economic self-reliance and autonomy.

In rural areas it is primarily ownership of land, animals, produce and crop. As evidenced by Table 2.24, only a small percentage of rural women own those resources by themselves. Therefore, their autonomy and capacity to make independent decisions are extremely limited. Besides, even though a significant percentage of rural women own those resources with others (usually with husbands or members of their parental family), their power and control over those resources are usually nominal.

Table 2.24 Ownership of land, animals, produce and crop in rural areas

Percent distribution of rural women age 15-59 by ownership of land, animals, produce and crop

Type of property/ economic resources	Own by themselves	Own with others	Don't own	Total %	Number of women (respondents from rural areas)
Land	9.0%	78.2%	12.8%	100.0%	738
Large animals	3.0%	49.3%	47.7%	100.0%	738
Small animals	3.3%	52.2%	44.5%	100.0%	738
Produce or crops	2.8%	42.4%	54.8%	100.0%	738

⁶² Thus, the survey findings clearly indicate that the conclusion drawn by the UNFPA experts that "in many countries, men and women alike justify marital rape, coerced sex and associated partner violence"(UNFPA, Rome, 2003, p. 15) does not apply to Armenia.

⁶³ Declaration, 1993 (General Assembly Resolution 48/104, 20 December 1993)

⁶⁴ The UN General Assembly Resolution 58/147.

Entrepreneurial activities are also a good indicator of economic self-reliance and viability. The survey collected data on ownership of companies. The data are presented in Table 2.25. As indicated by the data, the overall percentage of women who own companies by themselves is negligibly small (0.6%). In urban areas other than Yerevan no women own companies by themselves and in rural areas only 0.1% women own companies by themselves. In contrast, in Yerevan 2.0% of the surveyed women own companies by themselves.

On the other hand, as regards joint ownership of companies, the higher percentage of women reports that they own a company with others (3.3%). At the same time, it is noteworthy that percentage of such women is almost the same in Yerevan (2.9%) and in other urban areas (3.0%), which is lower than in rural areas (4.4%).

Table 2.25 Ownership of companies

Percent distribution of all sampled women age 15-59 by ownership of companies

Residence	Own by themselves	Own with others	Don't own	Total	Number of women (respondents)
Urban	0.8%	2.9%	96.3%	100.0%	2,011
Yerevan	2.0%	2.9%	95.1%	100.0%	792
Other urban	0.0%	3.0%	97.0%	100.0%	1,219
Rural	0.1%	4.4%	95.5%	100.0%	738
Total	0.6%	3.3%	96.1%	100.0%	2,749

Overall, the percentage of the women who do not own businesses by themselves or with others is extremely high (96.1%), the residence-related minor variations notwithstanding.

The data seem to indicate that on the whole women lack economic resources that would be sufficient for entrepreneurial activities, especially in urban areas.

While not as crucial as ownership of fixed and working capital, ownership of property is, nevertheless, an important indicator of women's economic empowerment and autonomy. Table 2.26 presents data on women's ownership of valuable property. Only a modest percentage of them own an apartment or large household items by themselves (12.2% and 13.1% respectively), with the only exception of jewelry (32.9%). Only a tiny minority (3.0%) of the surveyed women own a motor car and a minuscule percentage (1.6%) of the respondents have their own savings in the bank. However, at the same time a large majority of the surveyed women are co-owners of housing (76.0%) and large household items (78.6%). A small majority of the respondents own jewelry with others (51.8%). 19.7% of the respondents co-own a motor car and 6.8% own savings in the bank with others.

Table 2.26 Ownership of property and potential economic resources

Percent distribution of all sampled women age 15-59, by background characteristics, who own (by themselves or with someone else) or do not own property and economic resources

Type of property/economic resources	Own by themselves	Own with others	Don't own	Total	Number of women (all respondents)
House/apartment	12.2%	76.0%	11.8%	100.0%	2,749
Large household items (TV, cooker, bed, etc.)	13.1%	78.6%	8.3%	100.0%	2,749
Jewelry (gold, other valuables)	32.9%	51.8%	15.3%	100.0%	2,749
Motor car	3.0%	19.7%	77.3%	100.0%	2,749
Savings in the bank	1.6%	6.8%	91.6%	100.0%	2,749
Other property	0.4%	0.2%	99.4%	100.0%	2,749

It is noteworthy that a relatively large percent of women do not hold ownership or co-ownership. 8.3%

of them do not own large household items such as bed, TV set or cooker. More importantly, 11.8% of the respondents do not have their own housing and 91.6% do not have savings in the bank. The data indicate that while most women own or co-own some property, it would be an overstatement to say that they have adequate economic safeguards.

Earning money by themselves is an important aspect of women's economic, particularly financial, status. As data in Table 2.27 show, only 37.7% of the surveyed women are engaged in income-generating activities, primarily in *gainful employment*.

Table 2.27 Women earning money by themselves

Percent distribution of all sampled women age 15-59, who are engaged in income-generating activities (such as gainful employment, including seasonal work)

Engaged in income-generating activities (including employment)	Unemployed	Total	Number of women (all respondents)
37.7%	62.3%	100.0%	2,749

In other words, two in three women do not earn money through employment or other income-generating activities and are, thus, dependent on others for support and livelihood, with intimate partners being provider of that support in most cases.

A share of woman's contribution to family budget as compared to that of her partner, too, can give a fairly accurate idea of the woman's potential economic status, although not necessarily of how it translates, if at all, into a decision-making power and control.

Table 2.28 Women's contribution to family budget as compared to her partner's contribution

Percent distribution of all sampled women age 15-59 as per their contribution to family budget relative to their partner's contribution

Contribute more than partner	Contribute less than partner	Contribute about the same as partner	Don't know/don't remember	Refused to answer/no answer	Total	Number of currently-partnered women who earn money by themselves
13.9%	59.1%	19.4%	5.3%	2.3%	100.0%	723

As evidenced by data in Table 2.28, there are marked differences in contributions to family budget by women and men. Those differences may lead to or at least may lay the groundwork for asymmetry in economic status and in decision-making power, thereby reinforcing patriarchal hierarchical relations. Thus, only 13.9% and 19.4% of the currently-partnered women who earn money by themselves report that the money that they bring into the family is respectively more than or about the same as what their partner contributes. The clear majority (59.1%) contribute less than their partners. More equitable and less violent relations are easier achieved and sustained when incomes earned by men and women do not differ greatly.

But even when they earn money, not all women are able to dispose of the money the way they see fit. Data from Table 2.29 show the extent of women's decision-making power with regard to spending the money they earn.

Table 2.29 Decision-making with regard to spending the money earned by women

Percent distribution of currently-partnered women age 15-59, who earn money and who spend that money how they want or give it all or part of that part to the partner

By their own choice	Give part of money to partner	Give all money to partner	Don't know/don't remember	Refused to answer/no answer	Total	Number of currently-partnered women who earn money by themselves
85.0%	10.6%	1.7%	0.9%	1.8%	100.0%	723

The overwhelming majority of currently-partnered women who earn money (85.0%) are able to spend that money how they want. 10.6% of women in that group give part and only 1.7% give all of that money to their partners.

Women's economic disempowerment or economic violence against them is manifested more directly when their intimate partners take their earnings or savings from them against their will or make them quit or refuse a job.

Table 2.30 Women's earnings or savings taken from them by intimate partners against their will

Percent distribution of currently-partnered women age 15-59, whose earnings or saving have or have not ever been taken by their partners against their will

Never	Once or twice	Several times	Many times/all of the time	Not applicable as woman does not have savings/earnings	Don't know/don't remember	Refused to answer/no answer	Total	Currently-partnered women
74.4%	7.2%	1.1%	0.4%	12.0%	2.4%	2.5%	100.0%	2,057

According to data from Table 2.30, less than 9.0% of the surveyed women report that their partner has ever taken their earnings/savings against their will. In the overwhelming majority of those cases that happened only once or twice. Three in four women stated that that had never happened to them. There is no conclusive evidence in case of 12.0% of the respondents because they do not have earnings or savings and therefore they could answer that question one way or the other. In any case, the data seem to indicate that this form of economic violence is not widespread in today's Armenian society.

Cross-tabulated data unambiguously show that various forms of violence tend to go hand in hand. Thus, among the respondents whose husband/partner never took their earnings or savings from them against their will the percentage of women who were subjected to physical violence is 5.8 times, to sexual violence 7.0 times and to psychological violence 2.3 times lower than among the respondents whose husband/partner took many times (all the time) their earnings or savings from them against their will (5.7% vs. 33.5%, 2.4% vs. 16.7% and 22.1% vs. 50.0% respectively).

Another manifestation of economic violence against women occurs when their intimate partners do not want them to work and women have to give up a job. As indicated by data in Table 2.31, that does not seem to be a problem in the Armenian society as only 7.4% of the currently-partnered women report that they ever gave up a job because their partners did not want them to work. The overwhelming majority (86.9%) of the respondents say that they never had to give up a job for that reason.

Table 2.31 Women giving up/refusing a job because their partner does not want them to work

Percent distribution of currently-partnered women age 15-59 who have or have not ever given up/refused a job because their partner did not want them to work

Given up a job	Have not given up a job	Don't know/don't remember	Refused to answer/no answer	Total	Currently-partnered women
7.4%	86.9%	2.3%	3.4%	100.0%	2,057

Here, too, the correlation between various forms of violence is very strong. Thus, among the respondents who *ever* gave up or refused a job for money because their husband/partner did not want them to work the percentage of women who were subjected to physical violence is 2.5 times, to sexual violence 6 times and to psychological violence 1.9 times higher than among the respondents who *never* gave up or refused a job for money because their husband/partner did not want them to work (15.0% vs. 5.9%, 13.1% vs. 2.2% and 41.8% vs. 22.0% respectively).

While most of those respondents who are gainfully employed *do not give up* their job even if their partner does not want them to work, *are not forced* to give part of all earned money to partners and *make their own decisions* as to how spend that money, the survey data clearly indicate that most women do not have sufficient economic resources for economic security, self-reliance and empowerment through entrepreneurship, employment and ownership.

CHAPTER 3. PREVALENCE OF VIOLENCE BY NON-PARTNERS SINCE THE AGE OF 15 YEARS

In addition to intimate partner violence, the Survey also collected data on physical and sexual abuse by men other than a partner.

Although women are more at risk of violence from their intimate partners than from other persons, violence by non-partners is also common in many settings. Violence by non-partners refers to violence by a relative, friend, acquaintance, neighbor, work colleague or stranger. Estimates of the prevalence of both physicals and particularly sexual violence by non-partners are difficult to establish, because in many societies, sexual violence remains an issue of deep shame for women and often for their families. Statistics on rape extracted from police records, for example, are notoriously unreliable because of significant underreporting

A common perception in public mind is that women are more at risk of violence from strangers than from partners or other men they know. The survey data show that that is not the case. Even though the final data are heavily affected by underreporting, still they indicate that intimate partner violence is more widespread than violence against women perpetrated by non-partners.

As data in Table 3.1 below indicate, only 2.3% of women said that they had been physically abused by anyone other than their intimate partners/husbands.

Table 3.1 Prevalence of non-partner physical abuse since the age of 15

Percentage of all sampled women age 15-59 who were or were not ever subjected to physical abuse by someone other than their intimate partners/husbands

Total	100.0%
No one	97.7 %
Father/Step-father	1.0 %
Other male family member	0.3 %
Female family member	0.8 %
Teacher	0.1 %
Police/ soldier	0.0 %
Male family friend	0.0 %
Female family friend	0.0 %
Boy-friend	0.1 %
Stranger	0.0 %
Someone at work/educational institution	0.0 %
Other	0.0 %
Number of women	2,749

Based on that data, one would have to conclude that non-partner violence against women is virtually non-existent in Armenia. Physical abuse by father/step-father and by other male or female family members is for the most is not construed as “violence” but rather as “disciplinary” measures. In any case, physical abuse in family settings accounts for 2.1% (or, actually, 2.2%) out of the overall 2.3%, as boyfriend can be seen as someone not exactly but very close to a family member. In other words, women are sometimes (and extremely rarely at that) are physically abused by teachers. In this “ideal” society women are not abused by strang-

ers, colleagues, friends of their family, police and others. It is absolutely clear that the data are not reliable. Women did not reply sincerely to that question. The format of the survey did not allow for anonymity. It can be safely assumed that more women would have indicated acts of physical abuse against them, if they had themselves filled out anonymously the questionnaire.

The data are even less reliable with regard to sexual abuse. It turns out in such surveys Armenian women would not own up to sexual abuse.

It follows from data in Table 3.2 that it is only boyfriends that forced women to have sex with them or to perform a sexual act, when they did not want to.

Table 3.2 Prevalence of non-partner sexual abuse since the age of 15

Percentage of all sampled women age 15-59 who were or were not ever subjected to sexual abuse by someone other than their intimate partners/husbands

Total	100.0%
No one	99.9%
Father/step-father	0.0 %
Other male family member	0.0 %
Female family member	0.0 %
Teacher	0.0 %
Police/ soldier	0.0 %
Male family friend	0.0 %
Female family friend	0.0 %
Boy-friend	0.1 %
Stranger	0.0 %
Someone at work/educational institution	0.0 %
Other	0.0 %
Number of women	2,749

Boyfriend is, in fact, almost a partner. Thus, based solely on the survey data one would have to conclude that there is absolutely no sexual violence in this country. This conclusion does not agree well with statistical and other official data and with evidence collected by practitioners and researchers.

According to the Information Center of the RoA Police, in 2008, at least 130 criminal cases of non-partner physical violence against women were registered, investigated and submitted to courts. Those cases included homicide and attempted homicide, tortures, kidnapping, severe and moderate injuries, trafficking, beating, etc.

As regards sexual abuse, at least 25 cases were registered, including rape (15), attempted rape (4), acts of sexual abuse (3) and sexual harassment (3).

Even though the data collected by the police do not present an entire picture (because, according to experts, many cases go unreported and unregistered), still they point at the existence of the problem.

Thus, the survey data presented above are not valid. Other studies have to be conducted, including entirely anonymous surveys and qualitative studies, to get a fairly accurate estimate of the magnitude of non-partner physical and sexual abuse of women in Armenia.

CHAPTER 4. PREVALENCE OF SEXUAL ABUSE IN CHILDHOOD AND FORCED FIRST SEXUAL EXPERIENCE

Sexual violence is an important social and public health problem that includes attempted or forced sexual intercourse, unwanted sexual contact, and sexual comments or advances by any person regardless of their relationship to the victim⁶⁵. Studies from around the world document that between 7% and 36% of women report that they experienced some type of sexual abuse in childhood⁶⁶. Moreover, many women experience first sex under either forced or unwanted circumstances. Studies from international population-based surveys from the 1990s indicate that among sexually experienced young people surveyed between 7% and 47% report that their first sexual encounter was forced⁶⁷. Findings from the research on child sexual abuse are often not comparable across studies because of nonstandard definitions of child sexual abuse, differing age categories used to define “childhood” and “adolescence,” and varying study populations.

The present study also made an attempt to get data on sexual abuse in childhood and on forced first sex.

SEXUAL ABUSE BEFORE THE AGE OF 15

Since early sexual abuse is a highly sensitive issue that is difficult to explore in a survey, two different approaches were used to ask about it.

Women were first asked directly whether anyone had ever touched them sexually, or made them do something sexual that they did not want to before the age of 15 years. That approach proved totally ineffective, even unproductive, since *no data* is definitely more preferable than unreliable data on such a sensitive issue.

Taking the data in Table 4.1 for their face value would lead to an erroneous and in fact untenable conclusion that sexual abuse in childhood is an unheard-of phenomenon in this country. The data in the Table below indicate that only 0.1% of the all surveyed women said that before the age of 15 they were touched sexually or were made do something sexual that they did not want to. As even those women pointed at a boyfriend as “perpetrator”, who can be seen as a proxy intimate partner, then indeed the data would seem to show a total absence of non-partner sexual abuse in childhood.

⁶⁵ Basile, K.C. and L.E. Saltzman. (2002). *Sexual violence surveillance: Uniform definitions and recommended data elements. Version 1.0*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Jewkes, R. and N. Abrahams. (2002). “The epidemiology of rape and sexual coercion in South Africa: an overview.” *Social Science & Medicine*; 55: 153-166.

⁶⁶ Chen J., Dunne M. P. and Han P. (2006). “Child sexual abuse in Henan province, China: Associations with sadness, suicidality, and risk behaviors among adolescent girls.” *Journal of Adolescent Health*, 38: 544-549. Finkelhor, D. 1994 (Summer/Fall). “Current information on the scope and nature of child sexual abuse.” *The Future of Children: Sexual Abuse of Children*; 4(2): 31-53. Jewkes, R., Sen P. and Garcia Moreno C. (2002). “Sexual Violence.” Krug EG et al (Eds). *World Health Report on Violence and Health*. World Health Organization, Geneva, 2002: 148-181.

⁶⁷ Heise, L., Ellsberg, M. and Gottemoeller, M. (December 1999). *Ending Violence Against Women*. (Population Reports, Series L. No. 11). Baltimore: Johns Hopkins University School of Public Health Population Information Program; Takoma Park : Center for Health and Gender Equity. Vol. XXVII, No. 4: 43.

Table 4.1 Prevalence of non-partner sexual abuse before the age of 15

Percentage of all sampled women age 15-59 who were or were not ever subjected to sexual abuse by someone other than their intimate partners/husbands before the age of 15

Total	100.0%
No one	99.9%
Father/step-father	0.0 %
Other male family member	0.0 %
Female family member	0.0 %
Teacher	0.0 %
Police/soldier	0.0 %
Male family friend	0.0 %
Female family friend	0.0 %
Boy-friend	0.1 %
Stranger	0.0 %
Someone at work/educational institution	0.0 %
Other	0.0 %
Number of women	2,749

It is clear that women did not want to disclose in a face-to-face interview any such incidents that could not but happen to at least some of them before they turned 15. For some of them it could be painful or unpleasant recollection that they would not like to discuss. For the most women who had such an experience it was not that it was “traumatic” that they did not want to discuss it. Simply they felt that it was not culturally and socially appropriate to discuss those experiences, especially since they did not know what follow-up questions will be given to them. Practitioners also indicate that not infrequently in the course of the interview women has a concern that they might inadvertently implicate family members or other individuals that they care about.

One thing is clear. The survey data from Table 4.1 cannot be taken *prima facie*. It would be counterintuitive to contend that non-partner sexual abuse in childhood is non-existent. Such a contention is disproved by whatever scanty information and data are obtained through official statistics, studies, etc.

Thus, according to the Information Center of the RoA Police, in 2008, there were at least 27 cases of sexual abuse of minors.

A study conducted in 2007-2008 in boarding schools for child care and protection and in orphanages in the system of the RoA Ministry of Labor & Social Issues as well as in two communities’ day-care centers found out that of about 580 children there 1.7% were subjected to sexual abuse in their families (30.0% were subjected to psychological and 29.0% to physical violence).

The School-based Health Survey conducted jointly by Institute of Child and Adolescent Health and UNICEF in 2005 in Armenia found that at least 1.4% of girls were forced to have sex. It is also noteworthy that 34.3% of the girls gave no response to that question, which is an indication that they did not feel comfortable providing such information even in an anonymous survey.

In order to circumvent the non-disclosure problems related to this topic, which was still regarded by many respondents as a taboo subject, the same question was asked again at the end of the interview but in another format. Women were requested to mark their response on a card with a pictorial representation for “yes” and “no” (a smiling and a crying face of a girl). They then folded this card or sealed it in an envelope, thus keeping their response concealed from the interviewer.

As evidenced by data in Table 4.2. below, 9.8% of the same women, who somewhat earlier in the course of the interview claimed that had not been sexually abused in childhood, admitted sexual abuse happening to them before the age of 15.

Table 4.2 Prevalence of non-partner sexual abuse before the age of 15, as indicated by the card with a smiling and a crying face

Percentage of all sampled women age 15-59 who were or were not ever subjected to sexual abuse by someone other than their intimate partners/husbands before the age of 15 (“...” For fewer than 25 cases)

		Unhappy	Happy	Number of women
Age	15-24	4.2	95.8	297
	15-19	4.3	95.7	128
	20-24	4.1	95.9	169
	25-34	8.2	91.8	518
	35-44	9.1	90.9	705
	45-59	10.9	89.1	1,229
Residence	Urban	9.9	90.1	2,011
	Yerevan	11.5	88.5	792
	Other urban	9.0	91.0	1,219
	Rural	7.1	92.9	738
Marital status	Never married	9.5	90.5	382
	Currently married	8.0	92.0	2,082
	Formerly married	17.6	82.4	285
Number of children	0	9.3	90.7	470
	1-2	8.8	91.2	1,495
	3+	9.8	90.2	784
Education	No education	...	...	8
	Basic general	17.2	82.8	118
	Secondary general	10.3	89.7	1,104
	Specialized secondary	8.1	91.9	881
	Higher	7.3	92.7	638
Employment	Unemployed	9.7	90.3	1,712
	Employed	7.8	92.2	873
	Seasonal work	9.9	90.1	149
	Other	...	...	15
Total		9.2	90.8	2,749

It is noteworthy that this problem has affected women across the board. In other words, no girl, whatever her social background, residence, etc. can be immune from such abuse. However, the social environment is important. The percentage of victims of sexual abuse in childhood is 2.5 times higher among women with only basic education in comparison with women with higher education. Statistical and other data indicate that a vast majority of adolescents who drop out or discontinue their education after getting basic education are from families that have a low socioeconomic status.

While the percentage of women reporting sexual abuse in childhood is higher in urban areas (particularly in Yerevan), the phenomenon is not a rare occurrence in rural settings as well.

The data reveal an interesting trend. Assuming that the disclosure rates among various groups are basically the same (which may not necessarily be the case), it seems that the problem was much more acute in the past and that gradually it became less prevalent. While 10.9% of 45-59-year-old and 9.1% of 35-44-year-old women indicate that they were subjected to sexual abuse in childhood, the percentage goes down to 8.2% in case of 25-34-year-olds and to low 4.2% for 15-24-year-olds.

Nevertheless, the problem persists and it will take more time and studies to ascertain its real magnitude and to find effective solutions.

FORCED FIRST SEX

Respondents were also asked about their first experience of sexual intercourse.

Data in Table 4.3 below clearly show that the overwhelming majority of women in the sample (94.9%) wanted to have sex when they first had it. 2.1% did not want to have sex but had it.

Table 4.3 Description of first experience of sexual intercourse

Percentage of surveyed women age 15-59 who had sex and who described their first experience of sexual intercourse in the following way (“...” For fewer than 25 cases)

		Wanted to have sex	Didn't want but had sex	Were forced to have sex	Don't know/don't remember	Refused/ no answer	Total %	Number of women (had sex)
Age	15-24	95.1	0.0	0.0	0.0	4.9	100.0	107
	15-19	...	...	...	...	...		3
	20-24	95.0	0.0	0.0	0.0	5.0	100.0	104
	25-34	96.0	1.7	0.0	0.5	1.8	100.0	451
	35-44	95.2	1.7	0.0	0.7	2.4	100.0	656
	45-59	94.2	2.6	0.1	0.4	2.7	100.0	1,153
Residence	Urban	94.8	2.4	0.0	0.4	2.4	100.0	1,710
	Yerevan	92.4	3.1	0.0	0.2	4.3	100.0	668
	Other urban	96.5	1.9	0.0	0.5	1.1	100.0	1,042
	Rural	95.0	1.2	0.1	0.7	3.0	100.0	657
Marital status	Never married							
	Currently married	95.3	2.0	0.0	0.6	2.1	100.0	2,082
	Formerly married	91.8	2.4	0.0	0.0	5.8	100.0	285
Number of children	0	84.3	5.2	0.0	0.0	10.5	100.0	88
	1-2	95.3	2.5	0.0	0.4	1.8	100.0	1,495
	3+	95.4	0.9	0.0	0.6	3.1	100.0	784
Education	No education	...	...	...	...	...		4
	Basic general	93.6	1.9	0.0	0.0	4.5	100.0	101
	Secondary general	95.3	1.8	0.0	0.6	2.3	100.0	962
	Specialized secondary	95.5	1.9	0.1	0.3	2.2	100.0	823
	Higher	93.3	2.9	0.0	0.6	3.2	100.0	477
Employment	Unemployed	95.5	1.4	0.0	0.7	2.4	100.0	1,467
	Employed	93.8	3.3	0.1	0.1	2.7	100.0	742
	Seasonal work	93.8	2.5	0.0	0.0	3.7	100.0	143
	Other	...	...	...	...	...		15
Total		94.9	2.1	0.0	0.5	2.5	100.0%	2,367

While it indeed may be the case that a vast majority of surveyed women wanted to have sex when they had first experience of it, the zero percentage of the respondents in the category “forced to have sex” looks implausible and counterintuitive. Besides an obvious explanation, which was made earlier in this Report, that women may perceive it as culturally and socially inappropriate to admit in a face-to-face interview sexual abuse, in this case being forced to have sex. They may regard such an admission as compromising or damaging their good reputation. This line of reasoning leads to a conjecture that those respondents who had been forced to have sex chose another option of the response. Probably they preferred to say that they do not remember (0.5% of women answering this question opted for this response) or to give no answer at all (2.5%).

It is noteworthy that difference of opinion for the most part is very small, if any, among various subsets of the respondents in this group, especially with regard to the “did not want but had sex” response. There is, however, a notable exception. The number of children stands out conspicuously as an important factor in this case. The more children woman has the more likely she is to report that she wanted to have sex when she had it for the first time and less likely to say that although she had it, she did not want it. The contrast is most vivid between women with no children and women who have three or children. It is impossible to get an explanation within the framework of this study as the respondents were not asked about reasons and other circumstances.

A less marked difference is between urban and rural residents, mainly due to the respondents from Yerevan. The percentage of those who wanted to have sex the first time they had it is lower and the percentage of those who did not want but had it is higher than the percentage among the respondents from other urban areas and especially from rural areas.

It is also noteworthy that the *education* factor, which is so important in most other cases, here makes virtually no difference.

Thus, a conclusion can be drawn that a large majority of surveyed women, who had ever had sex, were able to control the circumstances of their first experience of sexual intercourse and/or that it occurred in socially and culturally acceptable situations.

CHAPTER 5. INTIMATE PARTNER VIOLENCE AND WOMEN'S PHYSICAL AND MENTAL HEALTH

Family's welfare is predicated on health, particularly on good health status. Due to biological peculiarities average life expectancy of women exceeds that of men by 6 to 7 years. That holds true also for Armenia. From a gender perspective, this difference can partly be accounted for by a biological factor, *viz.* more boys than girls are born but women live longer than men. However, the extent of that difference depends significantly on the country's overall socioeconomic situation.

ASSESSMENT OF WOMEN'S MENTAL AND PHYSICAL HEALTH BY MAIN INDICATORS

Within the framework of the present survey, based on the below-presented data the issue of women's health is viewed from various angles such as *health status, self-assessment*, including aspects of physical and mental health, *drinking, smoking, use of medication* as well as *use of and obstacles to the use of healthcare services*. These issues are also addressed from the viewpoint of association between violence by intimate partners and women's physical and mental health.

Women's self-reported health

✓ Characterization of general health

Table 5.1 General health status

Percent distribution of all sampled women age 15-59, by background characteristics who assessed their health ("..." For fewer than 25 cases)

		Excellent	Good	Fair	Poor	Very poor	Total %	Number of women (all)
Age	15-24	38.5	50.3	9.5	1.7	0.0	100.0	297
	15-19	47.5	44.6	7.4	0.5	0.0	100.0	128
	20-24	31.7	54.6	11.1	2.6	0.0	100.0	169
	25-34	14.2	58.8	21.7	5.0	0.3	100.0	518
	35-44	7.4	42.1	37.3	12.0	1.2	100.0	705
	45-59	4.3	29.1	43.0	20.8	2.8	100.0	1,229
Residence	Urban	10.3	39.6	34.2	14.3	1.6	100.0	2,011
	Yerevan	8.6	43.1	35.6	11.2	1.5	100.0	792
	Other urban	11.5	37.2	33.3	16.3	1.7	100.0	1,219
	Rural	11.5	42.3	33.2	11.4	1.6	100.0	738
Marital status	Never married	28.2	51.1	17.1	3.3	0.3	100.0	382
	Currently married	8.7	40.4	35.9	13.8	1.2	100.0	2,082
	Formerly married	1.0	25.6	41.8	25.1	6.5	100.0	285
Number of children	0	25.3	51.3	17.6	4.6	1.2	100.0	470
	1-2	8.4	40.8	36.0	13.0	1.8	100.0	1,495
	3+	6.1	32.7	39.8	19.8	1.6	100.0	784
Education	No education	...	...	...	...	...	...	8
	Basic general	8.3	24.3	35.4	31.4	0.6	100.0	118
	Secondary general	11.2	36.8	36.0	13.9	2.1	100.0	1,104
	Specialized secondary	9.4	40.6	32.6	15.2	2.2	100.0	881
	Higher	11.9	48.9	32.1	7.1	0.0	100.0	638
Employment	Unemployed	11.9	37.6	34.4	14.6	1.5	100.0	1,712
	Employed	9.0	47.1	31.9	10.1	1.9	100.0	873
	Seasonal work	6.3	32.4	39.0	21.5	0.8	100.0	149
	Other	...	...	...	...	...	...	15
Total		10.6	40.3	33.9	13.5	1.7	100.0%	2,749

When asked how they would describe their overall health, 10.6% of the surveyed women described it as “excellent”, 15.2% as “poor” (13.5%) or “very poor” (1.7%), with percentage being higher in case of urban residents (15.9%) than in case of rural ones (13.0%). The percentage of formerly married women who described their overall health as “poor” or “very poor” is twice as high as that of currently married women and nine times as high as that of single women. The educational level, too, is a factor of significant differences: the higher the level of education attainment, the lower the percentage of women who describe their overall health as “poor” (7.1% of women with higher education and 16.0% of women with secondary education thus describe their overall health. Also, the more children the woman has the more likely she is to describe her overall health as “poor” (5.8% of women with no children, 14.8% of women with one or two children and 21.4% with three or more children).

✓ **Health and ability to walk around in the past 4 weeks**

5.2% of women regarded their health-related problems in the past 4 weeks as numerous, with the percentage of currently married women who report many health-related problems (particularly the problems related to their ability to walk around) during that period being almost twice as high (4.6%) and of formerly married women being almost 5 times as high (13.4%) as that of women who were never married (2.6%).

The percentage of women who have many health-related problems (reflected in their ability to walk around) is almost twice lower in rural areas (3.2%) than in urban ones (6.0%).

The percentage of the respondents reporting many such problems is lowest among women with higher education (1.7%). It is noteworthy that the percentage of the respondents who had many such problems in the past 4 weeks is higher among unemployed (5.7%) than employed (4.6%) women. Overall, each fifth surveyed woman (21.9%) reported having some or many such problems.

✓ **Pain or discomfort in the past 4 weeks**

Almost every second woman out of 2,749 surveyed women pointed out that she had not been in pain or discomfort in the past 4 weeks, with the percentage of women voicing such an optimistic view going down dramatically from the younger to older age groups (from 88.9% among 15-24-year-old women to 30.7% among 45-59-year-old women). Whether women reside in urban or rural areas makes virtually no difference in that respect.

5.4% of the respondents pointed out that they had been in severe pain or discomfort during the said period. The percentage of married women in that category is 9 times higher (5.4%) than that of women who never married (0.6%). The problem is correlated with the number of children the respondent has (1.1% among women with no children and 7.4% among women with three or more children) and is inversely correlated with the respondents' level of education (with 5.3% of the respondents with secondary education and 2.3% of the respondents. As regards the “employment” factor, the percentage is higher among unemployed women and women engaged in seasonal work (5.7% and 6.9% respectively).

✓ **Problems with memory in the past 4 weeks**

75.4% of the surveyed women indicated that they had not had any problems with memory in the past 4 weeks, while 1.5% of the respondents reported many or extreme memory problems. In that category the most vulnerable are 45-59-year-old women (2.8%), urban women (1.8% vs. 0.8% among rural women) and formerly married women (4.1% vs. 1.5% among the married women). The “number of children” and “employment” factors do not affect this indicator.

As regards the “education” factor, the percentage of the respondents who reported many or an extreme memory problem is lowest among women with basic general and higher education (0.6% and 0.7% respectively).

The use of medication in the past 4 weeks

✓ Medication taken to calm down or sleep

According to the survey data, within the past 4 weeks 88.2% of the women did not take medication to calm down or sleep. 8.5% of the respondents took such medication once or twice, 2.2% - a few times and only 1.1% - many times. The percentage of urban women taking such medication is 1.7 times higher across the board (13.2%) in comparison to rural women (8.0%). In case of respondents living in Yerevan the percentage is even higher (14.9%). As to marital status, the highest percentage of users of such medication is among formerly married women (19.1%). With regard to the “education” factor, the lowest percentage is among women with higher education (5.5%). The “number of children” and “employment” factors do not affect women’s use of such medication.

✓ Medication taken to relieve pain

Almost every second surveyed woman (43.8% of the respondents) used medication to relieve pain in the past 4 weeks, with 27.4% of the respondents taking it merely once or twice, 10.1% - a few times and 6.3% - many times. The use of painkillers is directly correlated with the respondents’ age: while only 12.7% among 15-24-year-old respondents took medication, in the age group of 45-59-year-old goes up to 54.0%.

As to marital status, the percentage of married women taking such medication is 3 times higher than that of women who never married (47.5% vs. 16.2%). While no significant differences were discovered in the use of painkillers by rural and urban women, the situation is different, when education is taken into consideration, with the percentage of women with higher education who take such medication many times is 1.5 times lower (5.0%) than that of women with secondary education (7.2%). The use of painkillers is directly correlated with the number of children the respondents have (1.7% of surveyed women with no children vs. 7.7% with 3 or more children take such medication many times). The “employment” factor does not reveal essential differences in the use of painkillers.

✓ Medication taken to help them not feel sad or depressed

During 4 weeks prior to the survey 5.1% of women took antidepressant at least once. As in case of the previous two types of medication, the use of antidepressants is directly correlated with age. There are no significant correlations between the use of antidepressants and the number of children, level of education and employment. On the other hand, there are significant differences between rural and urban respondents (3.3% and 5.7% respectively).

Various common health-related problems experienced in the past 4 weeks

This question was meant to identify concrete individual health-related problems that women experienced over the 4 weeks prior to the survey, including frequent headaches, poor appetite, sleeping badly, having shaking hands, getting easily frightened, feeling tired all the time, etc., i.e. the symptoms of a psychosomatic nature.

According to the data, 65.7% of 2,749 surveyed women pointed out at least one of the above symptoms. The survey findings show the following picture of individual symptoms:

48.8% of the respondents mentioned frequent headaches, 12.3% - poor appetite, 28.5% - sleeping badly, 12.7% - getting easily frightened, 13.2% - having shaking hands, 27.5% - feeling nervous and tense, 11.9% - poor digestion, 7.9% - having trouble thinking clearly, 9.0% - feeling unhappy, 12.5% - crying more than usual, 12.4% - not enjoying their daily activities, 8.6% - finding it difficult to make decisions, 7.7% - that their daily work was suffering, 11.5% - feeling unable to play a useful part in life, 13.7% - losing interest in things that they used to enjoy, 3.1% - feeling that they are worthless persons, 1.9% - having the thought of ending their life, 19.2% - feeling tired all the time, 11.9% - having uncomfortable feelings in their stomach and 27.6% - getting easily tired. It is noteworthy that the older the women are the higher percentage of them reports those symptoms.

As regards the main symptoms, the difference between rural and urban women is not big. However, the

percentage of women from Yerevan reporting those symptoms is noticeably higher, especially in case of the symptoms of headaches (50.3%), feeling nervous and tense (32.7%), feeling tired all the time (22.7%), crying more than usual (14.8%) and having trouble thinking clearly (9.2%). In terms of almost all the symptoms, the highest percentage is among formerly married women, as 70.0% of them report headaches, 47.5% - poor sleep, and 43.4% - feeling nervous and tense as well as getting easily tired. The main symptoms are also directly correlated with the factor of the “number of children”. 78.2% of the respondents with 3 or more children reported one symptom or another. On the other hand, those symptoms are inversely correlated with the level of education. While 79.4% of the respondents with basic general education reported one symptom or another, in case of women with higher education the percentage was significantly lower (56.0%). As regards the “employment” factor, while there is no big difference between employed and unemployed women in terms of reported symptoms, the percentage is markedly higher in case of women who have seasonal work (72.9%).

Thoughts or attempts of suicide

1.6% of 2,749 surveyed women at some point thought about ending their life. Every third woman (31.4%) of those women who really or possibly thought about suicide indeed attempted to end her life. 35-44-year-old women and formerly married women are more prone to think about ending their life (3.1% and 2.9% respectively). Only 1.0% in the youngest group of 15-19-year-olds at some point thought about ending their life and none of them ever made a suicide attempt.

The percentage of women who ever thought about ending their life and of those women among them who made a suicide attempt is higher among urban residents as compared to rural ones (1.7% vs. 1.5% and 38.9% vs. 10.5% respectively). The percentage is even higher among residents of Yerevan. There every third woman (33.3%) of those women who really or possibly thought about suicide indeed attempted to end her life. The percentage of women who attempted to end their life is also relatively high among currently married (30.6%) and formerly married (60.0%) women as compared to single women (0%), i.e. every second and third woman respectively of those who had thought about ending their life.

As regards a level of educational attainment, the picture is the following: the percentage of those who ever thought about ending their life and of those among them who attempted a suicide is higher among respondents with higher education than among respondents with secondary general education (2.1% vs. 1.4% and 53.8% vs. 31.1% respectively). In other words, every second woman with higher education who thought about ending her life did make a suicide attempt.

As regards the “employment” factor, the trend is similar both in case of the thought and an attempt of suicide. The percentage of those who contemplated or attempted suicide is higher among employed women (2.6% and 40.4% respectively) than among unemployed women (1.2% and 26.0% respectively).

When it comes to the “number of children” factor, the trend is not uniform for instances of contemplating and attempting suicide. Even though the percentage of those who thought about ending their life is lowest among women with three or more children (0.9%), nevertheless, the percentage of attempted suicide is highest among them (22.7%).

Prevalence of at-risk behavior

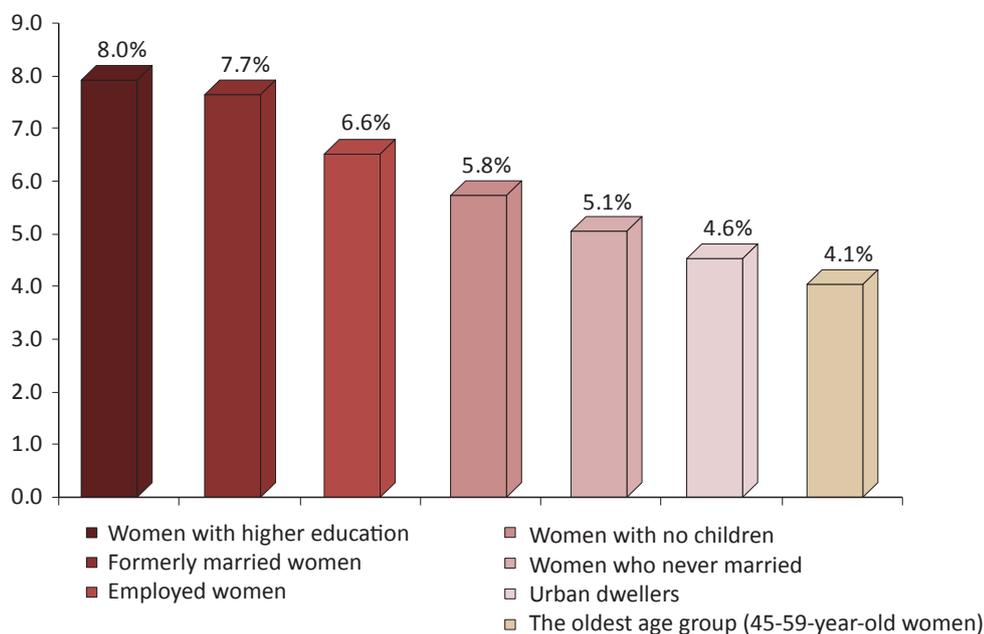
✓ Smoking

3.8% of the respondents answered in the positive, when asked if they smoke now, with 1.6% smoking daily. It is possible that some respondents were reluctant to report that they smoke because the society at large takes a negative attitude towards smoking of women.

Other surveys that focused on smoking of women tend to suggest that smoking is more widespread among women than the present survey findings indicate. (According to the Armenia DHS 2005 data, 2.0% of women

smoke daily. The percentage is higher (3% to 4%), when data are broken down by background characteristics.)

Fig. 5.1 The data for smoking among women broken down by background characteristics are as follows



The lowest percentage of smoking is among the youngest age group - 15-19-year-olds (0.8%), rural dwellers (1.4%) and women with three or more children (1.8%). In contrast to the percentage of women who smoke now (1.6% of the respondents smoke daily and another 2.2% smoke occasionally), the percentage of women who do not smoke now but who smoked before is much lower (0.1% of the respondents who do not smoke now used to smoke daily and another 1.5% used to smoke occasionally). This statistics indicates that smoking has gradually become more prevalent among women and the percentage of smokers is roughly 2.5 times higher in this generation as compared to the previous one (3.8% of the surveyed women smoke now, whereas in the past 1.6% of the respondents smoked).

✓ Drinking

When asked how often they drink alcohol, 71.5% of the surveyed women replied that they never drink alcohol, 0.3% drink (nearly) every day, 0.4% - once or twice a week, 4.6% - 1 to 3 times a month, while 20.8% of the women said that they drink alcohol only occasionally (less than once a month). In fact, almost every fourth woman drinks alcohol with differing frequency. 5.3% of the respondents drink alcohol 1 to 3 times a month or more frequently (hereinafter, “frequently”). When broken down by background characteristics, the data show that:

- The percentage of those who drink alcohol is highest in the age group of 35-44-year-olds (6.8%), among formerly married women (8.3%), women with higher education (6.5%) and employed women (7.1%).
- The lowest percentage of the respondents who drink alcohol is in the group of the youngest women (15-19-year-olds) – 0.5% and among rural dwellers (4.1%).

In the 12 months prior to the survey, of women who drink alcohol 3.0% experienced drinking-related health problems, 2.6% reported drinking-related money problems, while only 0.3% indicated they had conflicts with family and friends because of drinking.

Thus, an assumption can be made that use of alcohol by women does not constitute a serious social problem in Armenia and that is in line with the traditional negative stance of the Armenian society on women’s drinking of alcohol.

IMPACT OF INTIMATE PARTNER BEHAVIOR ON WOMEN’S PHYSICAL AND/OR MENTAL HEALTH

One of the objectives of the present study was not only to assess the problems related to women’s health and to determine prevalence of various forms of violence but also to identify potential impact of intimate partner behavior, particularly of forms of violence, on physical and/or mental health of women.

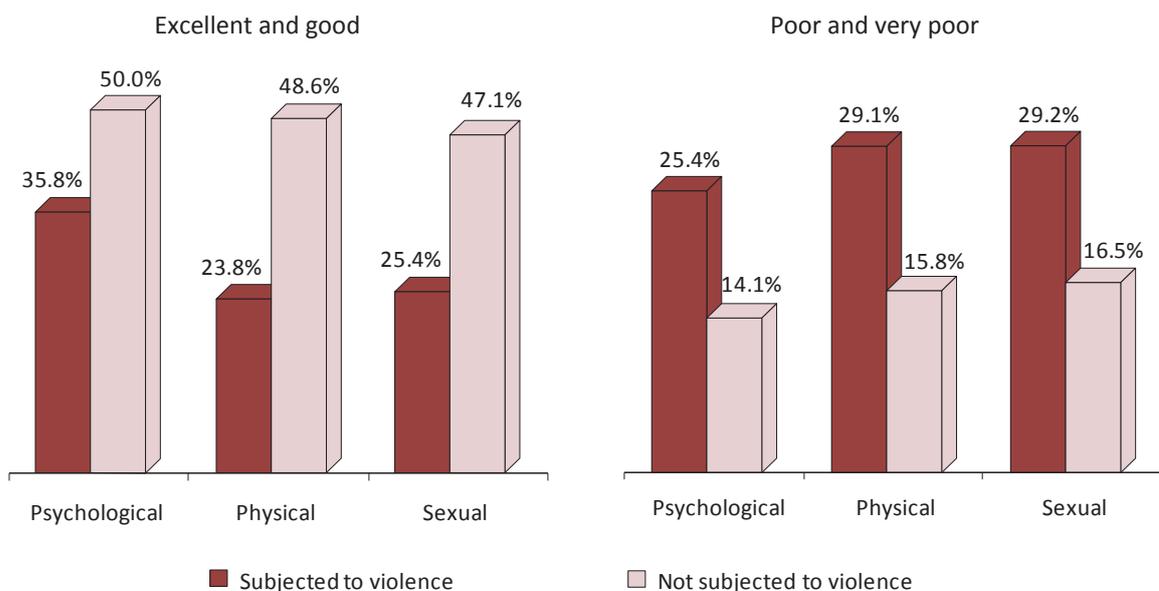
Assessment of women’s self-reporting of that impact was also regarded as important. The survey data indicate (Table 906) that around a half (51.5%) of women who were subjected to some form of intimate partner violence say that their intimate partner’s behavior had no effect on their physical or mental health, while about one-third (27.8%) say the effect was little, whereas 13.1% contend that that behavior negatively effected their health a lot. It is noteworthy that the higher the respondents’ level of education the more likely they are to regard their intimate partner behavior as negatively effecting their health a lot (the percentage of women with higher education who think so is 31.2% and with secondary general education is 7.7%). The least effect of the intimate partner’s behavior on their physical or mental health is reported by rural women (11.9%) and by unemployed women (7.1%).

IMPACT OF VIOLENCE ON WOMAN’S PHYSICAL OR MENTAL HEALTH

The assessment of their *physical health* is drastically different in case of women who have been and who have not been subjected to intimate partner violence.

✓ **Women’s self-reported health:** the percentage of respondents who assess their health as “excellent” or “good” is significantly lower among women who have been subjected to violence than among women who have not. The difference amounts to 1.3 times in case of psychological violence (35.8% vs. 50.0%) and almost to 2 times in case of physical and sexual violence (23.8% vs. 48.6% and 25.4% vs. 47.1% respectively). The situation is exactly opposite in case of “poor” and “very poor.” The percentage of respondents who thus assess their health is about twice as high among women who were subjected to any of the three forms of violence as it is among women who were not. In case of psychological violence it is 25.4% vs. 14.1%, physical violence 29.1% vs. 15.8% and sexual violence 29.2% vs. 16.5%.

Fig. 5.2 Women’s Self Reported Health



✓ **Physical health:** the above correlation is also noticeable with regard to various indicators that describe women’s physical health. In particular, the percentage of the respondents who report problems related with inability to walk is significantly higher among women who were subjected to psychological and physical violence than among those who were not (8.8% vs. 4.6% and 10.0% vs. 5.2% respectively). There is no correlation

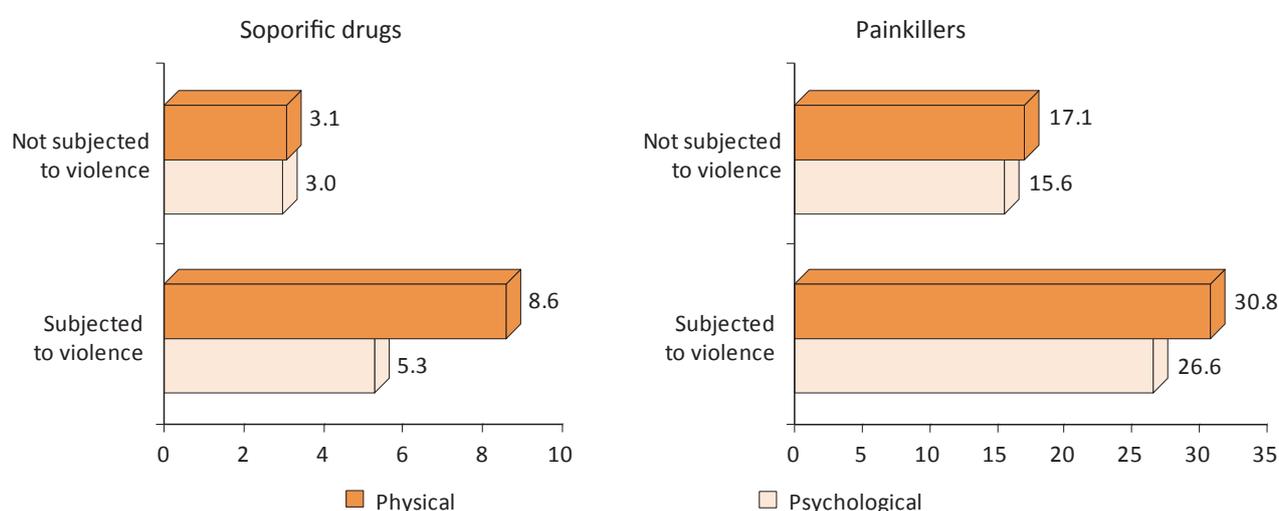
in case of sexual violence (5.1% vs. 5.6%). The percentage of the respondents who report having itching and vaginal discharge in the 4 weeks prior to the survey is higher among women who were subjected to sexual violence than among those who were not (8.9% vs. 5.9% and 23.8% vs. 13.5% respectively).

✓ **Use of medication** by women is important for assessing the consequences of violence. The percentage of the respondents who report using soporific drugs quite frequently (i.e. “a few times” or “many times”) is higher among women who were subjected to psychological (5.3%) or physical violence (8.6%) than among those who were not (3.0% and 3.1% respectively).

- The differences are even more pronounced in case of the *use of painkillers*. Thus, the percentage of the respondents who report using painkillers quite frequently is markedly higher among women who were subjected to psychological (26.6%) or physical violence (30.8%) than among those who were not (15.6% and 17.1% respectively).

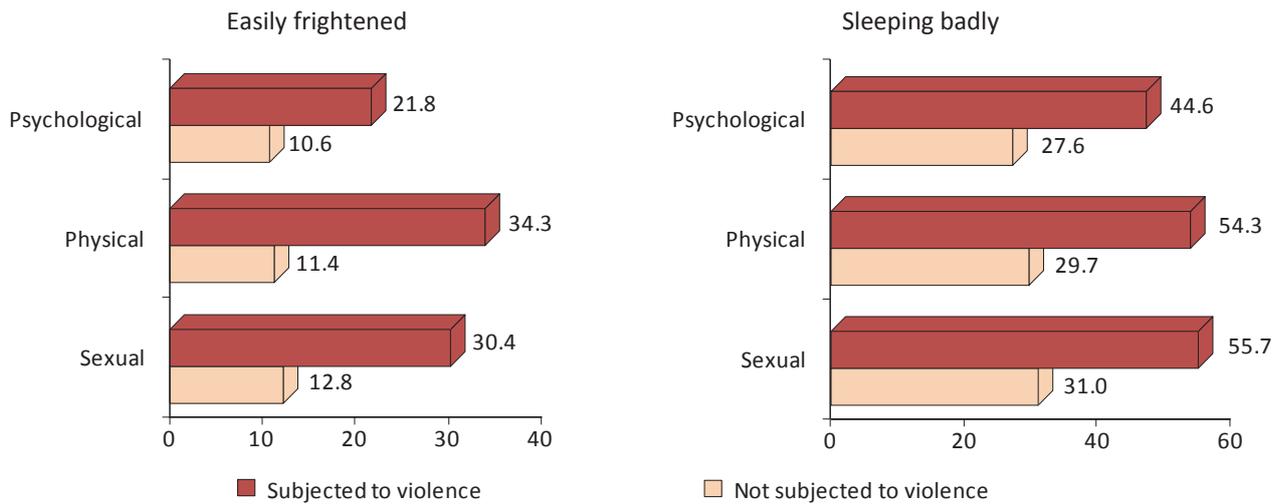
- In both instances (i.e. of soporific drugs and painkillers) the difference is more pronounced in case of physical violence.

Fig. 5.3 Use of medication (%)



✓ **The values of indicators reflecting various health-related symptoms** are, too, directly correlated with violence. Thus, the percentage of the respondents who had *headaches* within 4 weeks prior to the survey is 1.2-1.3 times higher in case of women subjected to one or more of the three forms of violence compared to women who were not subjected to violence. The percentage of the respondents whose *appetite was poor* over that period is 1.6-2.4 times higher for women subjected to violence as compared to women who were not (19.3% vs. 11.7% in case of psychological violence, 25.2% vs. 12.4% - of physical violence and 31.6% vs. 12.9% - of sexual violence). The percentage of the respondents who report that they *slept badly* over the period of 4 weeks prior to the survey is 1.6-1.8 times higher among women who were subjected some form of violence than among women who were not. In case of the respondents reporting that their hands shook the proportion among women who were subjected some form of violence is 1.5-1.6 times higher than among women who were not.

Fig. 5.4 Mental and physical health (%)



In terms of values of indicators reflecting symptoms related to *mental health* the differences between women who were and who were not subjected to violence are even more pronounced and bigger.

In particular, the percentage of respondents reporting that they were easily frightened in the past 4 weeks is twice as big in case of women subjected to psychological violence as that of women who were not (21.8% vs. 10.6%), 3 times in case of physical violence (34.3% vs. 11.4% respectively) and 2.4 times in case of sexual violence (30.4% vs. 12.8% respectively).

The percentage of the respondents, who report having trouble *thinking clearly* in the past 4 weeks, is 2.4–2.8 times higher among women who were subjected to physical and/or psychological violence than among women who were not.

With regard to *feeling unhappy* during that period, the differences are even greater for all forms of violence, viz. psychological, physical and sexual (2.7, 3.3 and 3.8 times respectively).

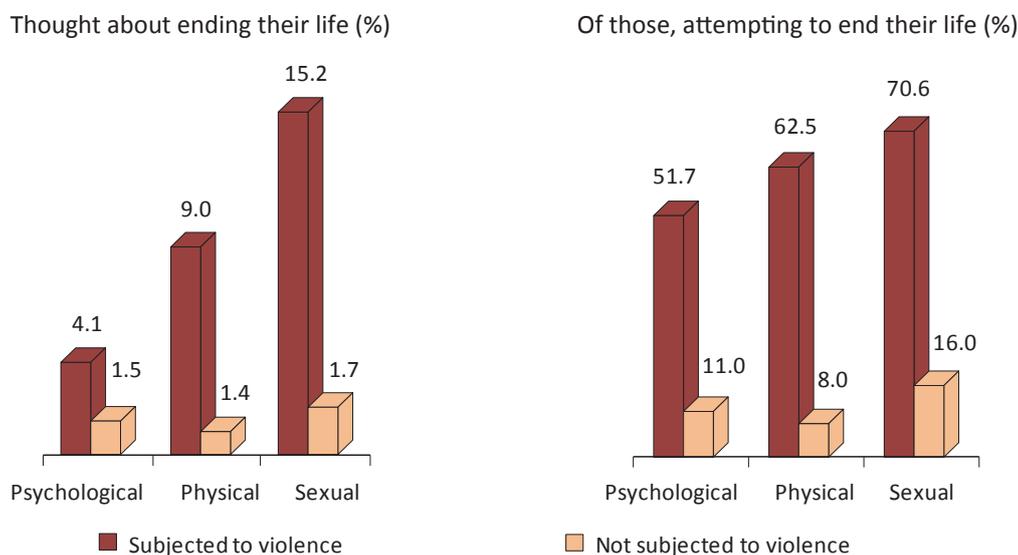
The percentage of the respondents, who report *crying more than usual* in the past 4 weeks, is, on the average, twice as big in case of women subjected to some form of violence as that of women who were not.

The picture is basically the same in case of such symptoms as feeling *unable to play a useful part in life* and *to enjoy their daily activities*, feeling to be a *worthless person* and having *lost interest in things that they used to enjoy*.

Thoughts or attempts of suicide

Thoughts and attempts of suicide are the most pernicious manifestations of the effect that the factor of violence has on mental health.

Fig. 5.5 Relation between suicide and violence



The data obtained within the framework of the present survey indicate that *in the past 4 weeks* some women who were subjected to some form of violence thought about ending their life. The percentage of those women is 4.1% in case of psychological violence, 9.0% in case of physical and 15.2% - of sexual violence. The percentages are 2.7, 6.4 and 8.9 times higher respectively than among women who were not subjected to those forms of violence. The differences are even greater in case of *ever thinking about ending their life*. The percentage of the respondents who report *ever thinking about ending their life* is 3.9, 9 and 15 times higher among women who were subjected to psychological, physical and/or sexual violence respectively than among women who were not.

Some of the women, who had thought about ending their life, *attempted suicide* at some point. In particular, among women who had thought about ending their life, 51.7% of those who had been subjected to psychological violence, 62.5% to physical and 70.6% to sexual violence made a suicide attempt. Thus, it is obvious that sexual violence has the most harmful effect on mental health of women.

The survey data indicate that the difference between women who *were* and who *were not* subjected to violence is also reflected in case of an at-risk behavior. Thus, the percentage of respondents who smoke daily is 2.4 times higher among women who were subjected to psychological violence than among those who were not, 6.9 times higher in case of physical and 8.8 times in case of sexual violence.

With regard to drinking and violence, the survey findings do not show any statistically significant correlations, especially more so because of small absolute numbers.

Thus, the data obtained within the framework of this study clearly show that the values of indicators reflecting women's physical and mental health are directly correlated with the factor of violence and that various forms of intimate partner violence have a harmful effect on women's mental and physical health.

CHAPTER 6. INTIMATE PARTNER VIOLENCE AND WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND BEHAVIOR

Reproductive health is indispensable for securing healthy child-bearing and, consequently, reproduction of the healthy generation, which is a guarantee of the society's development and prosperity. The study of the reproductive behavior of the population is important both for forecasting future fertility as well as for assessing potential needs of family planning services.

ASSESSMENT OF WOMEN'S SEXUAL AND REPRODUCTIVE HEALTH AND BEHAVIOR BY MAIN INDICATORS

This section contains data on reproductive behavior (such as live births, "lost/unborn children" and the course and outcome of pregnancies) as well as on women's current reproductive and sexual health status, including contraception use and intimate partner's attitude towards that use.

Reproductive behavior

✓ **The number of live births**

When asked, "How many children have you given birth to that were alive when they were born?", 51.9% of the respondents said 1 or 2, while 23.3% said 3 children and 7.9% - 4 or more children. The percentage of women with 2 or more children is highest in the age group of 35-44-year-olds (64.1%). The percentage of women having three or more children is higher among rural residents in comparison with urban ones (45.5% vs. 26.0%), with the lowest percentage being among women who live in Yerevan (21.8%). 3.0% of the currently married women do not have children. Neither does almost every third woman with higher education (29.4%). The percentage of the respondents having 3 or more children is higher among unemployed women as compared to women who work (31.7% and 27.0% respectively).

✓ **Pregnancies in case of women who have not given birth ever**

The survey findings indicate that 95.8% of women, who have not given birth, were not pregnant ever. While 3.8% of women in that category point out that at some point they were pregnant, those pregnancies, however, did not end in childbirth. Among the respondents, who have not given birth ever, 100.0% of unmarried women and of 15-19-year-olds and 74.3% of currently married women had never been pregnant, while 23.2% are currently married women, who have not ever given birth, account for about 2.0% of the entire sample.

✓ **The number of living children**

The survey data show that among the respondents, who have ever had a live birth, on the whole rural women have more children than women in urban areas. While among urban respondents in that category one in three women (31.3%) have three or more children, in rural areas it is one in two (49.5%).

For women in that category, the level of education is inversely correlated with the number of children. While among women with higher education the percentage of those having 3 or more children is 21.1%, among women with secondary education is 40.7%.

On the whole, 34.4% of the surveyed women in that category at present have three or more children, 48.7% have two children and 16.7% one child, while 0.2% do not have any children.

✓ **Child mortality**

When asked, if they ever have given birth to a boy or a girl who was born alive, but later died, 6.7% of women who had live births answered in the affirmative, with the percentage of such women losing their child(ren) being lower in urban areas (6.1%) than in rural ones (8.1%). The highest percentage of women who

lost their child (ren) is among formerly married women (9.8%).

The educational level is inversely correlated with likelihood for women in that category to lose a child. Thus, while 6.4% of women with higher education ever lost a child, among women with secondary general education the percentage is 7.4% and among women with basic general education is 11.1%.

To the question “How many sons and/or daughters have died?”, 48.0% of women, who had live births but whose child(en) later died, lost sons and 62.0% daughters. Considering the fact that a biological balance in the girls’ and boys’ mortality ratios is diametrically opposed to the above tendency, an assumption can be made of a discriminatory treatment of girls in terms of care.

It is noteworthy that the percentage of the respondents who lost child (ren) is higher among employed women (7.9%) as compared to unemployed women (6.0%). Thus, it seems that children of employed women face a greater risk of dying than children of unemployed women.

As regards the education factor, the survey findings tend to indicate that for the said category of women the level of education is inversely correlated with the likelihood for them to lose their children. Thus, while the percentage of women with basic education who had live births but then lost their child (ren) is 11.1%, the percentages for women with secondary general education and higher education are 7.4% and 6.4% respectively.

Table 305 also indicates how many boys and girls died. 7.7% of women who lost children lost two or more boys and 8.7% lost two or more girls.

Children's fathers and financial support

Table 6.1 Children's biological fathers

Percent distribution of women who were pregnant and who had live births age 15-59, by background characteristics and answered the question about biological fathers of their children ("..." For fewer than 25 cases)

		1 father	More than 1 father	N/a (never had live birth)	Refused/ no answer	Total %	Number of women (who were pregnant and who had live births)
Age	15-24	94.8	0.0	5.2	0.0	100.0	94
	15-19	...	...	...	...		3
	20-24	94.7	0.0	5.3	0.0	100.0	90
	25-34	99.2	0.3	0.5	0.0	100.0	434
	35-44	97.9	1.5	0.6	0.0	100.0	644
	45-59	97.3	2.3	0.2	0.2	100.0	1,130
Residence	Urban	97.5	1.8	0.6	0.1	100.0	1,662
	Yerevan	97.2	1.7	0.8	0.3	100.0	642
	Other urban	97.6	1.9	0.5	0.0	100.0	1,020
	Rural	98.3	0.9	0.7	0.1	100.0	640
Marital status	Never married						
	Currently married	97.9	1.5	0.5	0.1	100.0	2,034
	Formerly married	96.2	1.8	1.6	0.4	100.0	268
Number of children	0	...	...	...	...		23
	1-2	97.9	1.9	0.0	0.2	100.0	1,495
	3+	99.0	1.0	0.0	0.0	100.0	784
Education	No education	...	...	...	...		4
	Basic general	98.6	0.7	0.0	0.7	100.0	97
	Secondary general	97.8	1.9	0.3	0.0	100.0	948
	Specialized secondary	98.6	0.9	0.5	0.0	100.0	795
	Higher	95.7	2.2	1.7	0.4	100.0	458
Employment	Unemployed	97.9	1.6	0.5	0.0	100.0	1,433
	Employed	97.4	1.5	1.0	0.1	100.0	716
	Seasonal work	97.6	1.1	0.6	0.7	100.0	140
	Other	...	...	...	...		13
Total		97.7	1.6	0.6	0.1	100.0%	2,302

When asked if all their children have the same biological father, or more than one father, 97.7% of women who had live births indicated that their children have one father and only 1.6% - more than one father. It is noteworthy that the percentage of women in that category is twice as much for urban respondents (1.8%) as it is for rural respondents (0.9%). The percentage of women with higher education in that category is slightly higher (2.2%) than among women with secondary general education (1.9%). In terms of the age factor, the percentage is highest among 45-59-year-olds (2.3%).

Table 6.2 Financial support from father(s)

Percent distribution of women who had live births age 15-59, by background characteristics and answered the question on financial support from their children's father(s) ("..." For fewer than 25 cases)

		None	Some	All	N/a	Don't know/ don't re- member	Refused/ no answer	Total %	Number of women (who had live births)
Age	15-24	11.2	0.8	83.0	5.0	0.0	0.0	100.0	89
	15-19	...	...	...	...	...	...		3
	20-24	9.8	0.8	84.1	5.3	0.0	0.0	100.0	85
	25-34	12.1	0.3	86.3	0.9	0.0	0.4	100.0	432
	35-44	13.4	4.7	80.1	0.8	0.1	0.9	100.0	640
	45-59	21.9	9.5	61.4	5.6	0.1	1.5	100.0	1,127
Residence	Urban	19.5	5.5	70.1	4.0	0.0	0.9	100.0	1,652
	Yerevan	23.3	5.1	69.3	1.9	0.0	0.4	100.0	636
	Other urban	17.2	5.8	70.5	5.4	0.0	1.1	100.0	1,016
	Rural	11.3	7.5	77.7	1.7	0.2	1.6	100.0	636
Marital status	Never married								
	Currently married	12.5	6.5	79.6	1.1	0.1	0.2	100.0	2,025
	Formerly married	54.1	2.7	15.0	20.9	0.0	7.3	100.0	263
Number of children	0	...	...	...	...	...	...		10
	1-2	17.8	3.4	74.6	3.7	0.0	0.5	100.0	1,494
	3+	16.3	11.2	68.4	2.1	0.1	1.9	100.0	784
Education	No education	...	...	...	...	...	...		4
	Basic general	12.0	18.3	61.0	6.9	0.7	1.1	100.0	97
	Secondary general	18.1	5.2	72.5	2.5	0.1	1.6	100.0	945
	Specialized secondary	17.3	7.3	71.3	3.7	0.0	0.4	100.0	792
	Higher	16.7	3.2	75.3	3.9	0.0	0.9	100.0	450
Employment	Unemployed	16.4	6.8	74.5	2.1	0.0	0.2	100.0	1,427
	Employed	20.1	3.9	68.0	5.1	0.2	2.7	100.0	709
	Seasonal work	11.2	9.1	70.9	7.8	0.0	1.0	100.0	139
	Other	...	...	...	...	...	...		13
Total		17.2	6.1	72.2	3.4	0.1	1.0	100.0%	2,288

Table 6.2 sums up data on how many children receive financial support from their fathers. 72.2% of women who had live births replied "all children", while 17.2% "none." It is noteworthy that in case of "all children", the percentage of children receiving financial support from their fathers is higher in rural areas (77.7%) than in urban areas (70.1%). The lowest percentage of children receiving financial support from their fathers in that case is among children of formerly married women (15.0%). None of every second woman (54.1%) in that category receives financial support from their fathers. The education factor of women has virtually effect in that regard.

Parity

✓ Pregnancies with twins

Only one respondent noted that her pregnancy had been with a triplet.

58.3% of women, whose pregnancies had been with twins, were thus pregnant one time and 30.1% two times. The percentage of women in that group who were thus pregnant three and four times is 5.1% and 3.1% respectively. The background characteristics do not have a significant impact in that respect.

✓ **Pregnancies that did not end in live births**

These are pregnancies that ended in miscarriages, stillbirths or induced abortions. According to the table below, about every second surveyed woman (58.4%) who had even been pregnant reports at least one of those causes because of which her pregnancy did not end in a live birth.

Table 6.3 Miscarriages, stillbirths and abortions

Percent distribution of women who have ever been pregnant, age 15-59, by background characteristics and whose pregnancy ended in miscarriage, stillbirth or abortion (“...” For fewer than 25 cases)

		Pregnancy ended in miscarriage	Pregnancy ended in stillbirth	Pregnancy ended in abortion	Percentage of women who indicated at least one cause	Total %	Number of women (respondents that have ever been pregnant)
Age	15-24	18.1	2.0	10.6	28.6	100.0	85
	15-19	...	...	...	...		3
	20-24	18.3	2.1	11.0	29.2	100.0	82
	25-34	15.6	0.9	31.2	43.7	100.0	430
	35-44	11.3	3.6	56.0	62.2	100.0	639
	45-59	16.4	3.6	55.8	64.1	100.0	1,129
Residence	Urban	15.0	3.1	48.6	58.1	100.0	1,648
	Yerevan	18.1	3.3	43.3	53.0	100.0	633
	Other urban	13.1	2.9	51.9	61.3	100.0	1,015
	Rural	14.6	3.0	52.0	59.3	100.0	635
Marital status	Never married						
	Currently married	14.5	3.2	50.2	58.6	100.0	2,019
	Formerly married	18.1	1.9	44.3	56.9	100.0	264
Number of children	0	...	...	...	...		5
	1-2	13.6	3.5	42.0	51.7	100.0	1,495
	3+	15.6	2.2	63.5	69.1	100.0	784
Education	No education	...	...	...	...		4
	Basic general	12.3	2.2	59.8	64.8	100.0	97
	Secondary general	14.5	3.6	51.5	59.5	100.0	944
	Specialized secondary	16.4	2.3	49.0	59.9	100.0	788
	Higher	13.8	3.5	44.4	52.5	100.0	450
Employment	Unemployed	15.1	3.3	48.5	58.0	100.0	1,424
	Employed	13.6	2.7	48.9	56.4	100.0	708
	Seasonal work	19.5	2.9	66.2	74.6	100.0	139
	Other	...	...	...	...		13
Total		14.9	3.1	49.5	58.4	100.0%	2,283

Almost half (49.5%) of those surveyed women who had even been pregnant said that they had an abor-

tion, while they had been of a reproductive age, 14.9% that they had a miscarriage and 3.1% pointed out that their pregnancy ended in a stillbirth. The highest percentage of stillbirths is among women with no children (12.8%). With regard to induced abortions, the highest percentage of women who had them is among 35-44-year-olds (56.0%) and 45-59-year-olds (55.8%), among women who have three or more children (63.5%) and among women who have seasonal work (66.2%).

A relatively high percentage of induced abortions is reported by rural women (52.0%) and by women with basic general education (59.8%). The percentage is lower among women with higher education (44.4%). The lowest percentage of induced abortion is among 20-24-year-old women (11.0%).

✓ **Miscarriages**

Of women, who had a miscarriage, 21.2% indicated that they had it twice and 6.8% three or more times in their life.

✓ **Stillbirths**

Of women, who had stillbirths, 12.6% indicated that they had it twice in their life. Of women, who report two stillbirths, the highest percentage is in the age group of 35-44-year-olds (16.2%) and among women with three or more children (18.3%). The percentage is twice as high among urban women (14.6%) than among rural women (7.2%).

✓ **Incidence of induced abortions**

Of women who had induced abortions, 19.4% had it once, 27.9% twice, 14.9% three times and 10.9% four times. 22.8% of women in that group had it 5-10 times, 3.2% - 11-20 times and 0.8% had it 21 or more times. The highest percentage of the respondents, who had an induced abortion 5-10 times while being of a reproductive age, is among women with basic general education and among women with three or more children (31.8% and 29.7% respectively). The residence factor is not significant in that respect, with the percentage of women who had an induced abortion 5-10 times being 20.8% among rural respondents and 23.3% among urban respondents (in case of residents of Yerevan the percentage is lower, at 18.2%). The differences are more perceptible with regard to the education factor, with the percentage of women with higher education, who had an induced abortion 5-10 times, being significantly lower than among women with basic education (24.4% and 31.8% respectively).

The current situation with reproduction

Only 1.1% of the women in the sample replied “yes” when asked whether they were pregnant at the time of the survey. The highest percentage of pregnant women was among 20-24-year-olds (6.7%), which is not surprising, since it is the most active age group in terms of reproduction and it also coincides with an average age of first marriage and of giving birth to a first child nationwide.

✓ **Use of contraception**

a. Use of any method to avoid getting pregnant

According to the survey findings, 45.8% of women use some method to avoid getting pregnant, 38.0% do not use any method, while 13.9% indicated that they do not have a sex life. Thus, almost every second woman in the study sample tried to delay or avoid getting pregnant.

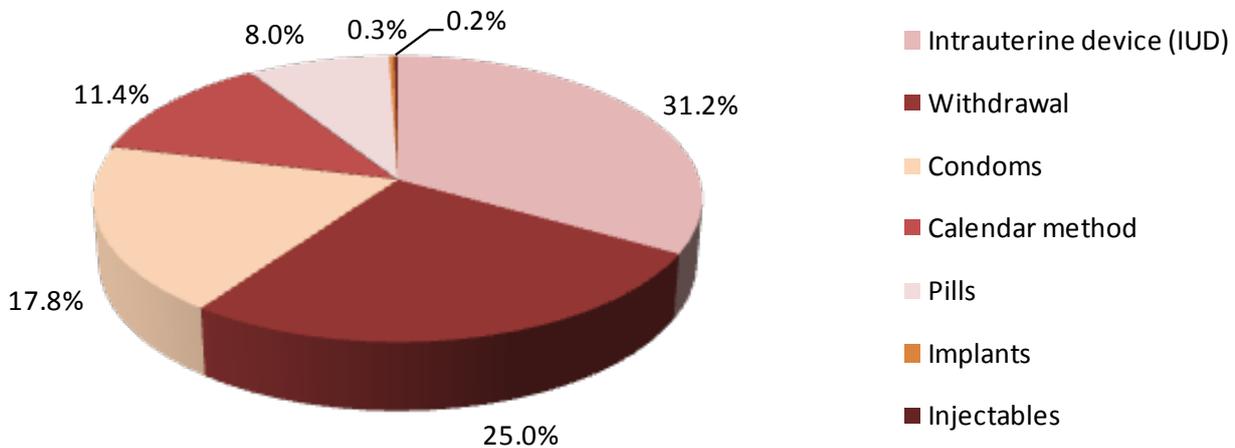
b. Current use of contraception

According to the findings, 53.4% of women, who ever used (or may have used) contraception, at the time of the survey did use some contraceptive method. 57.1% of married women in that group used contraceptives. That percentage comes close to the Demographic and Health Survey (Armenia 2005) data (53.1%). The highest percentage of women in that group is among 20-24-year-olds (85.0%). It is noteworthy that in that category the percentage is higher among rural women in comparison with urban women (63.8% and 49.1% respectively), with the lowest percentage being among residents of Yerevan (44.3%). It is surprising that in that category the percentage is lower among women with higher education (51.4%) than among women

with secondary general education (56.0%). There is no difference in that respect among employed and unemployed women (52.6% for both groups). The percentage, however, is higher in case of women who have seasonal work (63.6%).

Fig. 6.1 Contraceptive methods

When asked “What main method of contraception are you currently using?” the women, whose husbands and/or who themselves are currently using contraception, gave the following answers:



It is noteworthy that such ineffective method as withdrawal is used by every fourth woman in the said category. The picture, though, differs significantly, when the data are broken down by background characteristics. Thus, with regard to use of pills, the highest percentage is among residents of Yerevan (16.9%), whereas in case of the IUD the highest percentage is among rural women (37.5%) and in case of the calendar method the highest percentage of use is among women who have seasonal work (15.6%) and among 20-24-year-old women (16.9%). The highest percentage of use of condoms is among residents of Yerevan (25.0%), with the IUD being for them the second most popular method (18.4%) followed by pills (16.9%).

The highest percentage of use of the withdrawal method is among 45-59-year-old women (30.4%) and among women who have three or more children (30.8%).

Married women prefer the IUD (31.4%) and the withdrawal method (25.4%), while formerly married women prefer pills (22.4%) and the IUD (16.7%).

Women with higher education in the above-mentioned category mostly use the IUD (24.8%) and condoms (24.6%) followed by the withdrawal method (22.0%).

As regards the current use of contraceptives, there is virtually no difference between employed and unemployed women (according to the survey findings, the most popular method for them is the IUD, followed by withdrawal and with condoms ranking third).

In general, in this subset of the respondents every third woman (31.2%) uses the IUD and every fifth or sixth woman uses condoms. Given the fact that withdrawal is used for the most part alongside the calendar method for contraception, the end result is that almost every third woman (36.4%) of those who are currently using contraception (and/or whose husbands are using contraception) is using contraceptive methods, which are not modern and not efficient. Incidentally, the data are in line with the DHS Armenia-2005 data. The latter, too, provide evidence that in terms of contraceptive method failure (i.e. accidental pregnancy as a result of the use of the method) both the calendar method and withdrawal top the list.

When asked if their intimate partner knows that they are using a method of family planning, 91.4% of women who use contraception replied in the affirmative. Only 1.7% of women in that subset said definitively “no”, while 6.9% did not remember or refused to answer. Thus, the highest percentage of the respondents in that group whose intimate partners are not aware of their use of contraception is among women age 20-24

(3.9%), among residents of Yerevan (3.8%), among formerly married women (4.5%) and among women who have seasonal work (4.7%)

To the question “Has your intimate partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?” 3.1% of ever-partnered women said “yes.” The highest percentage of the respondents choosing this option is among women age 35-44 (4.7%), women living in urban areas other than Yerevan (3.3%) and formerly married women (5.3%). There are no significant differences as to other background characteristics.

75.5% of women, whose partner refused to use method or tried to stop them from using method, report that their partners explicitly expressed their disapproval.

c. Condom use

- 25.6% of ever-partnered women reported ever use of condoms.
- 17.8% of women who are currently using contraception use condoms.

32.8% of women, who ever used condom with a partner, report using a condom the last time that they had sex with their intimate partner. A particularly high percentage of the respondents in that subset is among women who are urban residents (35.9%; the percentage is even higher in case of residents of Yerevan 36.1%), women age 20-24 and 25-34 (66.0% and 37.6% respectively) and women with higher education (40.7%). A conclusion can be drawn that younger women, urban residents and women with higher education are more inclined to prefer safe sex (which provides protection, *inter alia*, against sexually transmitted diseases). The percentage is perceptibly lower among rural women (24.8%). It is noteworthy that every second woman who has seasonal work (55.7%) did not use condom when last time they had sex.

Only 14.8% of ever-partnered women report ever asking their intimate partners to use a condom. The respondents, who are the most determined to do so, include women with higher education (18.5%) and women age 25-34 (19.5%). The lowest percentage is among rural women (13.3%) and women age 20-24 (13.1%).

d. Rejection of the condom use request

9.4% of ever-partnered women report that their intimate partners rejected their request to use a condom. The percentage of the respondents whose request was rejected is higher among women with higher education (10.5%), rural women (11.9%) and women age 35-44 (12.1%), while the lowest percentage is among women age 20-24 (2.8%).

71.1% of the respondents, whose partners refused to use a condom, said that the partner did not approve of using a condom, while in case of 2.3% of the respondents the partner shouted. Intimate partners of 36.8% of this group of the respondents said that condom was not necessary and of 1.6% laughed at them and did not take them seriously.

Women’s sexual health

Within the framework of this study the women’s reproductive health-related issues were limited to itching and vaginal discharge, which are caused by inflammatory diseases and which are at the same time indications, albeit indirect, of sexually transmitted diseases.

The survey findings indicate that 13.4% of the respondents had at least one symptom within 4 weeks prior to the survey, with 12.2% of women mentioning vaginal discharge and 5.3% - itching. The differences by background characteristics are significant. Thus, the highest percentage of the respondents reporting itching is among 25-34-year-olds (6.4%), rural women (7.0%), women with three or more children (7.6%), formerly married women (8.6%) and women who have seasonal work (8.5%).

The education factor is inversely correlated, with the percentage of women with secondary general education, who report itching, exceeding, by a factor of more than three, that of women with higher education (7.6% and 2.3% respectively). The highest percentage is among women with basic general education (13.3%).

Incidence of vaginal discharge is quite high for pretty much the same subgroups by background characteristics. The highest percentage of the respondents reporting vaginal discharge is among 35-44-year-olds (15.2%), rural women (17.5%), currently married women (14.0%) and women with three or more children (15.3%). The percentage of women reporting vaginal discharge is highest among the respondents who have seasonal work (18.0%) as compared to unemployed and employed women. As regards the education factor, the higher the level of educational attainment of the respondents, the lower the likelihood of the symptom (with 23.9% of women with basic general education and only 7.7% of women with higher education reporting the symptom).

VIOLENCE AND REPRODUCTIVE/SEXUAL HEALTH

The role of a violence factor is crucial in terms of the assessment of women's reproductive behavior and health. Therefore, it is worthwhile to assess an impact of psychological, physical and sexual violence using to that end the data obtained within the framework of the present study.

The assessment of impact of violence on child mortality

An impact of intimate partner violence on child mortality is not unambiguous. Thus, while among the respondents subjected to psychological violence the percentage of women who lost a child exceeds that of women who did not by a factor of 1.5 (8.7% and 6.0% respectively), in case of physical violence the situation is diametrically different (5.3% and 6.8% respectively) and in case of sexual violence the difference is negligible (7.6% and 6.7% respectively).

Pregnancy, parity and violence

The analysis of the data on how pregnancies ended from the perspective of an impact of violence shows that while with regard to miscarriages the role of a violence factor is insignificant, in case of stillbirths the percentage of women whose pregnancy ended in a stillbirth is considerably higher among women victims of physical and psychological violence (by a factor of 5 and 3.3 respectively). The difference, however, is not significant among women victims of sexual violence.

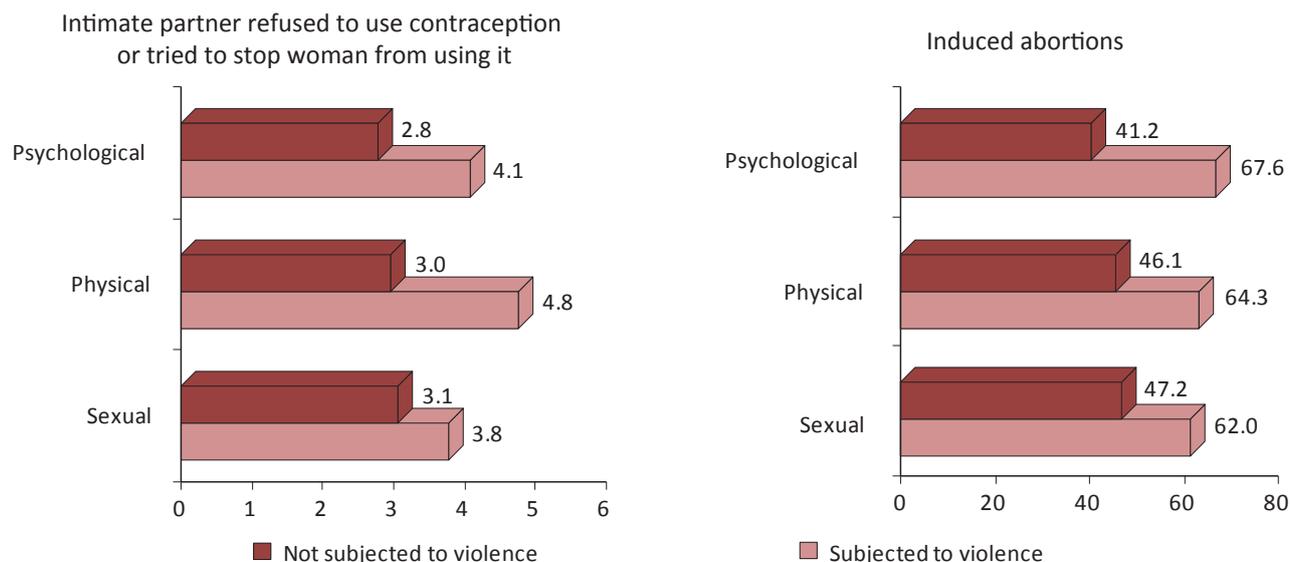
The survey data indicate that the percentage of women whose pregnancy ended in an induced abortion is on the average 1.5 times higher among women victims of violence. This holds true for all three forms of violence with slight variations (thus, in case of psychological violence it is 1.6 times, physical violence – 1.4 times and sexual violence – 1.3 times).

Reproductive behavior

✓ Current use of contraception and violence

It is also worthwhile to assess the role of violence from the perspective of the assessment of reproductive behavior, particularly of the contraception use. The survey findings indicate that among women victims of violence the percentage of the respondents using contraceptive methods is lower compared to women who were not subjected to violence. The difference is particularly noticeable in case of psychological (by a factor of 1.2: 46.4% vs. 56.3%) and physical violence (by a factor of 1.4: 38.4% vs. 55.4%).

Fig. 6.2 Use of contraception and induced abortions, (%)



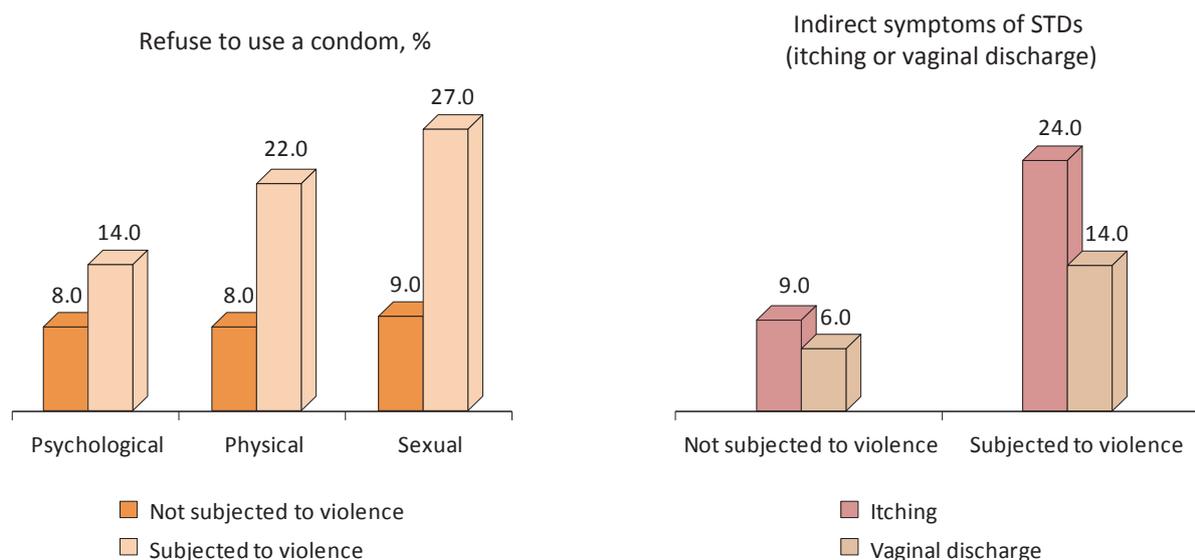
a. Intimate partner refuses to use contraception or tries to stop woman from using it

Partners of women victims of intimate partner violence tend to be more inclined to refuse to use contraception or to try to stop women from using it. In case of physical violence the difference is even greater (4.8% vs. 3.0%). The most prevalent ways, in which intimate partners did that, were “shouted/got angry”, “threatened to beat the woman”, “threatened to leave/throw woman out of home”, “beat woman/physically assaulted”, etc. It is noteworthy that the percentage of women reporting any of those ways is on the average 1.5 times higher among women subjected to any form of violence as compared to women who were not subjected to it. (In case of psychological violence the difference is 1.5 times, in case of physical violence it is 1.6 times and sexual violence – 1.3 times).

b. Condom use by men

From the perspective of the violence factor, there are significant differences also in terms of the condom use by men. The survey findings indicate that men, who are prone to resort to violence, are much more likely to refuse to use a condom. It is noteworthy that prevalence among them exceeds that of intimate partners of women who are not subjected to violence by a factor of 1.8 in case of psychological violence, of 2.8 in case of physical violence and of 3.0 in case of sexual violence. It is obvious that in the latter case violence is accompanied by unprotected sex, thereby significantly increasing the risk of spreading sexually transmitted diseases. This conclusion is further supported by the fact that the rate of occurrence of STD symptoms is higher among women who were subjected to sexual violence.

Fig. 6.3 Condom use and Sexually transmitted diseases



Thus, it follows from the survey findings presented above that a negative impact of the intimate partner behavior, particularly violence, on women's reproductive health is obvious.

CHILDREN, PREGNANCY AND HEALTH CARE DURING PREGNANCY, BY MAIN INDICATORS

The questions addressed in this section aim to focus on *family relations* with regard to children as well as their number and sex, on *intimate partner's attitude* to those issues and on interconnected issues of health-care provision during pregnancy and women's harmful habits. This section also presents data on psychosomatic health and behavior of 5-12-year-old children of sampled women and discusses situations that can be fraught with mental health and family problems. The section also deals with the problems related to an antenatal check during the women's most recent pregnancy and induced abortion and the intimate partner's attitude towards them.

Children by sex

When asked whether they had a boy or a girl the last time that they gave birth, 59.2% of the women who had had live births said the last time it was a boy. It is noteworthy that while for women age 15-24 the boy/girl ratio is 1:2 (34.2% and 65.8% respectively), in case of women in the age group 25-34 it is 2:1 (62.1% and 37.9% respectively). Thus, it can be assumed that when women have more than one child, the number of boys among newborns gradually becomes prevalent. This conclusion is further supported by the fact that the boy/girl ratio is 64.1%:35.9% in case of the women in the subgroup in question who have three children. Therefore, an assumption is made that nevertheless the problem of sex-selective abortion exists in Armenia.

When asked whether their last born child was still alive, 98.8% of women in that group replied in the positive. The highest percentage of women who lost the last-born child is among formerly married women (5.3%). When viewed from the *rural vs. urban place of residence* perspective the data indicate that the percentage of women who lost their last-born child is lower among urban respondents (1.0%, in Yerevan the percentage is even lower and stands at 0.2%) than among rural ones (1.8%). The percentage is also relatively higher (1.6%) in case of employed women.

Children under 5. Last pregnancy

13.7% of respondents in the same category, i.e. of women who had had live births, have children less than 5 years of age. Interestingly, the percentage is higher among women with higher education (17.4%) than among women with secondary general education (13.4%)

- When asked whether at the time of last pregnancy women wanted to become pregnant then, 91.5% of women who gave birth less than 5 years ago said yes, while 4.6% said that they would have preferred to wait until later or that they did not want children. The percentage of women in this category who did not want children is highest among the respondents with three or more children (4.7%) and among respondents from rural areas (2.8%) in comparison to urban respondents (only 0.3%). The data thus indicate that urban women are better aware about family planning methods

The intimate partners' attitude towards the last pregnancy is almost the same as that of women in the said subgroup. 90.8% of intimate partners of those women who gave birth less than 5 years ago were positive about the woman's pregnancy, while only 4.7% wanted to wait until later or did not want children (in case of women the percentage is 4.6%).

- The breakdown of data by background characteristics reveals no significant differences. The trends are basically the same as in case of the previous question with the only exception of urban women's intimate partners, among whom the percentage of those who do not want children (1.5% is higher than among their wives).
- When asked whether they saw anybody for an antenatal check during pregnancy, 62.8% of those surveyed women who gave birth less than 5 years ago said that they had seen an obstetrician/gynecologist, 48.3% a doctor and 12.8% only a nurse/midwife, while 1.6% saw no one for an antenatal check. The percentage of the latter is particularly high among rural women (2.9%) and among women who have three and more children (3.1%).
- On the whole, 98.4% of women in that sub-group made at least one visit to a medical professional, while all women with higher education in that group visited some medical professional during pregnancy.
- When asked what attitude their intimate partner had with regard to their antenatal care, 95.8% of women in the said sub-group replied that their partner encouraged them, 2.4% that he showed no interest and only 0.4% indicated that their partner stopped them. It is noteworthy that the percentage of women whose partners tried to stop them when they were receiving antenatal care is higher among women with higher education and among employed women in that sub-group (1.7% and 1.3% respectively), even though all those women did in fact visit a health-care institution.
- To the question "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?" 44.1% of women in this sub-group replied "a son", 11.9% "a daughter", while in case of the partners of 43.8% of those women it did not matter. With regard to background characteristics, the responses do not differ significantly; however, one pattern was observed, *viz.* the higher is the education level of the woman, the less discriminatory the attitude of her partner is.

Table 6.4 Partner's preference for son/daughter

Percent distribution of son/daughter preference by partners of women who gave birth less than 5 years ago, age 15-59, by background characteristics ("..." For fewer than 25 cases); ("[" "] " is for 25-49 cases)

		Son	Daughter	Did not matter	Don't know/don't remember	Refused/no answer	Total %	Number of women (who gave birth less than 5 years ago)
Age	15-24	44.5	5.9	48.7	0.9	0.0	100.0	79
	15-19	...	...	...	...	...		4
	20-24	47.1	5.1	46.8	1.0	0.0	100.0	75
	25-34	44.9	13.2	41.7	0.0	0.2	100.0	212
	35-44	[62.5]	[22.3]	[15.2]	[0.0]	[0.0]	100.0	31
	45-59							
Residence	Urban	45.1	15.5	39.2	0.0	0.2	100.0	207
	Yerevan	47.4	19.4	33.2	0.0	0.0	100.0	120
	Other urban	41.9	10.1	47.6	0.0	0.4	100.0	87
	Rural	48.9	6.5	44.0	0.6	0.0	100.0	115
Marital status	Never married							
	Currently married	46.3	12.5	40.9	0.2	0.1	100.0	317
	Formerly married	...	...	...	...	...		5
Number of children	0							
	1-2	43.6	12.8	43.3	0.3	0.0	100.0	262
	3+	59.1	9.9	30.5	0.0	0.5	100.0	60
Education	No education	...	...	...	...	...		2
	Basic general	...	...	...	...	...		9
	Secondary general	47.2	10.7	41.8	0.0	0.3	100.0	132
	Specialized secondary	53.5	13.0	32.7	0.8	0.0	100.0	92
	Higher	39.1	14.4	46.5	0.0	0.0	100.0	87
Employment	Unemployed	46.2	12.4	41.1	0.3	0.0	100.0	248
	Employed	47.4	13.7	38.9	0.0	0.0	100.0	64
	Seasonal work	...	...	...	...	...		8
	Other	...	...	...	...	...		2
Total		46.5	12.3	40.9	0.2	0.1	100.0%	322

Harmful habits during pregnancy

Drinking alcohol: 97.7% of women in the same sub-set replied that they had not consumed alcoholic drinks. The percentage of those who drank alcohol during pregnancy is relatively higher among employed women and women with secondary general education (6.4% and 3.5% respectively) and women age 25-34 (2.8%).

When asked if they smoked during pregnancy, only 1.3% of that group of women replied in the positive. The percentage is higher among women age 35-44 (4.8%) and residents of Yerevan (2.4%). As to other background characteristics, there are no significant differences in terms of smoking among those women.

Postnatal period

Every second woman (48.4%) in the above-mentioned group was given a postnatal check-up at some point during the 6 weeks after delivery. A relatively high percentage of women in that category who were not given the check-up is among women age 15-24 (60.4%), rural residents (56.6%) and unemployed women (54.4%).

When asked whether their child was weighed at birth, all the respondents in that group said “yes”. It should be noted that 6.8% of these women indicated that their newborn babies were underweight (i.e. less than 2.5 kg). These findings almost coincide with an average value in the official statistics for the last several years.

Children aged between 5 and 12 years and their number

To the question of “*Do you have any children aged between 5 and 12 years?*” every fourth woman (25.9%) in the group of the surveyed women who had had live births answered in the positive. From the biological perspective it is only natural that the percentage of such women should be highest in the age bracket 25-34. No other pattern has been observed concerning the data.

The number of children aged between 5 and 12 years

Among surveyed women who have children aged between 5 and 12 years 63.6% have only one child, 32.1% have two and 3.7% have three or more children. The numbers do not differ significantly by the respondents' background characteristics.

When asked how many boys they have, 86.3% of women who have male children of that age replied that they have one and 13.7% two or more boys. The highest percentage of the women in that group who have two or more boys is among formerly married women (28.8%).

As regards the number of girls, the situation is almost the same, with 79.4% of women who have female children of that age replied that they have one, 19.4% two and 1.0% three and more daughters.

To the question “*How many of these children (ages 5-12 years) currently live with you?*” 86.4% of the surveyed women who have male children of that age group replied “one” and 13.7% “two or more” sons, while 79.4% of the surveyed women who have female children of that age group replied “one” and 20.6% “two or more” daughters.

Children's psychosomatic health status

When asked whether their child(ren) has one or more of the listed psychosomatic problems, 7.0% of the women who have children aged 5-12 pointed out that their child has nightmares, 6.1% wets bed and 2.2% sucks thumb. 28.5% of those women indicated that their child is timid and 10.4% that the child is, on the contrary, aggressive.

In fact, every third woman in that group pointed out at least one of the above-mentioned symptoms. It means that those children have nervous system-related and behavioral problems. It is noteworthy that while children in rural areas are more aggressive (10.8% vs. 10.2%, with 5.1% in Yerevan), children in urban areas are more timid (29.6% vs. 26.1%). It is interesting that children of unemployed women are more likely to have one of those 5 symptoms than children of employed women in that category (43.4% vs. 26.5%). The prevalence is higher in families with three or more children than in family with one or two children (42.9% and 34.0% respectively). The prevalence is nearly the same in case of children of women age 35-44 in that group (40.0%). The highest percentage of such children, however, is in case of formerly married women in that group (53.5%).

Children who run away from home and who do not attend school

Sons of 0.8% of women, who have children age 5-12, ran away from home. The percentage is higher among boys in rural areas as compared to boys in urban areas (1.9% vs. 0.4% respectively).

The survey data indicate that the percentage of those daughters (ages 5-12) of the same sub-set of surveyed women who ran away from home is higher than that of boys (2.0% vs. 0.8%). The percentage of such girls is higher in urban than in rural areas (2.2% and 1.4% respectively). It is relatively lower in case of women with higher education (1.5%). A relatively higher percentage of such girls is in case of women with three or more children (2.3%) and women in the age group of 35-44-year-olds (3.2%). The percentage is highest in case of formerly married women (5.1%). Women's employment does not seem to be a significant factor in this case).

Women, who have children age 5-12, were asked how many of their sons and daughters were studying at school. 50.9% of those women pointed out that they have one son, while 8.2% have two and more sons studying at school. 37.1% of women in that group have one daughter and 11.0% have two or more daughters studying at school. As to the respondents' background characteristics, there were no significant differences in those women's responses.

0.7% women who have children age 5-12 attending school said that their child(ren) had to repeat a year at school. It is noteworthy that likelihood for a child to fail at school slightly increases in proportion to the number of children in the family (0.4% of women in that category with 1 or 2 children said that their child(ren) had to repeat a year at school vs. 1.0% of women with three or more children). The likelihood for children to repeat a year at school is inversely correlated with their mothers' level of education (in case of women with basic general, secondary general and higher education 4.0%, 0.5% and 0% respectively).

Only 0.8% of women in this group pointed out that their children stopped school for a while or dropped out of school. As to the respondents' background characteristics, there were no significant differences in those women's responses, even though a social factor and women's level of educational attainment have a certain influence on that indicator (as was also the case concerning the issue of children repeating a year at school).

Forced abortion and antenatal care

When the same subgroup of women was asked if they had ever been forced to undertake an abortion, only 2.6% of those women replied in the positive. It is noteworthy that the percentage is significantly lower among rural women as compared to urban women (1.0% vs. 3.3%). The percentage of women in that subgroup who were forced to undertake an abortion is higher for women with three or more children (5.2%) unemployed women (4.3%) and for women living in urban areas other than Yerevan (4.3%). It is noteworthy that none of the women with higher education said that she had been forced to undertake an abortion.

Table 6.5 Forced abortions

Percent distribution of women aged 15-59 by background characteristics who have children aged 5-12 year, living with them and attending school and were /were not forced to make an abortion(“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		Yes	No	Refused/ no answer	Total %	Number of women (having children aged 5-12 years who live with them and who attend school)
Age	15-24	...	...	...		2
	20-24	...	...	...		2
	25-34	1.6	97.9	0.5	100.0	268
	35-44	3.0	97.0	0.0	100.0	205
	45-59	[0.0]	[97.6]	[2.4]	[100.0]	46
Residence	Urban	2.7	96.6	0.7	100.0	328
	Yerevan	1.9	97.4	0.7	100.0	178
	Other urban	3.7	95.5	0.8	100.0	150
	Rural	0.9	99.1	0.0	100.0	193
Marital status	Never married				100.0	
	Currently married	2.2	97.6	0.2	100.0	486
	Formerly married	[0.0]	[96.5]	[3.5]	[100.0]	35
Number of children	0				100.0	
	1-2	1.4	98.3	0.3	100.0	347
	3+	3.4	96.0	0.6	100.0	174
Education	No education	...	...	...		2
	Basic general	...	...	...		20
	Secondary general	2.7	97.3	0.0	100.0	223
	Specialized secondary	2.8	96.5	0.7	100.0	165
	Higher	0.0	100.0	0.0	100.0	111
Employment	Unemployed	3.2	96.8	0.0	100.0	327
	Employed	0.0	99.2	0.8	100.0	159
	Seasonal work	[0.0]	[96.3]	[3.7]	[100.0]	30
	Other	...	...	...		5
Total		2.0	97.5	0.5	100.0%	521

When asked whether they face difficulties attending an antenatal clinic (ANC) during pregnancy, 10.5% of women, who have children, age 5-12 attending school, said yes. It is noteworthy that the percentage is higher among women living in urban areas other than Yerevan (12.4%) and among currently married women (11.2%). The percentage is noticeably lower among residents of Yerevan (7.6%) and among women with higher education (9.3%).

To the question what those difficulties were, 21.4% of the women who had faced them replied “no doctor in the community”, 5.1% “doctor is male”, 7.4% “no transportation” and 7.9% “husband or mother-in-law was against”. Every third of those women (28.9%) noted that there was no need for ANC.

When asked whether they attended regular gynecological check-ups, 10.8% of women in the same subgroup replied in the negative. 57.5% of the women in the same group, who had not attended regular gynecological check-ups, said that there was no need for a gynecological check-up. Thus, it seems that every second wom-

an in that group does not think regular gynecological check-ups are important. 2.7% of those respondents said that their husband was against and for 5.9% no transportation was the reason.

CHILDREN’S HEALTH AND VIOLENCE AGAINST MOTHERS

The cause-and-effect relation of the mothers’ psychosomatic state and their children’s health status is well-known. In that context, therefore, clarification of the role of gender-based violence acquires considerable importance.

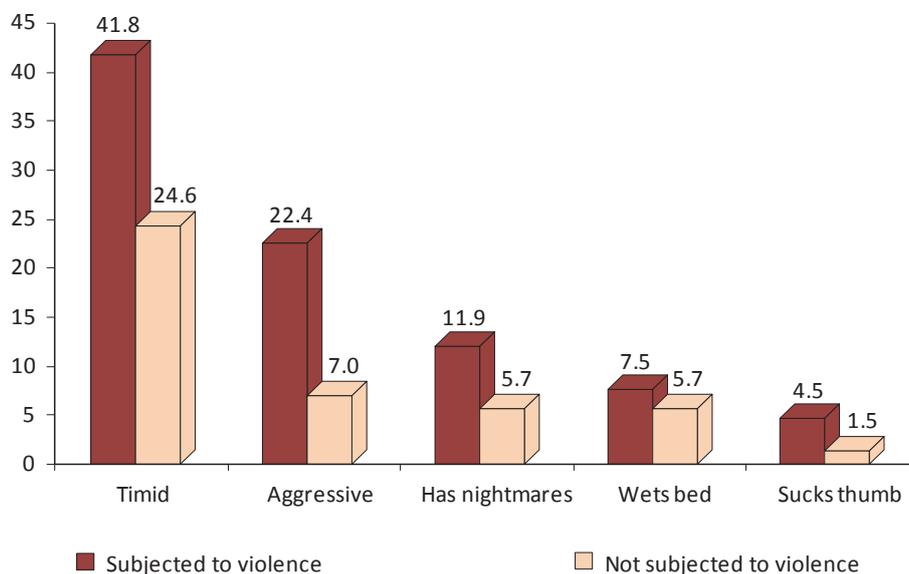
Child’s sex preference

The survey findings demonstrate that a percentage of violence-prone men, who had preference for a son, exceeds on the average 1.5 times that of intimate partners who do not commit acts of violence against their women. Thus, son preference is demonstrated by 56.8% of men who engage in psychological violence vs. 42.0% of those who do not, by 60.0% of men who engage in physical violence vs. 43.4% of those who do not and by 75.0% of men who engage in sexual violence vs. 43.4% of those who do not.

Mental health of children whose mothers were subjected to violence

The responses to the questions concerning children’s mental health demonstrate that children of those women, who were subjected to violence, are more vulnerable in that respect and a higher percentage of them display a symptom of a psychosomatic disorders (has nightmares, wets bed, sucks thumb, is timid or, on the contrary, is aggressive).

Fig. 6.4 Correlation between mental health of children and psychological violence that their mothers were subjected to, (%)



- The percentage of children who have nightmares is almost twice as high (11.9% vs. 5.7%), that of children who suck thumb is 3 times as high (4.5% vs. 1.5%), that of children who wet beds is 1.3 times as high (7.5% vs. 5.7%), that of children who are timid is 1.7 times as high (41.8% vs. 24.6%) and that of children who are aggressive 3.2 times as high (22.4% vs. 7.0%) in case of mothers who were subjected to *psychological violence*.
- In case of *physical violence* the difference are no less striking, constituting 1.9 times for nightmares (12.5% vs. 6.5%), 1.9 times for thumb-sucking (4.1% vs. 2.2%), 2.3 times for bed-wetting (12.5% vs. 5.5%), 3 times for aggressive behavior (27.1% vs. 8.9%), with the only exception of the instances of timidity, where the difference is insignificant (29.2% vs. 28.4%).

- In case of *sexual violence* the correlation between children's mental health and whether their mothers were or were not subjected to violence is more complicated and the differences are not so apparent. That makes sense because that kind of violence probably does not occur in front of children. Concerning nightmares, the difference is small (7.7% vs. 7.1%); while concerning thumb-sucking and bed-wetting the difference amounts to 3.7 times (7.7% vs. 2.1%) and 2.7 times respectively (15.4% vs. 5.8%). In case of timidity or aggressiveness there is no direct correlation between the factors in question.

Nevertheless, it is obvious that any form of violence has an extremely adverse impact on children's mental health and on their psychodynamic development and subsequently on the development of their personality, mentality and behavior. Taking into consideration the fact that the above-mentioned three forms of violence are in most cases concurrent, it becomes obvious that the problem is acute.

CHAPTER 7. WOMEN'S COPING STRATEGIES AND RESPONSES TO PHYSICAL VIOLENCE BY INTIMATE PARTNERS

As stated earlier in this Report, domestic violence is a serious, albeit underreported and to a large extent unrecognized problem in Armenia. One of the goals of the present study was to identify the scope and scale of intimate partner violence so as to demonstrate that the problem exists and needs to be addressed in a consistent and comprehensive fashion.

In order to be effective, well-targeted and pro-active, the Government policies, which have yet to be formulated and implemented, should be based on adequate understanding not only of forms, major causes and ramifications of domestic violence but also of its consequences for women as well as of women's response to that violence, of underlying reasons of their actions and inaction and of what strategies they employ, if any, given the current socioeconomic and cultural environment and the existing support infrastructure.

This section deals with some of those issues.

CONSEQUENCES OF DOMESTIC VIOLENCE FOR WOMEN

Within the framework of the survey an attempt was made to assess health, economic, social and psychological consequences of intimate partner violence for women as those women, who were abused by their partners, see them.

Table 7.1 presents data on those women's assessment of consequences of intimate partner violence for their health.

Table 7.1 Health outcomes of intimate partner violence as assessed by respondents

Percent distribution of those ever-partnered abused women age 15-59, by background characteristics, who believe that intimate partner violence may or may not have had an effect on their health(“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		No effect	A little	A lot	Don't know/ don't remember	Refused/ no answer	Total%	Number of women
Age	15-24	...	...	...	...	...		3
	15-19	...	...	...	...	...		1
	20-24	...	...	...	...	...		2
	25-34	[45.0]	[22.7]	[15.1]	[12.3]	[4.9]	[100.0]	26
	35-44	58.0	20.9	14.3	5.0	1.8	100.0	75
	45-59	48.2	33.9	11.7	4.8	1.4	100.0	122
Residence	Urban	48.2	30.7	13.7	5.4	2.0	100.0	149
	Yerevan	62.8	19.0	11.7	3.3	3.2	100.0	51
	Other urban	40.6	36.8	14.7	6.5	1.4	100.0	98
	Rural	57.9	22.3	11.9	6.2	1.7	100.0	77
Marital status	Never married							
	Currently married	57.3	23.9	11.4	4.9	2.6	100.0	166
	Formerly married	35.5	38.9	17.9	7.7	0.0	100.0	60
Number of children	0	...	...	...	...	...		8
	1-2	48.8	31.5	13.8	3.6	2.1	100.0	139
	3+	51.6	23.9	13.0	9.8	1.7	100.0	79
Education	No education							
	Basic general	...	...	...	...	...		18
	Secondary general	54.5	29.6	7.7	6.4	1.8	100.0	113
	Specialized secondary	58.9	26.7	6.0	5.6	2.8	100.0	63
	Higher	[37.3]	[26.4]	[31.2]	[3.3]	[1.8]	[100.0]	32
Employment	Unemployed	52.9	31.0	7.1	5.9	3.2	100.0	117
	Employed	48.6	24.1	22.2	4.3	0.8	100.0	68
	Seasonal work	[52.7]	[25.7]	[14.1]	[7.5]	[0.0]	[100.0]	40
	Other	...	...	...	...	...		1
Total		51.5	27.8	13.1	5.7	1.9	100.0%	226

Slightly over a half of the respondents in that category pointed out that their partner's violent behavior had no effect on their health. It can be concluded that those women were subjected to “mild” or moderate forms of abuse. At the same time 40.9% of the women answering this question clearly stated that intimate partner abuse had a (small or large) impact on their health. That percentage is even higher in case of individual subsets of those women. 56.8% of formerly partnered women and 56.8% of women with basic education report such impact. Thus, in all likelihood, they were subjected to severer forms of abuse, which had a more lasting effect on their physical or mental health.

Domestic violence also has a socio-economic dimension. As evidenced by the survey data in Table 7.2, about one third of domestic violence victims state that their partner's behavior disrupted their work or other income-generated activities.

Table 7.2 Disruption of women’s work or other income-generating activities as a result of partner’s violent behavior (as assessed by respondents)

*Percent distribution of those ever-partnered women abused by intimate partner, age 15-59, who believe that intimate partner violence may or may not have disrupted their work or other income-generating activities **

	N/a (no work for money)	Work not disrupted	Partner interrupted work	Unable to concentrate	Unable to work/ sick leave	Lost confi- dence in own ability	Other	Number of women
Total %	32.2	45.5	5.2	14.7	1.4	8.4	1.4	217

* The sum total is over 100.0% because respondents could select more than one answer

While only 5.2% of these respondents said that their partners had directly interrupted their work, in case of 25.9% of the respondents the interference had no less damaging and painful consequences.

The data tend to indicate that disruption of economic activities also has physical and mental health-related consequences. Thus, at least 1.4% of women in that group had to take a sick leave and at least 14.7% were unable to concentrate and 8.4% lost confidence in their abilities.

The survey data have clear implications for both practitioners and policy-makers for designing and implementing better targeted interventions and more effective prevention measures.

RESPONSE TO VIOLENCE: FIGHTING BACK AND ITS CONSEQUENCES

One of the objectives of the survey was to identify how often, if at all, physically abused women fight back and what the consequences are in that case.

Table 7.3 below presents data on prevalence and incidence of violent response by women when they are hit by their intimate partners.

Table 7.3 Respondents fighting back when hit by intimate partner

Percent distribution of ever-partnered women age 15-59 who was abused by intimate partner and who did or did not fight back, by background characteristics (“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		Never	Once or twice	Several times	Many times/ most of the time	Don't know/ don't remember	Refused/ no answer	Total %	Number of women
Age	15-24	...	...	...	...	...	...		3
	15-19	...	...	...	...	...	...		1
	20-24	...	...	...	...	...	...		2
	25-34	[69.8]	[29.9]	[0]	[0]	[0]	[0.3]	[100.0]	26
	35-44	84.1	11.8	1.7	0	2.4	0	100.0	75
	45-59	71.1	19.3	0.3	1.6	3	4.7	100.0	122
Residence	Urban	68.5	24.7	0.6	0.8	3.2	2.2	100.0	149
	Yerevan	76.8	14	0	0	9.2	0	100.0	51
	Other urban	64	30.4	0.8	1.3	0.1	3.4	100.0	98
	Rural	89.5	4.3	1.1	0.9	0.9	3.3	100.0	77
Marital status	Currently married	78.4	14.1	0.7	1.2	2.5	3.1	100.0	166
	Formerly married	67.8	28.1	0.8	0	2.2	1.1	100.0	60
Number of children	0	...	...	...	...	...	...		8
	1-2	71.1	23.8	0	1.4	3.1	0.6	100.0	139
	3+	81.3	8.8	2	0	1.6	6.3	100.0	79
Education	Basic general	...	...	...	...	...	...		18
	Secondary general	74.8	21.1	1	1.1	0.6	1.4	100.0	113
	Specialized secondary	77.1	15.8	0	1.2	5.9	0	100.0	63
	Higher	[75]	[20.1]	[1.4]	[0]	[3.5]	[0]	[100.0]	32
Employment	Unemployed	75.2	22.2	0.4	1.1	1.1	0	100.0	117
	Employed	74.3	14.1	0.4	1.1	6.3	3.8	100.0	68
	Seasonal work	[79.6]	[10.2]	[2.1]	[0]	[0]	[8.1]	[100.0]	40
	Other	...	...	...	...	...	...		1
Total		75.5	17.8	0.7	0.9	2.5	2.6	100.0%	226

The table data indicate that three-fourth of all the respondents in this subset never fight back, when their partners abuse them physically. Only about one in five abused women resort to violence, when their partner hits them, with the overwhelming majority (17.8% in the said subset) having done that only once or twice and less than 2% having done that several or many times.

It is noteworthy that while almost all the standard factors (“background characteristics” of the respondents) used in the survey can be seen as fairly accurate predictors of whether an abused woman will herself respond violently (and if yes, how often), it is only *marital status* that has a distinctly uniform impact. In other words, the percentage of formerly married women who fought back is virtually twice as high as that of currently married women (28.1% vs. 14.1%). The data support the conclusion made earlier that intimate partner violence can be a significant factor in the breakup of marriage. It also tend to indicate that women who fight back more (or at all) may have been subjected to more extreme forms (and more often) of physical abuse and/or that partners of such women could be less willing to remain in the relationship with them.

An interesting dynamic is reflected by the *number of children* factor. Women with no children do not fight back at all. A working hypothesis, which requires conducting further probes for testing, can be advanced. These are probably for the most part women in relatively new relations and probably an established pattern of abuse has not had emerged yet and probably they are subjected to more “moderate” forms of physical violence. Only one woman in ten (in this subset) with three or more children fights back once or twice or several times (10.8%). It seems like the overwhelming majority in that category resigned themselves to their fate. The highest percentage of women fighting back (25.2%) is among the respondents who have one or two children. For one reason or another women in that category are more determined to defend themselves and to use force, if need be.

As to the *age* factor, the data clearly show that women aged 25-34 are more willing to fight back (29.9%) than women in the age group 34-44 (13.5%) or even 45-59-year-olds (21.2%). It would seem that certain societal changes have been occurring in the past few years. One possible explanation is that since violence is generally on the rise in the Armenian society, it may well be the case that it also spills over into family relations forcing a larger percentage of young women to fight back. Another explanation (which does not rule out the first one) is that the gender contract has been changing in the Armenian society and fewer young women are willing to let intimate partners abuse them with impunity.

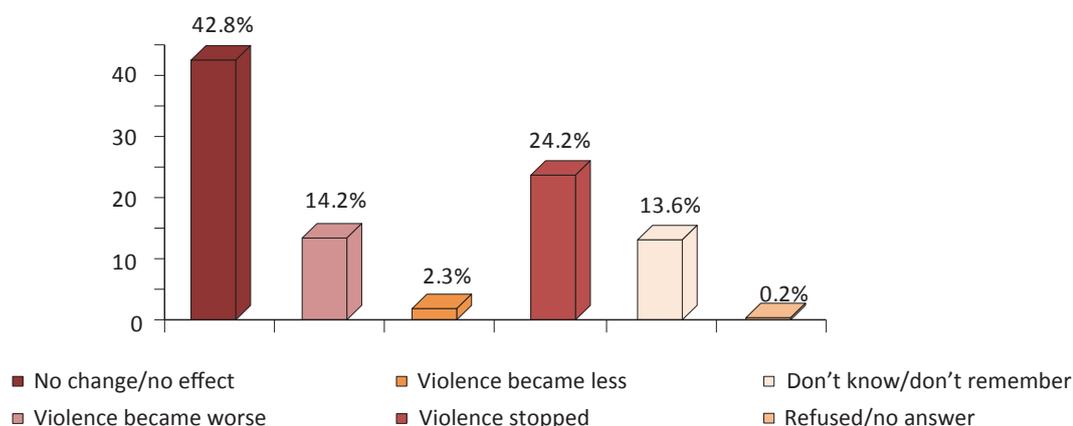
It is much difficult to account for huge differences within the subset in question with regard to the *residence* factor. While the percentage of women fighting back when physically abused by their intimate partners is predictably smaller in rural areas (6.3%) than among urban residents (26.1%), the difference between women in Yerevan (14.0%) and in other urban areas (32.5%) is stunning. Further studies, including qualitative ones, are needed to find out why the percentage of women who fight back abusive partners is more than twice higher in other Armenian cities and towns than in the capital city.

Even more surprising are data with regard to the *employment* status. The picture is counterintuitive. According to the data, the percentage of women fighting back abusive partners is about 1.5 and 2 times lower among seasonal workers (12.3%) and employed respondents (15.6%) respectively among unemployed respondents (23.7%). It would seem that employed women are more economically empowered and would be more inclined to defend themselves. Since that is not the case, a tentative conclusion can be drawn that in this case the employment factor is not a valid one and that some other much more powerful factors operate.

Quite an interesting picture emerges when the data are broken down by the level of educational attainment. It is striking that while data indicate that no women with basic general education fight back, a non-response rate (i.e. in this case women who refused to answer or gave no answer to this question) among them is unprecedented and too high (23.2%). An educated guess suggests that probably quite a few of them fought back but do not feel comfortable to own it up. Assuming that that is the case and lumping together the data for unambiguous responses and for “don’t know/don’t remember” and “refused to answer/no answer” options, a tentative hypothesis could be put forth that, strange as it may sound, *education* is not a differentiating factor in this case. This conclusion is also confirmed by the data with regard to women who “never” fought back, with near perfect unanimity demonstrated (the percentage is in the 74.8% - 77.1% range). It is also interesting to note that the range basically coincides with the total for the subset (75.5%).

Fig. 7.1 Effect of the respondents fighting back

Percent distribution of those surveyed women age 15-59, who gave the following answers with regard to the effect their fighting back had on the violent partner



The data show that the results of fighting back are mixed at best. While not a particularly effective response for all women in this subgroup (as 42.8% of the respondents registered no change and other 14.2% held that violence became worse), it, nevertheless, proved useful for one woman in four. By fighting back, 24.2% of the physically abused women managed to stop violence against them and other 2.3% pointed out that that violence became less. On the whole, quite a high percentage of the respondents (13.6%), who do not know or do not remember what effect their fighting back produced on the abusive partner, does not improve the overall picture.

In any case, further studies are necessary for an in-depth and detailed analysis of the situation on the ground. Practitioners are faced with a difficult dilemma. Obviously, ideally, violence is no answer and one can hardly expect practitioners tell abused women to start fighting their partners. On the other hand, until effective mechanisms are installed and made operational, which will prevent domestic violence, will provide comprehensive support and protection to victims and powerful disincentives to perpetrators and will make violence against women in general and intimate partner violence in particular socially and culturally unacceptable and until homes are made places entirely free of violence, the vicious circle of violence will be perpetrated as some abused women will be forced to fight back in defense.

RESPONSE TO VIOLENCE: SPEAKING OUT AND SEEKING HELP FROM INDIVIDUALS AND INSTITUTIONS

In order to effectively combat domestic violence and to help victims the wall of silence surrounding this phenomenon should be broken. The problem cannot be solved, if victims do not come out and if others, including relatives, friends and relevant government and community entities, are unaware. The study sought to find out whether domestic violence victims do tell others about abusive partner's behavior and if yes, whom, and whether they go for help to the entities and individuals who are *ex officio* supposed to help them. The study also looked into whether someone ever tried to help the victim.

As evidenced by data in Table 7.4, almost a half of the surveyed women (44.0%) in that category told no one about the abusive behavior of their partner. While underlying reasons are known from studies conducted in other countries and from evidence collected in this country by NGOs and governmental organizations (culture of shame, prevalence of patriarchal norms, pressure of public opinion, lack of trust, fear of reprisals, lack of hope of the change for the better, etc.), this issue requires more in-depth studies, particularly qualitative studies.

Table 7.4 Telling others about violent partner's behavior

Percent distribution of ever-partnered women age 15-59, who were abused by intimate partner and who did or did not tell others about his violent behavior, by background characteristics * (“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		No one	Friends	Parents	Brother or sister	Uncle or aunt	Husband/partner's family	Children	Neighbors	Police	Doctor/health worker	Counselor	Local leader	Other	Ngos/women's org.	Total %	Number of women (abused by partner)
Age	15-24	...	...	...	...	...	...	...	...	...	...	...	...	...	...		4
	15-19	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1
	20-24	...	...	...	...	...	...	...	...	...	...	...	...	...	...		3
	25-34	[28.9]	[3.1]	[46.9]	[14.5]	[0.0]	[5.3]	[0.0]	[3.3]	[9.7]	[0.0]	[2.4]	[0.0]	[0.0]	[0]	[100.0]	27
	35-44	49.2	15.4	38.1	16.5	0.0	2.6	2.5	2.9	2.6	0.0	3.6	1.0	1.9	0	100.0	74
	45-59	43.6	15.5	41.1	13.7	2.6	7.5	7.4	7.4	2.5	1.6	0.6	0.5	0.0	0	100.0	120
Residence	Urban	44.5	18.0	39.6	15.5	2.1	5.7	7.3	6.5	1.6	0.8	0.9	0.0	0.0	0	100.0	148
	Yerevan	49.6	15.9	26.6	14.0	1.3	9.0	11.4	5.2	4.7	2.5	2.6	0.0	0.0	0	100.0	50
	Other urban	42.0	19.1	46.2	16.3	2.5	4.0	5.2	7.1	0.0	0.0	0.0	0.0	0.0	0	100.0	98
	Rural	43.1	6.5	41.9	13.3	0.0	5.1	0.0	3.2	6.8	0.9	3.6	1.8	1.8	0	100.0	77
Marital status	Currently married	51.6	12.0	35.6	11.1	0.0	3.4	2.7	1.7	2.3	0.4	1.7	0.8	0.8	0	100.0	165
	Formerly married	23.3	19.8	53.7	24.7	5.2	11.2	10.5	15.3	6.5	2.1	2.2	0.0	0.0	0	100.0	60
Number of children	0	...	...	...	...	...	...	...	...	...	...	...	...	...	...		9
	1-2	43.7	11.6	44.3	13.0	1.8	7.4	4.1	7.8	4.3	0.5	2.5	1.0	1.0	0	100.0	137
	3+	49.6	10.3	38.2	19.4	0.8	2.7	6.5	1.6	2.2	1.6	0.8	0.0	0.0	0	100.0	79
Education	No education																
	Basic general	...	...	...	...	...	...	...	...	...	...	...	...	...	...		17
	Secondary general	51.3	13.2	35.9	12.8	2.2	5.5	2.2	6.9	1.9	0.0	1.2	1.2	0.6	0	100.0	114
	Specialized secondary	43.7	15.6	42.3	15.5	0.0	9.6	6.9	3.2	5.6	3.1	4.2	0.0	1.0	0	100.0	64
	Higher	[17.8]	[21.7]	[46.9]	[17.8]	[0.0]	[0.0]	[2.1]	[5.0]	[6.4]	[0.0]	[0.0]	[0.0]	[0.0]	[0]	[100.0]	30
Employment	Unemployed	55.3	16.1	29.4	14.0	0.0	4.1	2.1	2.4	2.0	1.1	0.5	0.5	0.6	0	100.0	117
	Employed	26.7	16.5	50.4	21.6	3.7	9.9	11.4	11.5	7.9	1.1	5.1	1.1	1.1	0	100.0	67
	Seasonal work	[40.0]	[4.3]	[55.8]	[5.8]	[0.0]	[2.2]	[0.0]	[2.2]	[0.0]	[0.0]	[0.0]	[0.0]	[0.0]	[0]	[100.0]	40
	Other	...	...	...	...	...	...	...	...	...	...	...	...	...	...		1
Total		44.0	14.1	40.4	14.8	1.4	5.5	4.8	5.3	3.4	0.9	1.8	0.6	0.6	0	100.0	225

* The sum total is over 100.0% because respondents could select more than one answer

When they open up to someone, it is primarily their parents (40.1%). Among significant others in this case are also their brothers and sisters (14.8%) and friends (14.8%), although to a much lesser extent. Less often they tell husband's family, neighbors and children, probably, when it is hard to conceal any longer, especially when physical abuse becomes a common occurrence or women are subjected to its severe forms.

It is noteworthy that only a tiny proportion of abused women (3.4%) told the police about the abuse. Obviously, besides shame, a powerful deterrent is a pervasive lack of trust in police and the awareness that police can do little, even when they do interfere.

The percentage of the abused women who discussed the problem with a doctor (health worker) or counselor is even tinier (3.4% and 0.9% respectively).

It is not surprising that only 0.6% of the women in this group (i.e. virtually nobody) talked to a local leader about the matter. Given the social atomization of the Armenian society, which has been undergoing a painful transition process with no predetermined outcome, and mass disillusionment with elections in general and local elections in particular, it is small wonder that the legitimacy deficit is translated into lack of trust.

Other formal and non-formal leaders are non-existent. All the talk about the resurgence of civil society and about the religion trying to regain a prominent role in the Armenian society notwithstanding, none of the respondents in this group went to an NGO (a women's organization) or to a priest to discuss this family matter. It is a clear indication that they do not expect real assistance from those quarters and that, probably, they do not even trust them.

The breakdown of the data reveals pronounced differences among women in that group, which are related to age, residence, marital status or some other factor.

Thus, as regards age-related specifics, the age group of 25-34-year-olds definitely stands out. To begin with, the percentage of women of this age who speak about abuse is 1.5 times higher than among older women. At the same time, those women are much more reluctant to tell their friends (3.1% vs. about 15.5% for women aged 35-44 and 45-59) but are more willing to open up to their parents. The most striking difference, however, is their readiness to discuss the issue with the police. The percentage of those who did so is about 4 times higher among them (9.7%) than among women aged 35-44 and 45-59 (2.6% and 2.5% respectively). While it is an interesting development in and of itself, it does not come close to reversing the trend of the above-noted distrust of police.

The most differentiating factor is, predictably, the partnership status. The differences between formerly and currently married women concerning whether they talk to someone and if yes, to whom, with regard to partner's abusive behavior are not only striking but are not matched by differences as to another other single factor.

Education does make a difference, too. Women with higher education are over 2.5 times less likely to tell one about the problem (17.8%) than women with specialized secondary (43.7%) and secondary general education (51.3%). A higher percentage of them opens up to friends and family (except uncles and aunts), neighbors and even police than among less educated women. While in case of police, the percentage of women talking to them about the abusive partner is not high, the differences between women as to their educational attainment are marked. The better education a woman is the more likely she will be willing to talk to police about the matter. One of the reasons is that they are better aware of their rights and they feel more confident in talking to representatives of the authorities. It is noteworthy, though, that none of the women with higher education discussed the problem with doctors, local leaders, NGOs, etc. It is one of the issues that should be addressed in subsequent studies with a view to improving policies, institutional mechanisms and interventions.

The breakdown of data by the residence factor shows mixed, although interesting, results. While differences between rural and urban residents are for the most part minimal (with notable exceptions of talking to friends, children and police), the differences between residents of Yerevan and of urban areas are very pronounced. In Yerevan these women are less inclined to talk to anyone and when they do, a lower percentage of them discusses the issue with friends and family and with neighbors than women in other cities and towns. In contrast to the latter, however, they would tell police, doctors and counselors about their abusive relationship. None of women in other urban areas would do that.

The fact of an abusive relationship is not an easily-kept secret. Sooner or later friends and family, neighbors and even government agencies become aware of the situation, especially when women tell them about it.

Thus, it is of interest to see who (if any) have ever tried to help victims of domestic violence. While looking at and discussing the data, we should bear in mind that it is exclusively a victims' perspective and that not all abused women tell about the abuse and, consequently, that not all individuals and entities are aware of it.

The data in Table 7.5 presents a rather grim picture. Over a half of the respondents in this group said that no one ever tried to help them. Naturally enough, parents top the list of those who tried to help (35.4%). They are followed by brothers/sisters (9.7%) and friends (9.4%). Some assistance comes from neighbors, children and partner's family (only 2.4% - 4.0% of women said those tried to help them). Efforts of others account for a negligible percentage.

Table 7.5 Who tried to help them

Percent distribution of ever-partnered women age 15-59, who were abused by intimate partner and who did or did not receive any help from someone listed below, by background characteristics (“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		No one	Friends	Parents	Brother or sister	Uncle/aunt	Husband/partner's family	Children	Neighbors	Police	Doctor/health worker	Counselor	NGO	Other	Total %	Number of women (abused by partner)
Age	15-24	...	...	...	...	...	...	...	...	...	...	...	...	...		4
	15-19	...	...	...	...	...	...	...	...	...	...	...	...	...		1
	20-24	...	...	...	...	...	...	...	...	...	...	...	...	...		3
	25-34	[32.6]	[3.1]	[46.9]	[18.0]	[0.0]	[5.3]	[0.0]	[5.7]	[3.3]	[0.0]	[0.0]	[0.0]	[0.0]	[100.0]	27
	35-44	53.8	14.7	36.0	8.3	0.0	0.0	0.8	1.2	0.0	0.0	2.7	1.0	1.0	100.0	74
	45-59	54.4	8.1	32.4	7.9	1.4	4.9	5.3	5.4	1.9	0.6	0.0	0.5	1.8	100.0	121
Residence	Urban	52.8	11.8	31.4	11.1	1.6	4.4	4.7	3.4	0.0	0.0	0.9	0.0	1.5	100.0	148
	Yerevan	60.3	11.4	18.2	4.5	4.6	5.1	8.8	5.1	0.0	0.0	2.6	0.0	0.0	100.0	50
	Other urban	49.0	12.0	38.2	14.5	0.0	4.0	2.6	2.5	0.0	0.0	0.0	0.0	2.2	100.0	98
	Rural	49.7	5.3	42.0	6.1	0.0	1.1	0.0	5.0	4.0	0.9	0.9	1.8	0.9	100.0	77
Marital status	Currently married	60.6	6.9	29.9	7.7	0.0	1.6	2.7	1.7	0.8	0.4	0.4	0.8	1.7	100.0	165
	Formerly married	27.5	16.8	49.4	14.0	3.8	7.6	4.2	10.2	2.9	0.0	2.2	0.0	0.0	100.0	60
Number of children	0	...	...	...	...	...	...	...	...	...	...	...	...	...		9
	1-2	49.4	5.5	39.0	8.7	0.5	4.4	1.3	4.6	2.3	0.5	1.5	1.0	2.1	100.0	137
	3+	61.6	8.1	32.1	11.6	2.1	1.6	6.5	3.2	0.0	0.0	0.0	0.0	0.0	100.0	79
Education	No education															
	Basic general	...	...	...	...	...	...	...	...	...	...	...	...	...		17
	Secondary general	62.9	7.9	30.3	5.9	0.6	4.1	0.0	5.4	0.6	0.0	0.6	1.2	0.6	100.0	114
	Specialized secondary	47.8	10.2	34.3	11.5	1.6	4.0	4.9	2.0	2.5	1.1	2.0	0.0	3.4	100.0	64
	Higher	[23.0]	[19.9]	[45.1]	[12.0]	[0.0]	[0.0]	[2.1]	[5.0]	[2.9]	[0.0]	[0.0]	[0.0]	[0.0]	[100.0]	30
Employment	Unemployed	64.3	8.5	23.2	11.3	1.4	2.3	2.1	4.0	0.5	0.0	0.0	0.5	1.8	100.0	117
	Employed	32.2	14.7	48.1	10.5	0.0	6.9	5.8	4.9	3.7	1.1	3.0	1.1	1.1	100.0	67
	Seasonal work	[47.9]	[4.3]	[47.7]	[2.2]	[0.0]	[0.0]	[0.0]	[2.2]	[0.0]	[0.0]	[0.0]	[0.0]	[0.0]	[100.0]	40
	Other	...	...	...	...	...	...	...	...	...	...	...	...	...		1
Total		51.8	9.5	35.1	9.4	1.0	3.2	3.1	4.0	1.4	0.3	0.9	0.6	1.3	100.0	225

The breakdown of data shows that some factors are good predictors as to what subset of women is more likely to get help. Thus, the *marital status* clearly stands out. A considerably and consistently higher percentage of formerly married women (from 1.5 to an average 2 to 4 and even 6 times) received help than currently women (with a minor exception of doctors and NGOs).

The residence factor does not have a uniform impact. While in some cases differences are minimal, in others the differences do not follow a single pattern. For example, a higher percentage of rural women gets help from parents, neighbors and police but as to help coming from friends and other relatives and other individuals, their percentage is lower than that of urban residence. Besides, the differences between Yerevan and other urban areas are striking, thus making the overall picture more confusing.

The likelihood of getting help is on the whole positively correlated with the education factor. It is particularly true for women with higher education. The percentage of them getting help from significant others is consistently higher than that of women with lower educational attainment (1.5-2 or more times on the average). They are, however, less inclined to seek help from partner's family or from children.

Within the framework of this study a further probe was conducted to find out whether victims of intimate partner violence go to the existing institutions, whose mandate (or at least some of it) is to help them.

The data show that abused women do not for the most part turn to the institutions and individuals who can help them. Thus, only 6.8% of them seek help of the court of law, 3.7% turn to police and 3.7% to hospitals/health centers for health. Very few abused women go to legal advice centers, local leader or shelter.

The data again confirm earlier findings that abused women do not go to women's organizations and priests. It was also found out that they do not go to social services either.

A dearth of data, multiplicity of heterogeneous factors at play and complexity of the issue does not give grounds to draw comprehensive conclusions. Nevertheless, it is clear that further research is required and that relevant institutional structures and organizations should take a more pro-active stance.

REASONS FOR SEEKING OR NOT SEEKING HELP

It seems only natural that a person in an abusive relationship, which for one reason or another she cannot or would not terminate at this point, should seek help. The survey data, however, show that that is not necessarily the case. On the contrary, negligibly few of the abused women in the sample turned to relevant institutions for help. For the most part, if they disclosed the fact that they are in an abusive relationship, it would be to the family (primarily parents) and friends and they would seek moral and other support there and not elsewhere.

The study conducted a probe into the reasons why abused women would or would not go to the said relevant institutional mechanisms for help.

Owing to the small numbers, the data for the reasons that made those women go to those institutions for help are not statistically valid. Still they show how the respondents prioritize the reasons. The reason that woman could not endure physical abuse more tops the list. It is followed by the reason that she saw children suffering. The next group of reasons is that partner threatened or hit children and that he badly injured the woman.

As to the reasons why women did not seek help from the above-mentioned institutions, the data presented below in Table 7.6 tend to indicate that over a half of women in that group do not know themselves (or would not answer) why they did not go to any institution for help. Indeed, the single largest value (55.6%) is that of the "Do not know/No answer" indicator. It is obvious that many women had not given much thought to considering an option of turning to one of those institutions, one reason, *inter alia*, being lack of such a tradition so that it would be seen as perfectly normal for a woman to go to those institutions for help.

Two other important reasons, in the descending order, are a *concern* that by going to those institutions she will bring bad name to family (16.5%) and the *perception* that violence that she is subjected to is not serious (“normal”)(12.3%).

Much lower percentage of the respondents pointed out fear to lose children (7.8%) and fear of consequences (more violence)(6.5%) as reasons for not seeking help of those institutions.

Only 4.3% of the respondents opted for each of the two reasons: “Embarrassed/ashamed/afraid that she would not be believed or would be blamed” and “afraid that partner would end relationship”.

Table 7.6 The reasons why women did not go for help

*Percent distribution of ever-partnered women age 15-59, who were abused by intimate partner and who did not go for help, by background characteristics * (“[]” is for 25-49 cases); (“...” For fewer than 25 cases)*

		Don't know/no answer	Fear of threats/consequences /more violence	Violence normal/not serious	Embarrassed/ashamed/ afraid would not be believed or would be blamed	Believed not help/know other women not helped	Afraid would end relationship	Afraid would lose children	Bring bad name to family	Other	Total %	Number of women)
Age	15-24	...	...	...	...	...	...	...	...	...		3
	15-19	...	...	...	...	...	...	...	...	...		1
	20-24	...	...	...	...	...	...	...	...	...		2
	25-34	...	...	...	...	...	...	...	...	...		24
	35-44	63.1	7.6	8.0	0.7	0.0	1.4	6.9	9.0	12.6	100.0	64
	45-59	53.6	5.0	17.1	6.2	1.0	4.2	8.0	16.7	3.5	100.0	113
Residence	Urban	57.9	8.2	6.3	5.8	0.8	4.4	8.6	17.1	7.4	100.0	136
	Yerevan	[52.4]	[7.1]	[9.4]	[4.7]	[0.0]	[2.6]	[12.1]	[25.5]	[8.1]	[100.0]	41
	Other urban	60.2	8.7	5.0	6.3	1.2	5.3	7.1	13.5	7.2	100.0	95
	Rural	51.1	3.2	24.3	1.1	0.0	4.0	6.0	15.2	4.7	100.0	68
Marital status	Never married											
	Currently married	57.7	4.2	14.9	1.3	0.0	3.1	5.1	15.6	8.1	100.0	159
	Formerly married	[48.3]	[14.8]	[3.3]	[14.7]	[2.6]	[8.4]	[17.3]	[19.4]	[0.9]	[100.0]	45
Number of children	0	...	...	...	...	...	...	...	...	...		8
	1-2	53.1	6.0	13.5	5.2	0.9	6.1	3.7	14.7	8.4	100.0	126
	3+	55.3	8.3	11.4	3.0	0.0	1.4	5.2	21.4	3.9	100.0	70
Education	No education											
	Basic general	...	...	...	...	...	...	...	...	...		17
	Secondary general	60.6	4.2	13.7	5.5	1.1	6.1	6.3	13.7	4.0	100.0	105
	Specialized secondary	55.5	7.6	15.5	4.0	0.0	2.8	4.6	16.7	3.5	100.0	56
	Higher	[51.2]	[5.8]	[2.1]	[2.4]	[0.0]	[0.0]	[22.0]	[18.0]	[27.6]	[100.0]	26
Employment	Unemployed	66.4	7.5	9.7	3.2	0.0	3.8	5.3	15.6	2.9	100.0	109
	Employed	36.4	3.4	19.2	9.3	2.1	6.9	14.1	12.5	16.6	100.0	55
	Seasonal work	[51.5]	[8.3]	[10.1]	[0.2]	[0.0]	[2.1]	[6.0]	[24.7]	[2.9]	[100.0]	39
	Other	...	...	...	...	...	...	...	...	...		1
Total		55.6	6.5	12.3	4.3	0.6	4.3	7.8	16.5	6.5	100.0%	204

* The sum total is over 100.0% because respondents could select more than one answer

It is interesting that consideration that the institution(s) will not help or knowledge of other women who were not helped is not seen as a reason (it accounts for merely 0.6% of the responses). While other reasons, which are deemed serious by the respondents, may overshadow this one, such an extremely low “rating” of that factor gives grounds for at least two conclusions. To begin with, it would seem that the respondents do not have adequate knowledge and experience of contacts with those institutions. Secondly, in any case they do not seem to project a negative image of those institutions. Thus, the initial conditions for those institutions are not bad and if they make conscious efforts to reach out and provide assistance in an effective way, they may quickly gain good reputation and public trust.

It is noteworthy that no single consistent pattern emerges when data are break down by background characteristics. The data clearly indicate that no factor can be a reliable predictor across the board in this case.

Thus, for instance, the reason “Embarrassed/ashamed/afraid that she would not be believed or would be blamed” is important for the lower percentage of women with higher education than with women with lower level of educational attainment (2.4% vs. 4.0% among women with specialized secondary and 5.5% with secondary general education). It would seem that more educated women can better withstand societal pressures brought to bear by stereotypes. However, with regard to the “bring bad name to the family” the picture is a mirror image, with 18.0% of women with higher education citing it as a reason, while among the other two groups the percentage is 16.7% and 13.7% respectively.

The percentage of currently married women who indicated specific reasons is consistently lower 1.5-times to 3 or more times than that of formerly married women. However, the picture is totally opposite in case of the “normalcy” of violence, thereby failing to fit into the above pattern.

Rural women are significantly less worried about more violence-entailing consequences or about being embarrassed than urban women: 3.2% vs. 8.2% and 1.1% vs. 5.8% respectively, or about bringing bad name to the family (15.2% vs. 17.1%). At the same time the percentage of those who see the level of violence as “normal” is almost 4 times higher among them (24.3%) than among urban residents (6.3%).

It seems to be an interesting case of very individual perceptions of and attitudes to various reasons. One conclusion that policy-makers, service providers and other practitioners in the field can draw from these data is that individual approach should be particularly emphasized and that strategies to address the above-mentioned reasons should be primarily addressed on the case-by-case basis.

REASONS FOR LEAVING PERMANENTLY OR TEMPORARILY A VIOLENT RELATIONSHIP OR FOR STAYING

In order to be able to provide better assistance and support to domestic violence victims it is important to know the reasons why they left temporarily or permanently a violent relationship, why they returned or why they chose to stay in that relationship. It is also important to know where the abused women are headed for when they decide to leave the violent relationship even temporarily.

As indicated by data in Table 7.7 below, only 19.9% (or approximately one in five) of women in abusive relationship left their partners temporarily or permanently.

Table 7.7 Women who did or did not leave a violent partner

Percent distribution of ever-partnered women age 15-59 in a violent relationship, who left the abusive partner temporarily or permanently (“[]” is for 25-49 cases); (“...” For fewer than 25 cases)

		Never left	Left	N/a	Do not know/ do not remember	Refused/ no answer	Total %	Number of women
Age	15-24	...	...	...	...	...	...	4
	15-19	...	...	...	...	...	...	1
	20-24	...	...	...	...	...	...	2
	25-34	[47.5]	[32.3]	[21.3]	[0.0]	[0.0]	[100.0]	26
	35-44	61.7	30.5	3.0	5.7	0.0	100.0	72
	45-59	82.4	10.6	4.0	2.9	0.7	100.0	105
Residence	Urban	64.4	26.4	5.1	5.1	0.6	100.0	124
	Yerevan	64.3	16.4	9.6	6.2	0.0	100.0	62
	Other urban	64.5	31.5	0.5	4.1	1.3	100.0	62
	Rural	84.7	7.3	6.7	1.0	0.0	100.0	83
Marital status	Currently married	81.4	14.0	3.6	1.0	0.0	100.0	152
	Formerly married	43.7	36.1	11.5	10.2	1.4	100.0	55
Number of children	0	...	...	...	...	...	...	7
	1-2	67.4	25.9	5.8	2.6	0.0	100.0	121
	3+	76.0	36.1	6.0	5.1	1.0	100.0	79
Education	Basic general	...	...	...	...	...	...	18
	Secondary general	83.5	11.6	4.1	0.8	0.8	100.0	102
	Specialized secondary	64.4	27.3	4.5	3.8	0.0	100.0	61
	Higher	[41.7]	[42.2]	[13.4]	[9.6]	[0.0]	[100.0]	26
Employment	Unemployed	77.6	17.8	2.2	3.0	0.0	100.0	105
	Employed	52.7	29.8	13.4	5.1	0.0	100.0	63
	Seasonal work	[85.6]	[8.1]	[3.1]	[2.2]	[2.1]	[100.0]	37
	Other	...	...	...	...	...	...	2
Total		71.4	19.9	5.7	3.5	0.4	100.0%	207

The percentage of women leaving violent partners decreases with age. While in the age groups 25-34 and 35-44 the percentage of women leaving abusive partners is 1% [32.3] and 30.5% respectively, in case of women aged 45-59 it is 10.6%.

Predictably, the percentage of domestic violence victims who left their violent partners at least temporarily is considerably much higher among formerly in comparison with currently married women (36.1% and 14.0% respectively).

As regards the residence factor, it is not surprising that women in rural areas are less inclined to leave than women in urban areas (7.3% and 26.4% respectively). What is surprising, though, is that women in other urban areas are almost twice more likely to leave abusive partners than women in Yerevan (31.5% and 16.4% respectively)

Educational attainment has a marked influence on the woman's decision to leave. The effect of the education factor is particularly striking when data for holders of secondary general education and of higher education are compared. Thus, among the former the percentage is 11.6%, while among the latter it is [42.2%], with holder of specialized secondary education falling exactly in between the two (27.3%).

When woman leaves, what are the reasons that prompted her to make that decision?

As evidenced by data in Table 7.8, the reason “could not endure” violence any more is definitely the most powerful incentive for woman to leave her abusive partner. That reason tops the list with 71.6%. 17.8% of the respondents in this group left because of children suffering. A similar reason is that woman left her violent partner because he threatened or hit children (7.4%). Roughly the same percentage (7.7%) of the respondents left because they were badly injured by the abusive partner.

Table 7.8 The reasons why woman left the last time

*Percent distribution of ever-partnered women age 15-59 in a violent relationship, who left the abusive partner temporarily or permanently **

Total	No particular incident	Could not endure more	Badly injured	He threatened or tried to kill her	He threatened or hit children	Saw that children suffering	Thrown out of the home	Afraid he would kill her	Other	Number of women
100%	14.1	71.6	7.7	3.7	7.4	17.8	3.0	4.5	1.9	52

* The sum total is over 100.0% because respondents could select more than one answer

The percentage of those women who left because they were afraid the partner would kill her (4.5%) or because he threatened or tried to kill her (3.7%) or thrown her out of the home (3.0%) are at the bottom of the list.

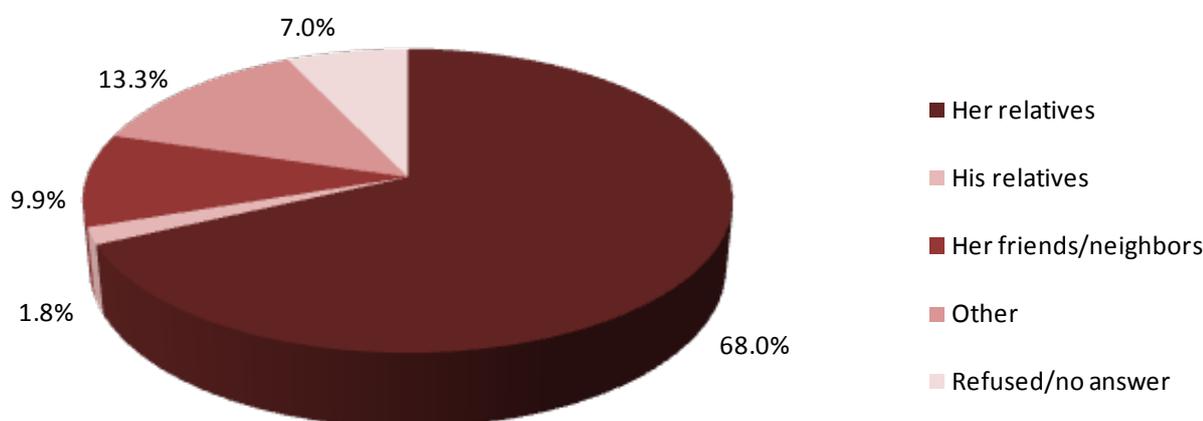
Even through the question specifically asked women about the reason why they left the last time, in the background there is history of violence and situations of repeated acts of physical abuse. That fact helps to account for 14.1% of the respondents failing to mention a particular incident, which triggered their decision to leave. They knew the dynamic of conflict as the pattern of violence is usually the same and probably felt that the situation was going to end up in violence. So, they pre-empted it by leaving before the conflict reached the violent stage.

It turns out that when abused woman does leave her violent partner, she does not have many options in Armenia in terms of where to go.

As evidenced by data in Figure 7.2, the majority of women (68.0%) choose the traditional and, possibly, the only viable and available option of going to their relatives. In most cases, it is their parental home.

Fig. 7.2 Where domestic violence victims went when they left last time

Percent distribution of ever-partnered women age 15-59 in a violent relationship, who left the abusive partner temporarily or permanently and went to



Only one in ten of women in that group took refuge at her friends or neighbors, which is obviously a temporary solution. Going to his relatives is definitely not an option.

13.3% of the women chose some other place. Whatever it is, it is not shelter, church, hotel (or lodgings) or street.

Data in Table 7.9 show that slightly over a half of women in that group leave their violent partner for less than a month and 7.0% for more than a month.

Table 7.9 How long domestic violence victims were away from partner when they left last time

Percent distribution of ever-partnered women age 15-59 in a violent relationship, who left the abusive partner for the following period of time

Total	Less than a month	A month or more	Did not return to partner	Number of women
100%	55.4	7.0	37.6	52

It is interesting, however, that over one-third of women (37.6%) did not return to the partner. It is quite a high percentage given numerous factors that act as disincentives for women to take such a decision, including lack of economic independence, lack of long-term viable solution with regard to accommodation, societal pressure, etc.

It follows from data in Table 7.10 below that the main reasons why women returned to abusive partners are because of children and family (44.5% and 33.3%). Another compelling reason is that they thought the partner would change (21.5%). Social and economic circumstances, which forced women to return, account for 9.7%. The reason “she forgave him” is almost as powerful (10.7%).

Table 7.10 The reasons why women returned

*Percent distribution of ever-partnered women age 15-59 in a violent relationship, who eventually returned after leaving a violent partner * (“[]” is for 25-49 cases)*

	Didn't want to leave children	Sanctity of marriage	Forsake of family /children	Loved him	He asked her to go back	Family said to return	Forgave him	Thought he would change	Could not stay there	Number of women
Total	[44.5]	[7.7]	[33.3]	[0.9]	[5.1]	[6.0]	[10.7]	[21.5]	[9.7]	33

* The sum total is over 100.0% because respondents could select more than one answer

It is symptomatic that reasons of love, sanctity of marriage and partner’s request to come back carry little weight (0.9%, 7.7% and 5.1% respectively) as does the reason that (extended) family told her to return (6.0%).

A significantly different picture emerges when domestic violence victims were asked why they stayed in a violent relationship. The data in Table 7.11 below clearly show that the following two reasons carry the maximum weight and two other reasons who carry only slightly less weight.

Table 7.11 The reasons why women stayed with a violent partner

*Percent distribution of ever-partnered women age 15-59 in a violent relationship, who did not leave a violent partner **

Didn't want to leave children	Sanctity of marriage	Didn't want to bring to shame on family	Couldn't support children	Loved him	Didn't want to be single	Family said to stay	Forgave him	Thought he would change	Nowhere to go	Violence normal/not serious	Other	Number of women
25.7	25.9	20.7	3.8	9.8	7.7	1.3	19.1	12.5	3.0	9.9	6.1	180

* The sum total is over 100.0% because respondents could select more than one answer

Those are “sanctity of marriage” (25.9%), unwillingness to leave children (25.7%), unwillingness to bring

shame on family (20.7%) and a decision to forgive the partner (19.1%). All these reasons are grounded in a great value attached by these respondents to family.

Several other family-related reasons are also important for a significant proportion of women. Those are a belief (or, rather, hope) that he will change (12.5%), love for him (9.8%) and unwillingness to be single (7.7%).

Probably the determination to preserve the family motivated some of the respondents to perceive violence that they had been subjected to as not too serious (9.9%).

Thus, family has a top priority in almost all the considerations that make women endure a violent partner because other reasons account for a negligibly small percentage of the responses. Thus, inability to support children on her own account for only 3.8%, threats for 3.0% and pressure put on her by extended family for 1.3% of the responses.

A conclusion can be drawn that any efforts to help victims of domestic violence should take into consideration the fact *that family is a top priority for most of abused women* who even stay in a violent relationship for the sake of family and children. Therefore, any interventions, services and other forms of assistance should seek to help beneficiary women to preserve their families and to empower them to change the situation and the dynamic and to break the vicious circle of violence.

Currently that is not the case or at least that is what follows from women's perceptions. Data in Table 7.12 below show beyond any doubt that women perceive the help given to them as inadequate and not to the point. Naturally enough, they for the most part do not want more of it. Even family is not immune to skepticism, as only 11.7% (i.e. roughly one out of ten) of women would like to get more help from it.

Table 7.12 Individuals or institutions that could provide more help

Percent distribution of ever-partnered women age 15-59 in a violent relationship, who would or would not like to get more help from the following individuals or institutions

More help	Family	Her mother	His mother	Health centre	Police	Priest/religious leader
Wanted	11.7	7.3	2.9	2.1	0.8	1.4
Not wanted	88.3	92.7	97.1	97.9	99.2	98.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	225	225	225	225	225	225

It is also noteworthy that 68.6% of the respondents stated that they do not want anyone's help.

The data provide evidence of low trust in and, probably, low effectiveness of health centers and police and religious leaders that can or do, in theory, provide help and protection to victims of domestic violence.

The survey findings provide food for thought for policy-makers, practitioners and other stakeholders and provide information, albeit limited, on several key aspects of the problem.

CHAPTER 8. CONCLUSIONS AND RECOMMENDATIONS

This Chapter contains the outcome of the efforts to evaluate and synthesize the main findings of the survey.

MAIN CONCLUSIONS OF THE STUDY

A. PREVALENCE OF VIOLENCE AGAINST WOMEN

The data on violence against women as reported in the survey by the respondents indicate that this phenomenon is a common occurrence in Armenia and that intimate partner violence accounts for the greatest share of physical and psychological violence and controlling behavior and, probably, of sexual violence.

Here are some data for various forms of intimate partner violence/abuse experienced by ever-partnered women at some point in their lives (lifetime prevalence of intimate partner violence):

- 61.0% of women were exposed to controlling behavior
- 25.0% of women were subjected to psychological violence/abuse
- 8.9% of women were subjected to physical violence
- 3.3% of women were subjected to sexual violence
- 9.5% of women were subjected to physical and/or sexual violence

As regards prevalence of physical violence and forced sex by perpetrators other than husbands or other intimate partners that all surveyed women could have been exposed to after age 15, the picture is as follows:

- 2.3% of women were subjected to physical violence
- 0.1% of women acknowledge in the course of an interview that they experienced forced sex
- At the same time, when answering the same question anonymously 9.2% percent of women reported sexual abuse in childhood and early adolescence (when they were under 15 years of age)
- The survey data show that only 0.1% of the surveyed women said that they had been subjected to physical violence by teachers. Several studies (their being non-representative notwithstanding) conducted in Armenia show that physical violence at schools in Armenia is not a rare occurrence⁶⁸.

With regard to lifetime prevalence of economic violence/abuse in case of currently-partnered women, the survey revealed that:

- 7.4% of those women gave up or refused a job because their partner did not want them to work;
- 8.7% of those women said their partners had taken their earnings/savings against their will.
- 60.9% of ever-partnered women were unemployed. (It may become a part of the problem since it is known from numerous studies that those women victims of domestic violence who are economically dependent on their partner find it difficult to break away from the abusive relationship⁶⁹).
- The data show that violence against women has an adverse impact on women's health and on their social, mental, physical and economic well-being.
- 2.1 of ever-partnered women, and 22.1% of ever-partnered women who were ever subjected to physical or sexual violence, were at least once injured due to physical or sexual violence by intimate partners.

⁶⁸ *Health behavior of school-aged children*. School-based health survey report. Yerevan: Arabkir Institute of Child & Adolescent Health and UNICEF, 2007. Reports of monitoring conducted by Helsinki Committee of Armenia See: *Ditord/Observer Bulletin*, July-August 2008, # 1(#39); *Ditord/Observer Bulletin*, April-June 2009, # 6-7(#44-45); *Human Rights in the Regions of Armenia* (# 4). Yerevan: HCA, 2010, pp. 41-61. *Knowledge against Violence*. Yerevan: HCA, 2010.

⁶⁹ See, e.g., *Violence against Women in France*. Geneva: OMCT, 2003, p. 12.

- 3.3% of ever-partnered, ever pregnant women experienced physical violence by intimate partner during pregnancy.
- The percentage of the surveyed women who have an adequate understanding of gender-based violence varies dramatically depending on the form of violence and their background characteristics. Nevertheless, these variations notwithstanding, the majority (and not merely the plurality) of women have an adequate understanding of gender-based violence with regard to all its forms.
- This majority is within a wide range from overwhelming (in perception of acts resulting in physical injury and of forced sex) to great (in assessment of intimate partner's degrading woman in public) to clear (with regard to economic violence and verbal threats) to slim (with regard to verbal abuse).
- The higher the level of educational attainment the higher the percentage of the respondents who correctly qualify relevant acts of physical, sexual and psychological abuse of women as gender-based violence.
- Current "marital status" is the best predictor for all forms of intimate partner violence: the percentage of women reporting abuse is at least 1.3 times, 3-4 times and 1.9 times lower for psychological, physical and sexual abuse among currently-partnered women as compared to formerly partnered women.
- Education and age are fairly accurate predictors with regard to all three forms of violence. They show consistent patterns. In case of education, an inverse correlation between prevalence of sexual violence and victims' level of education is almost unequivocal. In case of age, there is a steady rise for the first three age groups and then a slight decline for the fourth group.
- The findings show that women are vulnerable to multiple forms of violence.
- The survey confirmed a substantial overlap between physical and sexual violence by intimate partners. The findings indicate that in the group of ever-partnered women sexual abuse is usually accompanied by physical violence:
 - 3.3% of the respondents report sexual violence and 2.9% report sexual and physical violence.
 - Among women who were ever abused physically and/or sexually only 4.3% were subjected exclusively to sexual violence, while 28.9% encountered sexual and physical violence.
 - Every fifth woman, who is subjected to physical violence, is also a victim to sexual abuse.
- Consistent prevalence of controlling behavior by women's intimate partners clearly indicates that patriarchal social and cultural stereotypes and norms are deep-rooted and pervasive in this society.

B. REASONS FOR INTIMATE PARTNER'S VIOLENT BEHAVIOR

- Almost half (47.9%) of the respondents in the ever-partnered subset of women indicated that there was no particular reason why their intimate partner abused them physically.
- Reasons are multiple and a relative "weight", or significance, of individual reasons varies within a very wide range. As to their significance, they fall into several groups:
 - Very insignificant, as reasons, are woman being disobedient or refusing sex or failing to cook food (2.5%, 3.4% and 3.1% respectively).
 - A higher percentage of the respondents regard difficulties at man's work and problems with his or her family as reasons for violent behavior (5.7% and 6.8% respectively).
 - A significantly high prevalence of male aggression is fueled by economic uncertainty, unemployment and financial problems: Each tenth respondent pointed at partner's being unemployed or jealous as reasons for his violent behavior (10.1% and 10.6% respectively). Money problems figure prominently as a reason (18.2%).
 - Man's drinking problems stand out as the single most significant cause for violent behavior. One-third of the respondents (33.0%) associates violent behavior with drunkenness.

C. INTER-GENERATIONAL CYCLE AND PATTERN OF FAMILY VIOLENCE

- Between 6.0% and 7.9% of women in the sample saw or heard, as children, their mothers physically abused.
- Women's partners are more abusive, if their mothers were beaten by husbands: among those ever-partnered women, who were ever subjected to physical intimate partner violence, the percentage of partners with physically abused mothers is 8 times higher (20.9%) than among ever-partnered women, who were NOT ever subjected to physical intimate partner violence (2.6%).
- Likewise, the male intimate partners, whose mothers were beaten by husbands, are almost ten times more likely to be physically abusive towards their women (43.6%) than those whose mothers were not beaten (4.5%).
- Only about 20% of women, who experienced physical violence by partner, fought back, when physically mistreated by their intimate partners.

D. WOMEN'S ATTITUDES TO VIOLENCE AND TO HUSBAND'S SEXUAL "ENTITLEMENT" (ALL WOMEN IN THE SAMPLE)

- Only 7.7% of women believe that family problems (and domestic violence is one of the most sensitive among those) can be discussed with persons other than family members.
- 54.0% of women disagreed and 31.1% agreed with the statement that law should not intervene since domestic violence is a private issue.
- The survey findings clearly indicate that there is a growing understanding among various segments of the Armenian society that violence perpetrated against women is not a private matter, even when committed in the private sphere of the family, and that the State has a responsibility to interfere to stop and to prevent violence and to provide adequate protection to women targeted by gender-based violence.
- Women's attitudes towards wife beating vary significantly depending on the circumstances and on the respondents' background characteristics. Almost no circumstances are seen as legitimate reasons for a husband to hit his wife, with a marked exception of adultery, as 34.3% of women exonerate and condone the husband who hits his wife when he finds out that she has been unfaithful.
- The higher the level of educational attainment, the less likely the respondents are to condone intimate partner violence.
- A vast majority of women reject the idea of men's sexual entitlement: only 14.2% agree with the statement that it is a wife's obligation to have sex with her husband even if she does not feel like it.
- 82.2% of women agree with at least one reason as being valid for a married woman to refuse to have sex with her husband.

E. ECONOMIC EMPOWERMENT, SELF-RELIANCE AND ABUSE OF WOMEN

- Most women do not have sufficient economic resources for economic security, self-reliance and empowerment through entrepreneurship, employment and ownership.
- While ownership of and control over means of production are important indicators of economic self-reliance and autonomy, on the whole women lack economic resources that would be sufficient for entrepreneurial activities, especially in urban areas: 2.8% - 9.0% in rural areas and 0.6% in urban areas own those resources by themselves. Therefore, their autonomy and capacity to make independent decisions are extremely limited.
- While earning money by themselves is an important aspect of women's economic, particularly financial, status, only 37.7% of the surveyed women are engaged in income-generating activities, primarily in gainful employment. In other words, two in three women do not earn money through employment or other income-generating activities and are, thus, dependent on others for support and livelihood, with intimate partners being provider of that support in most cases.

- While more equitable and less violent relations are easier achieved and sustained when incomes earned by men and women do not differ greatly, only 19.4% of the currently-partnered women who earn money by themselves report that the money that they bring into the family is respectively more than or about the same as what their partner contributes.
- Women's economic disempowerment or economic violence against them is manifested more directly when their intimate partners take their earnings or savings from them against their will or make them quit or refuse a job. The survey data indicate that this does not constitute a major problem in Armenia: less than 9.0% of the currently-partnered women report that their partner has ever taken their earnings/savings against their will (when he has, that usually happened only once or twice) and only 7.4% of women in that group report that they ever gave up a job because their partners did not want them to work.

F. IMPACT OF VIOLENCE ON WOMEN'S HEALTH

The survey findings unequivocally confirm the conclusions drawn by many studies and surveys the world over that gender-based violence is not merely an issue of human rights and social justice but that it is also a public health issue.

- The survey data clearly indicate that violence has an adverse impact on women's physical, mental and reproductive health and on their children's mental health.
- Even though the degree of that impact is perceptibly different, nevertheless, the pattern is almost the same for all three forms of violence.
- The percentage of women who describe their overall health as "excellent" or "good" is considerably lower in the subset of women who were subjected to violence as compared to women who were not subjected to violence (1.5 times lower in case of psychological violence and 2 times lower in case of physical and sexual violence), whereas the percentage of women in the same group describing their health as "poor" or "very poor" twice as high as compared to women who were not subjected to violence.
- The percentage of the respondents who report problems related to their ability to walk around is higher among women who were subjected to violence.
- The percentage of the respondents who report using medication for sleep and for pain quite frequently is perceptibly higher among women who were subjected to violence.
- There is a direct correlation between individual health-related symptoms (headaches, poor appetite, sleeping badly, hands shaking, etc.) and a violence factor. Thus, as regards all three categories of violence the percentage of women reporting those symptoms is on the average 1.5-2 times higher among women who were subjected to violence as compared to women who were not.
- In terms of mental health-related pathological signs, the percentage of the respondents who have those symptoms is higher for women who were subjected to violence (the percentage is higher 2 to 3 times as regards being "easily frightened" and 3 to 4 times as regards "feeling unhappy").
- The severest signs of a negative impact of the violence factor on mental health are thoughts of and attempts at ending one's life. The percentage of the respondents who thought about ending their life is 2.7, 6.4 and 8.9 times higher in case of psychological, physical and sexual violence respectively for women who were subjected to violence.
- Almost half of women who were subjected to psychological violence and who thought about ending their life and almost two-thirds of women who were subjected to physical and sexual violence and who thought about ending their life made an attempt to end their life.
- At-risk behavior, especially smoking, is much more prevalent among women subjected to violence.
- The following patterns were identified in terms of correlation between the violence factor and reproduc-

tive health/reproductive behavior:

- Impact of violence on pregnancy: the percentage of women whose pregnancy ended in a stillbirth was 5 times higher among women subjected to physical violence. In case of induced abortion, the percentage of women who had it is on the average 1.5 times higher for all three forms of violence.
- Violence is also a powerful risk factor with regard to avoiding unwanted pregnancy and to limitations on the use of contraceptives to that end: the percentage of intimate partners, who refused to use a method or tried to stop woman from using a method to avoid getting pregnant is 1.3-1.6 times higher among violent partners.
- The percentage of intimate partners, who refuse to use a condom, is 1.8-3 times higher among men who are prone to violence. In such cases violence is accompanied by unsafe and unprotected sex, which may result not only in unwanted pregnancy and abortion but also in venereal diseases.
- The percentage of women who have symptoms of venereal diseases (itching, vaginal discharge) is about 2 and more times higher among the respondents who were subjected to violence than among those who were not.
- Violence has an adverse impact on mental health of children of those women who are subjected to violence. The percentage of children who have frequent nightmares, who are aggressive and who wet their bed often is almost two, three and 1.5 times higher respectively among children of those women who were subjected to violence than among children of the women who were not.

G. SOME HYPOTHESES TESTED

Several important findings of international studies and surveys, primarily those conducted by WHO and UNFPA, were taken as hypotheses and tested in the present survey. The results are mixed. More often than not the Armenian situation tends to be different.

1. Some WHO studies postulate that more educated women face an increased risk of physical and sexual violence by intimate partners. Researchers conclude that more educated and, thus, more empowered women tend to offer more determined resistance to patriarchal norms and traditions. In an attempt to regain control their men may resort to violence⁷⁰.

Our survey data do not support this hypothesis. The relationship between level of educational attainment and physical and sexual violence is inverse, i.e. higher level of education reduces risk of intimate partner violence and becomes protective.

One possible explanation, *inter alia*, is that education, while leading to empowerment, does not immediately translate into it. In other words, more educated women are not necessary feel or are more empowered or are more likely to confront patriarchal norms head-on. Another possible explanation is that better-educated women may tend to select better-educated and more open-minded men, who have to a greater extent internalized and are more sympathetic to ideas of gender equality or who, at least, are inclined to accept more egalitarian relationships.

2. UNFPA research indicates that although women of all ages are affected by intimate partner violence, women most at risk are between 20 and 35 years of age.

The findings in our survey show a different picture. The percentage of women subjected to any of the three forms of intimate partner violence is definitely lower (and in most cases significantly lower) in age groups 20-24 and 25-34 than in age groups 35-44 and 45-59 (See Table 8.1 below). The survey data indicate clearly that women most at risk are in age groups 35-44 and 45-59.

⁷⁰ “The relationship between education and intimate-partner violence is complex: in some cases, women who are becoming more educated and empowered face a greater risk of violence as their male partners try to regain control.” *Addressing violence against women and achieving the MDGs*. Geneva: WHO, 2005, p. 44. : “Women are at increased risk of sexual violence, as they are of physical violence by an intimate partner, when they become more educated and thus more empowered. ... The likely explanation is that greater empowerment brings with it more resistance from women to patriarchal norms ..., so that men may resort to violence in an attempt to regain control.” World report on violence and health. Krug, E.G. et al., eds. Geneva: WHO, 2002, p. 158.

Table 8.1 Prevalence of intimate partner violence

Percentage of ever-partnered women age 20-59 who were ever subjected to psychological, physical or sexual violence by intimate partner, by age

Age group	Form of violence		
	Psychological	Physical	Sexual
20-24	7.9	2.3	1.7
25-34	17.0	5.3	2.3
35-44	29.1	10.5	5.7
45-59	27.4	9.9	2.6

3. UNFPA research findings indicate that unemployed women are more likely to face violence than women who are working. Our findings indicate that employment is not a differentiating factor as the percentage of women subjected to any of the three forms of violence is roughly the same for working and unemployed respondents. The only difference is a group of seasonally employed women. The percentage of women who are subject to intimate partner violence in that group is on the average 1.5 times (in case of psychological violence), 3 times (in case of physical violence) and 3.6 times (in case of sexual violence) higher than among permanently employed or unemployed women.

4. Given a sensitive nature of the phenomenon, researchers are anxious lest they cause additional anguish and mental distress and suffering to victims of intimate partner violence by surveying them. Some studies, however, indicate that an impact of asking women and talking to them can be positive. Thus, a study conducted by the *Center for Health and Gender Equity* led researchers to the conclusion that “rather than being a barrier, evidence suggests that many women find participating in violence research beneficial”⁷¹. Some researchers affiliated with the *WHO Multi-Country Study on Women’s Health and Domestic Violence* concluded that “[i]n all countries, the overwhelming impression from the study was that women were not only willing to talk about their experiences of violence but also were often deeply grateful for the opportunity to tell their stories to a nonjudgmental, empathetic person”⁷².

The study conducted in Armenia does not tend to support this sweeping generalization made from similar studies conducted in other countries. At the same time, however, our findings indicate that indeed more women feel good (or even better) (28.2%) than bad (or worse) (10.8%) after the interview but definitely not too many of them as a clear majority of the surveyed women (61.0%) felt no difference.

5. It is unfortunate that the answer options for basically same questions with regard to attitudes towards wife beating and towards wife refusing sex with husband differ significantly in the WHO questionnaire from those in the DHS⁷³ questionnaire thereby rendering any data comparisons impossible.

H. LIMITATIONS OF THE STUDY

The WHO standard questionnaire was modified and adapted but only slightly so as to make possible international comparisons with data obtained with the use of the same questionnaire and methodology in many countries. That, however, came at a high price. The survey was based on face-to-face interviews. Thus, the format allowed very little anonymity, if at all.

Study after study and survey after survey demonstrated time and again that gender-based violence is

⁷¹ Center for Health and Gender Equity, 1996 Second Annual Meeting of the International Research Network on Violence against Women. Dec. 8-19, 1996. Unpublished document. Quoted in: *Putting Women First...* Geneva: WHO, 2001, p. 9.

⁷² Jansen, H. A. F. M. et al. “Interviewer Training in the WHO Multi-Country Study on Women’s Health and Domestic Violence.” *Violence against Women*, Vol. 10 No. 7, July 2004, p. 845.

⁷³ See: *Armenia Demographic and Health Survey 2000*. RoA National Statistical Service, Ministry of Health, and ORC Macro. Calverton, Maryland, December 2001, pp. 43-50. *Armenia Demographic and Health Survey 2005*. By RoA National Statistical Service, Ministry of Health, and ORC Macro. Calverton, Maryland, December 2006, pp. 217-223..

“shrouded in silence and shame”⁷⁴. In many cultures, including in the South Caucasus, victims of violence, especially of intimate partner violence and of sexual violence or harassment, seldom come forward, if at all, because if they do, they have to face numerous negative social, economic, psychological and other consequences. Many experts emphasize that the fear of being socially stigmatized and, in extreme cases, ostracized and of ending up in an economically and socially vulnerable and precarious situation is not infrequently a powerful deterrent against women’s coming out, reporting and/or ending a violent relationship.

Thus, the first thing that should be done is to take social context and cultural sensibilities into consideration so as to minimize the respondents’ feelings of shame, frustration and humiliation and, hence, the resulting underreporting.

While there is a realization that the population-based surveys should be culture-specific, still their methodology does not entirely take that into consideration. In this case, the culture of shame (and sometimes of fear) that shrouds the problem in silence distorts the results and produces unauthentic findings that have deleterious effects on policies in the field. The publication by WHO, which is a staunch proponent and implementer of a large number of population-based surveys on a sensitive topic of domestic violence, acknowledges a general feeling that “shame, self-blame or fear of further violence will prevent women from discussing their experiences”⁷⁵.

It is our contention here that even though the population-based surveys such as the present one are justly said to provide the most compelling evidence, the flaws originating in the disregard of cultural specifics (the disregard is inevitable owing to the necessity of ensuring standardization and comparability) resulted in predictably sizeable underreporting⁷⁶. While it is universally recognized that the survey, including the construction of the questionnaire as a survey instrument, should be culture-specific, the practice does not always comply with that principle. In Armenia, for one, asking questions concerning sex life, especially experience of sexual abuse or assault, and sometimes even about victimization by partner and non-partner can be not so much an arduous or dangerous as an extremely sensitive task in a survey interview situation.

In many countries, including Armenia, women are reticent to report GBV-related incidents, especially rape – as it can entail blame, stigma, suspicions/accusations of adultery or immoral conduct that “provoked” the perpetrator and even ostracism. It is not surprising that many victims are not likely to report such crimes and abuses to relevant authorities as they fear to face social consequences. Legal and medical procedures, involving medical and other forensic examination, investigation and prosecution of sexual abuses, especially rape, minimal confidentially (if at all) usually tend to re-traumatize victims thus making them and other victims more reluctant in most cases to come forward and to report and prosecute. Alongside social consequences and cultural restraints, underlying causes for non-reporting may also include fear of the perpetrator and, as indicated in the UNODC Paper, of the police, especially “where there is a risk that they may suffer secondary victimization”⁷⁷. It should be borne in mind that secondary victimization is further violence and abuse perpetrated by a State authority. It is not necessarily or exclusively committed by police officers. The victims may experience it at the hands of other service providers, such as, e.g., health or social welfare systems. Thus, there are grounds to believe that the “dark figure” of rape and other sexual offenses and abuses

⁷⁴ *Addressing violence against women: piloting and programming*. Rome, Italy: UNFPA & AIDOS, September 2003, p. 5.

⁷⁵ *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women* (Document WHO/FCH/GWH/01.1). Geneva: WHO, 2001, p. 9.

⁷⁶ WHO is well aware of the fact. “As women are commonly stigmatized and blamed for the abuse they experience, there is unlikely to be over-reporting of violence. In practice, the main potential form of bias is likely to reflect respondents’ willingness to disclose their experiences of violence – which may differ between different age groups, between different geographical settings, and between different cultures and countries...” *WHO Multi-country Study on Women’s Health and Domestic Violence against Women*, 2005 p. 23. Even though the group of experts in that Study are optimistic that a number of measures (such as the standardization of the study tools, the careful pretesting of the study questionnaire and intensive interviewer training) can help to “minimize bias, maximize disclosure, and reduce the potential for inter-site variability,” nevertheless, they admit that the remaining disclosure-related bias would be likely to lead to an underestimation of the levels of violence” and that the prevalence figures that presented in the Report “should be considered to be minimum estimates of the true prevalence of violence in each setting.” *Ibid*, p. 23.

⁷⁷ *Indicators, crime and violence against women*. Paper submitted by UNODC, p.3. Presented on 5 October 2007 at the Expert Group Meeting on indicators to measure violence against women (Geneva 8-10 October 2007).

(i.e. the difference between police recorded rape, etc. and the level actually experienced) may be quite high.

In this culture, people, especially women, are not open about intimate aspects of their lives, especially those that do not fit well into prevalent social stereotypes and (usually patriarchal) social norms and traditional notions of female chastity, that come close to some (perceived) taboos, that may affect their public image they wish to project and that may “denigrate” their reputation in other person’s eyes (even if it is a non-judgmental and caring female interviewer who is going out of her way in order to develop a good rapport with the interviewee) the disclosure and admittance of one’s status of a victim of violence because that will also arguably lower their self-esteem.

While underreporting is an undesirable outcome as an end in itself since it distorts the real picture, it has, in addition, quite a dangerous spin-off. By camouflaging the real situation, underreporting (especially in case of low numbers) may give rise to complacency.

The face-to-face interview methodology, which is not culturally appropriate in this part of the world for the purpose of surveying women on very sensitive issues related to their private lives, thereby resulting in considerable underreporting, is most unfortunate for another reason as well. It may well be the case that the study findings will play into the hands of those individuals, entities and political forces that prefer to deny the existence or wide prevalence of gender-based violence.

This point is made very powerfully by WHO as well. In one of its important documents WHO emphasizes that “ethically, it is unacceptable to conduct a poorly designed study that cannot hope to address its primary study aims. This is particularly true for studies on violence against women, where women are asked to disclose difficult and painful experiences and where, moreover, the nature of the subject matter may put women at risk. Practically, too, it is of concern if a study documents low levels of domestic violence in a setting where prevailing evidence is to the contrary. Bad data may be worse than no data, because low prevalence estimates could potentially be used to question the importance of violence as a legitimate area of concern”⁷⁸.

However, the whole point of VAW surveys, is, as the UN Secretary General’s Report put it, to “galvanize political will and result... in legislative and policy reforms”⁷⁹.

The fact that most forms and instances of gender-based violence are underreported is very counter-productive since it is difficult to persuade both general public and the authorities (Government, Parliament, provincial and local administrations) that gender-based violence is a daunting problem that has dire physical, mental and sex health, social and other consequences and serious repercussions and, hence, that combating and preventing it should become a priority for all stakeholders. To change the perceptions and the mindset and to make people realize that gender-based violence or domestic violence is a problem and to initiate and boost awareness-raising campaigns, policy measures, etc. credible evidence is required.

It is one of the reasons why entirely anonymous surveys are preferable as additional tools for in-depth studies of violence against women since they can help to avoid the pitfalls of substantial underreporting and to produce more reliable baseline figures and assessments on the prevalence (and incidence) of all forms of gender-based violence in similar cultural contexts⁸⁰. While such surveys can pose huge methodological, technical, logistical, financial and other challenges, they may well prove to be not only the most but prob-

⁷⁸ *Putting Women First: ...* Geneva: WHO, 2001, p. 15.

⁷⁹ UN SG Report, p. 68.

⁸⁰ This is, in fact, not disputed by WHO Study experts. They themselves state that the differences observed in their Study between “the prevalence of childhood sexual abuse disclosed in face-to-face interviews versus anonymous methods is consistent with other studies that have found that respondents often find it easier to disclose highly stigmatized behaviors using anonymous formats. Studies of sensitive topics such as sexual behavior ..., induced abortion ..., sexual abuse ..., and coerced sex ... have consistently found a higher reporting of risky behaviors using anonymous or computerized methods than with interviewer-based methods of data collection.” *WHO Multi-country Study on Women’s Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women’s responses.* Claudia Garcia-Moreno et. al. Geneva: WHO, 2005, p. 53.

ably the *only* effective tool for identifying comparatively accurately the scope and various dimensions of the phenomenon.

Our study provides a telling, albeit a cursory, illustration of this point. When asked point-blank whether before the age of 15 anyone touched them sexually, or made them do something sexual that they did not want to, only 0.1% of all the respondents in the sample replied in the affirmative, with only a boyfriend being the “perpetrator.”

However, when the same question was given to the respondents at the end of the interview in a somewhat anonymous way (through a card with a happy and a sad face, which they had to mark and to seal in an envelope), which, at least in theory, could protect their identity, 9.2% (!) of the respondents, i.e. 92 times more respondents, answered in the positive!

It is this underreporting that helps explain striking differences between our survey data for Armenia and data for Europe. Otherwise, a conclusion would have to be drawn that the percentage of women subjected to physical violence is at least twice and to sexual violence almost three times lower in this country than in Europe. Considering all forms of violence against women, the percentage would seem to be at least 1.5 times lower here than in Europe.

Says Rosa Logar, a member of the Council of Europe Task Force to Combat Violence against Women, including Domestic Violence, “According to prevalence studies in this field, approximately 20% to 25% of all women [in Europe] have suffered physical violence, and more than 10%, sexual violence, during adult life. If all forms of violence against women are taken into account, around 45% of women have experienced violence”⁸¹. The 2010 Report by the European Women’s Lobby also states that 45% of all women in Europe have been subjected to gender-based violence⁸².

According to our survey findings, lifetime prevalence of physical violence, sexual violence, psychological violence and physical and/or sexual violence against ever-partnered women is 8.9%, 3.3%, 25.0% and 9.5% respectively.

Prevalence of physical violence and of forced sex in women’s adult life (after age 15) by perpetrators other than husbands or partners is 2.3% and 0.1% respectively.

It would be short-sighted to believe that the overall level of violence against women in Armenia is several times lower than it is in Europe.

Therefore, the data obtained in our Survey can be regarded as reflecting only the tip of the iceberg.

FURTHER RESEARCH

1. While focused mostly on prevalence and degree of severity of violence against women, the present study addressed only selectively some causes of gender-based violence, including domestic violence. In-depth exploration of the root causes of violence against women is one of the areas that can be suggested for further research.
2. In addition, one of the principal definitive conclusions of this study is that it demonstrated clearly and convincingly that other types of surveys (methodologies) are needed to adequately assess the scope and scale of gender-based violence as one of the most socially important and culturally and politically sensitive issues.
3. The ideal solution would be to complement the WHO questionnaire-based surveys with entirely anonymous surveys and with qualitative studies focused on the same issues. Longitudinal and follow-up studies

⁸¹ Logar, Rosa. *Good Practices and Challenges in Legislation on Violence against Women*. Expert Paper prepared for Expert Group Meeting on good practices in legislation on violence against women. United Nations Office at Vienna, Austria 26 to 28 May 2008. Document EGM/GPLVAW/2008/EP.10, p. 1.

⁸² *From Beijing to Brussels*. The European Women’s Lobby Beijing+15 Report on the activities of the European Union. Brussels, 2010, p. 8.

would definitely be a plus as they could accurately capture and reflect the dynamic and assess efforts and progress made.

RECOMMENDATIONS

- Gender-based violence is still a persisting problem in this country. At the risk of belaboring the obvious we need to say that consistent efforts should be made to combat and to eliminate it. To be able to do so, the UN Secretary-General's Report "requires clear political will, outspoken, visible and unwavering commitment at the highest levels of leadership of the State and the resolve, advocacy and practical action of individuals and communities"⁸³.
- More aggressive and better-targeted public awareness-raising and advocacy campaigns need to be launched – get the message across and - to "combat attitudes and behavior that condone, tolerate, excuse or ignore violence committed against women"⁸⁴ and that contribute to perpetuation of various forms of violence. Thus, it is also crucial to invoke and to strengthen those social and cultural norms and values that cultivate positive attitudes towards women and that regard violence in general and gender-based violence in particular as unacceptable.
- Even though intimate partner violence takes place in the private sphere, it is not a private matter. Furthermore, it is a human rights issue⁸⁵. Therefore, on behalf of the society at large the State has the responsibility to combat all forms of violence against women, regardless of who the perpetrator is and where violence occurs (i.e. to combat domestic/intimate partner violence), and to set up, maintain and supervise a comprehensive system of prevention of all forms of gender-based violence, while at the same time ensuring effective operation of mechanisms for prosecution of perpetrators and for protection and rehabilitation of and provision of assistance and support to victims.
- The efforts to combat gender-based violence will significantly benefit, if the Armenian Government takes a more pro-active stand in elaborating further and operationalizing the relevant section in the *Conceptual Framework of the State Gender Policy*. The section can be expanded into a Concept Note, which will set forth the basic principles and approaches of the Government policy to effectively combat GBV and will lay a conceptual groundwork for the future law.
- Armenian legislation on violence against women should be comprehensive. In line with UN GA Resolution 61/143 of 19 December 2006, which was adopted in response to the SG's in-depth study on all forms of violence against women and which "stresses the need to treat all forms of violence against women and girls as a criminal offence, punishable by law"⁸⁶; it should include, *inter alia*, such concepts as "incest", "domestic violence", "marital rape" and "nonconsensual sex" into the Criminal Code, Family Code, etc. and should explicitly criminalize them.
- In order to ensure viable protection to victims of gender-based violence the law should introduce a "civil order for protection" as a remedy to victims who will not have to seek shelter but will stay at home since the courts will be authorized to order violent offenders out of the home⁸⁷. Those women should not be

⁸³ *In-depth study on all forms of violence against women*. Report of the Secretary-General. UN doc. A/61/122/Add.1. N.Y., 2006, p. 9.

⁸⁴ UN SG Ban-Ki-moon's message for the International Day for the Elimination of Violence against women. 25 November 2008. *SG/SM/11942 OBV/748 WOM/1705*. www.un.org/News/Press/docs/2008/sgsm11942.doc.htm

⁸⁵ More emphasis should be placed in public awareness-raising campaigns and in other public-opinion-molding efforts on advancing the idea that human rights have been re-conceptualized in the today's world and that they are no longer limited to the public sphere but that they also apply to the private sphere.

⁸⁶ *General Assembly Resolution 61/143* adopted on 19 December 2006. UN Document A/RES/61/143, p. 3.

⁸⁷ So far the prevalent mentality and practice is for police and court authorities to remove the victim rather than the violent offender from the home. As Cheryl A. Thomas rightly puts it, "This practice undermines the primary goals of domestic violence legal reform – victim safety and offender accountability." Thomas, Cheryl A. *Legal Reform on Domestic Violence in Central and Eastern Europe and the Former Soviet Union*. Expert Paper prepared for the Expert Group Meeting on good practices in legislation on violence against women. United Nations Office at Vienna, Austria 26 to 28 May 2008. Document EGM/GPLVAW/2008/EP.01, pp. 3-4.

placed at a disadvantage in child custody issues. In addition a comprehensive social safety net (including financial support arrangements) should be established for victims of domestic violence.

- In order to be effective the law should further reflect the prevalent European approaches and should build on the experience and practices of the European countries and entities. First and foremost, while setting up standards and mechanisms, the law should be in line with the underlying philosophy of the *Convention on Preventing and Combating Violence against Women and Domestic Violence*, which will be finalized in early 2011. Thus, the prospective law should be built around the four “P” (protection, prosecution, prevention and policies)⁸⁸. Therefore, it should be a more comprehensive and encompassing law than merely a law on Domestic Violence.
- While laws are important (especially Gender Equality laws and Domestic Violence laws), they are no panacea in and of themselves because their implementation and enforcement are crucial. In addition, there should be clear, well-designed, transparent and effective procedures for application and enforcement of the law.
- Overall, the policy in the field of combating gender-based violence should be grounded in a comprehensive/holistic approach, which incorporates, coordinates and harmonizes education – prevention – investigation-prosecution/ punishment – rehabilitation and support to victims, especially financial support and other efforts, including provision of accommodation, legal advice, etc.
- Such an approach will lead to the setting up of a comprehensive, flexible and efficient women-friendly system with a focus on GBV prevention, fast response, prosecution and rehabilitation. Its full and effective implementation must be considered to be a priority for the Government. The approach will also be instrumental in strengthening a national policy framework and in formulating a coherent and comprehensive Strategy (National Action Plan for combating all forms of violence against women in public and private spheres). Ideally, it will lay the groundwork for a gradual transition in the future to the system, which not simply proceeds from women needs but also incorporates women’s capacities, perspectives and experiences.
- To make sure the adequate policies are formulated and implemented and legislative and other measures taken and in line with the Concluding Observations of the CEDAW Committee⁸⁹ a dedicated governmental body or coordinating institution tasked with implementing measures to counter all forms of gender-based violence against women should be set up.
- Measures should be taken /projects should be implemented for primary prevention of violence. As it is a tangled problem the projects should be implemented through joint efforts on the part of various government Ministries and agencies.
- There is a necessity to draft legislation, in particular legal normative Acts concerning the health sector and medical procedures aimed to secure analysis and identification of violence.
- Formulation and implementation of projects in the health sector that aim to identify violence, for instance projects of systemic screening, can significantly alleviate the problem of violence and reduce the related healthcare “burden.”
- Knowledge and skills of medical staff in identifying victims of gender-based violence and in organizing provision of necessary support (including social, legal and psychological support) to them are in need of considerable improvement. Therefore, training projects, which are focused on the solution of these problems, can be very efficient.
- Creation of opportunities for provision of psychological, legal, consultancy and social services in health-

⁸⁸ See CAHVIO (2009) 4 FIN document (check through www.coe.int/violence)

⁸⁹ *Concluding observations of the Committee on the Elimination of Discrimination against Women* with regard to the combined third and fourth periodic reports of Armenia. Armenia. Document CEDAW/C/ARM/CO/4/Rev.1 (2 February 2009), p. 5.

care and educational institutions, community structures and in non-governmental youth/children's centers can prove to be an effective measure in the process of support to victims of gender-based violence.

- It is very important to mold public opinion about and adequate attitude to the violence issue, to design and implement public awareness project aimed to overcome stereotypes and to ensure broad engagement of non-governmental organizations in that area.
- The measures aimed to support persons in a difficult situation and victims of gender-based violence should be carried out under the patronage of the State and through the establishment of necessary infrastructures, including shelters, temporary shelters, specialized social support centers, etc. From that perspective, implementation of socio-psychological and health rehabilitation projects within the framework of free services guaranteed by the State is no less important.
- Setting up a 24-hour hotline in relevant State and in non-governmental entities can prove to be very effective in terms of support to persons in a difficult situation.
- Establishment of an alternative system for collection of gender-based violence-related information is important for evaluation and analysis of the violence issue and for formulation of effective projects and measures.
- Given a multi-factor nature of the issue, enhanced efficiency of measures aimed to overcome and/or reduce violence is predicated on inter-sector and inter-agency cooperation.
- There is a perceived need of improving and streamlining support and services for GBV victims. Based on the survey findings and on the international experience, a recommendation can be made that comprehensive victim support centers should be set up integrating the existing information and counseling centers, shelters and centers that provide medical or legal services and a system of permanent 24-hour hotlines and effective referral services should be established.
- The capacity of the national body for collecting information and statistical data should be strengthened.
- Normative shifts have yet to occur (e.g. acceptance of the idea that the woman victim should not leave the family home and go to a shelter but the perpetrator has to leave, etc. or that adequate reparations have to be made/damages paid to VAW victims). Therefore, all major stakeholders, such as the Government entities, civil society organizations and international organizations, should focus both on legal reform, policy changes and advocacy campaigns.
- The education component should be strengthened and given more prominence as it entails longer-term efforts than one-time campaigns, reaches out to victims, perpetrators and public at large and is conducted on a regular basis. It should be incorporated in both formal and non-formal education systems. Gender-based violence, including domestic violence, will be substantially minimized and eventually eradicated only when it becomes culturally inappropriate and when there is zero tolerance for violence in the society at large. While not prevalent (as in some societies that tolerate or even promote male chauvinism and machismo), cultural views exonerating and condoning violence still hold ground in the present-day Armenian society and unless well-coordinated and consistent efforts are made to change public perceptions and, broader, mentality there is always a chance that one day they may be in ascendancy given the background of the resurging archaic and patriarchal norms and practices, thereby exposing women to a latent risk of violence. The prospect is not entirely hypothetical, since some social groups that hold patriarchal views have a position of power in the society and may affect and “infect” large segments of the population.
- Therefore, a particular emphasis should be placed on production and use of education materials, which seek to effect behavior and attitude changes, and on experiential learning, when people acquire skills of conflict prevention and resolution, effective inter-personal communication, etc. through simulations.
- Efforts should be scaled up to sensitize men (especially those who are opinion-makers and who hold posi-

tions of leadership, visibility and authority) to health, economic, political, social and other ramifications and effects of violence against women.

- To adequately measure progress and to effectively monitor the situation a comprehensive set of relevant VAW indicators should be adopted and used consistently. The approach proposed by the Office of the United Nations High Commissioner for Human Rights (OHCHR) is a good starting point. These indicators should “capture aspects of States’ *commitment, efforts* and *results* of these efforts in the elimination of violence against women.” Therefore, three clusters are proposed respectively, *viz. structural indicators* (indicators measuring commitments), *process indicators* (indicators measuring efforts) and *outcome indicators* (indicators measuring results)⁹⁰.

⁹⁰ *Criteria for identifying indicators on VAW*. Supporting Paper 3. Submitted by OHCHR on 5 October 2007 to Expert Group Meeting on indicators to measure violence against women (Geneva 8-10 October 2007), p. 3.

APPENDIX

Questionnaire
Survey on Domestic Violence, Armenia

IDENTIFICATION				
COUNTRY CODE _____	_____			
REGION _____	[][]			
LOCATION (CAPITAL/TOWN = 1, PROVINCE = 2) _____	[]			
WARD/VILLAGE	[][][]			
CLUSTER NUMBER	[][][]			
HOUSEHOLD NUMBER	[][]			
NAME OF HOUSEHOLD HEAD : _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE _____	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
INTERVIEWERS NAME _____ RESULT*** _____	_____	_____	_____	INTERVIEWER [][] RESULT [][]
NEXT VISIT: DATE _____ TIME _____ LOCATION _____	_____	_____	_____	TOTAL NUMBER OF VISITS []
QUESTIONNAIRES COMPLETED? [] 1. None completed =>	*** RESULT CODES Refused (specify): _____ _____ 11 Dwelling vacant or address not a dwelling.... 12 Dwelling destroyed..... 13 Dwelling not found, not accessible..... 14 Entire hh absent for extended period..... 15 No hh member at home at time of visit..... 16 =>Need to return Hh respondent postponed interview..... 17 =>Need to return Entire hh speaking only strange language. 18			CHECK HH SELECTION FORM: TOTAL IN HOUSEHOLD (Q1) [][] TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][] LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 2. HH questionnaire only =>	Selected woman refused (specify): _____ _____ 21 No eligible woman in household..... 22 Selected woman not at home..... 23 =>Need to return Selected woman postponed interview 24 =>Need to return Selected woman incapacitated..... 25			
[] 3. Woman's questionnaire partly =>	Does not want to continue (specify) : _____ _____ 31 Rest of interview postponed to next visit ... 32 =>Need to return			
[] 4. Woman's questionnaire completed =>	..... 41			
LANGUAGE OF QUESTIONNAIRE _____				[][]
LANGUAGE INTERVIEW CONDUCTED IN _____				[][]
QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no) _____				[]
FIELD SUPERVISOR	QUESTIONNAIRE CHECKED BY	OFFICE EDITOR	ENTERED BY	
NAME [][] DAY [][] MONTH [][] YEAR [][][][]	NAME [][] DAY [][] MONTH [][] YEAR [][][][]	NAME [][]	ENTRY 1: _____ ENTRY 2: _____	

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM																																																																																				
Hello, my name is _____. I am calling on behalf of CENTRE FOR SURVEY RESEARCH. We are conducting a survey in STUDY LOCATION to learn about women's health and life experiences.																																																																																				
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL					TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [][]																																																																														
2	Is the head of the household male or female?					MALE1 FEMALE 2 BOTH 3																																																																														
	HOUSEHOLD MEMBERS	RELATIONSHIP TO HEAD OF HH	SEX	RESIDENCE	AGE	ELIGIBLE																																																																														
3	Would you please give me the first names of all persons who usually live in your household (and share food).	What is the relationship of NAME to the head of the household.* (USE CODES BELOW)	Is NAME male or female? 1 MALE 2. FEMALE	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. 1. YES 2. NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) 1. YES 2. NO	SORT ALL ELIGIBLE WOMEN BY GIVING "1" FOR THE OLDEST USE BELOW TABLE FOR SELECTING ONE WOMEN																																																																													
01		[][]	1 2	1 2	[][]	1 2	[]																																																																													
02		[][]	1 2	1 2	[][]	1 2	[]																																																																													
03		[][]	1 2	1 2	[][]	1 2	[]																																																																													
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05		[][]	1 2	1 2	[][]	1 2	[]																																																																													
06		[][]	1 2	1 2	[][]	1 2	[]																																																																													
07		[][]	1 2	1 2	[][]	1 2	[]																																																																													
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10		[][]	1 2	1 2	[][]	1 2	[]																																																																													
CODES		06 MOTHER			12 DOMESTIC SERVANT																																																																															
01 HEAD		07 MOTHER-IN-LAW			13 LODGER																																																																															
02 WIFE/HUSBAND (PARTNER)		08 SISTER			14 FRIEND																																																																															
03 DAUGHTER		09 SISTER-IN-LAW			98 OTHER NOT RELATIVE:																																																																															
04 DAUGHTER-IN-LAW		10 OTHER RELATIVE			_____																																																																															
05 GRANDDAUGHTER		11 ADOPTED/FOSTER/STEP DAUGHTER																																																																																		
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:				MORE THAN ONE ELIGIBLE WOMEN IN HH:																																																																																
<ul style="list-style-type: none"> • <u>DOMESTIC SERVANTS</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. 				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Last Digit of HH NO.</th> <th>1</th> <th>2</th> <th>3</th> <th>4</th> <th>5</th> <th>6 +</th> </tr> </thead> <tbody> <tr><td>0</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td><td>2</td><td>2</td><td>2</td><td>2</td><td>2</td></tr> <tr><td>2</td><td>1</td><td>1</td><td>3</td><td>3</td><td>3</td><td>3</td></tr> <tr><td>3</td><td>1</td><td>2</td><td>1</td><td>4</td><td>4</td><td>4</td></tr> <tr><td>4</td><td>1</td><td>1</td><td>2</td><td>1</td><td>5</td><td>5</td></tr> <tr><td>5</td><td>1</td><td>2</td><td>3</td><td>2</td><td>1</td><td>6</td></tr> <tr><td>6</td><td>1</td><td>1</td><td>1</td><td>3</td><td>2</td><td>1</td></tr> <tr><td>7</td><td>1</td><td>2</td><td>2</td><td>4</td><td>3</td><td>2</td></tr> <tr><td>8</td><td>1</td><td>1</td><td>3</td><td>1</td><td>4</td><td>3</td></tr> <tr><td>9</td><td>1</td><td>2</td><td>1</td><td>2</td><td>5</td><td>4</td></tr> </tbody> </table>				Last Digit of HH NO.	1	2	3	4	5	6 +	0	1	1	1	1	1	1	1	1	2	2	2	2	2	2	1	1	3	3	3	3	3	1	2	1	4	4	4	4	1	1	2	1	5	5	5	1	2	3	2	1	6	6	1	1	1	3	2	1	7	1	2	2	4	3	2	8	1	1	3	1	4	3	9	1	2	1	2	5	4
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5	1	2	3					2	1	6																																																																										
6	1	1	1					3	2	1																																																																										
7	1	2	2					4	3	2																																																																										
8	1	1	3	1	4	3																																																																														
9	1	2	1	2	5	4																																																																														
(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 59 YEARS LIVING IN HOUSEHOLD.																																																																																				
NO ELIGIBLE WOMAN IN HH: CONTINUE WITH HOUSEHOLD QUESTIONNAIRE																																																																																				

ADMINISTERED TO ANY RESPONSIBLE ADULT IN HOUSEHOLD

HOUSEHOLD QUESTIONNAIRE					
	QUESTIONS & FILTERS	CODING CATEGORIES			
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	TAP/PIPED WATER IN RESIDENCE.....	01		
		OUTSIDE TAP (PIPED WATER) WITH HH.....	02		
		PUBLIC TAP	03		
		WELL-WATER, WITH HOUSEHOLD	04		
		OUTSIDE/PUBLIC WELL	05		
		SPRING WATER	06		
		RIVER/STREAM/POND/LAKE/DAM	08		
		RAINWATER	09		
		TANKER/TRUCK/WATER VENDOR.....	10		
		OTHER:	96		
		DON'T KNOW/DON'T REMEMBER	98		
		REFUSED/NO ANSWER.....	99		
2	What kind of toilet facility does your household have?	OWN FLUSH TOILET	01		
		SHARED FLUSH TOILET	02		
		VENTILATED IMPROVED PIT LATRINE	03		
		TRADITIONAL PIT TOILET/LATRINE	04		
		RIVER/CANAL	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 in the roof? RECORD OBSERVATION	ROOF FROM NATURAL MATERIALS	1		
		RUDIMENTARY ROOF (PLASTIC/CARTON)	2		
		TILED OR CONCRETE ROOF	3		
		CORRUGATED IRON.....	4		
		OTHER:	6		
		DON'T KNOW/DON'T REMEMBER	8		
		REFUSED/NO ANSWER.....	9		
4	Does your household have:	YES	NO	DK	
	a) Electricity	a) ELECTRICITY	1	2	8
	b) A radio	b) RADIO	1	2	8
	c) A television	c) TELEVISION	1	2	8
	d) A telephone	d) TELEPHONE	1	2	8
	e) A refrigerator	e) REFRIGERATOR	1	2	8
5	Does any member of your household own:	YES	NO	DK	
	a) A motorcycle?	a) MOTORCYCLE	1	2	8
	b) A car?	b) CAR	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		
10	NOTE LINE NUMBER OF RESPONDENT	LINE NUMBER	[]		

Thank you very much for your assistance.

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		
202	Now I would like to ask you about your health in the past 4 weeks. 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 past 4 weeks 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 past 4 weeks 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 past 4 weeks have you had problems with your memory or concentration? Please choose from the following 5 options. Would you say no problems, very few problems, some problems, many problems or extreme memory or concentration problems?	NO PROBLEMS 1 VERY FEW PROBLEMS..... 2 SOME PROBLEMS 3 MANY PROBLEMS..... 4 EXTREME MEMORY PROBLEMS..... 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
206	In the past 4 weeks have you had: a) Itching b) Vaginal discharge		YES NO DK a) Itching 1 2 8 b) VAGINAL DISCHARGE 1 2 8	
207	In the past 4 weeks, 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?		NO ONCE OR A FEW MANY TWICE TIMES TIMES a) FOR SLEEP 1 2 3 4 b) FOR PAIN 1 2 3 4 c) FOR SADNESS 1 2 3 4	

208	<p>In the past 4 weeks, 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 past 4 weeks. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches?</p> <p>b) Is your appetite poor?</p> <p>c) Do you sleep badly?</p> <p>d) Are you easily frightened?</p> <p>e) Do your hands shake?</p> <p>f) Do you feel nervous, tense or worried?</p> <p>g) Is your digestion poor?</p> <p>h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy?</p> <p>j) Do you cry more than usual?</p> <p>k) Do you find it difficult to enjoy your daily activities?</p> <p>l) Do you find it difficult to make decisions?</p> <p>m) Is your daily work suffering?</p> <p>n) Are you unable to play a useful part in life?</p> <p>o) Have you lost interest in things that you used to enjoy?</p> <p>p) Do you feel that you are a worthless person?</p> <p>q) Has the thought of ending your life been on your mind?</p> <p>r) Do you feel tired all the time?</p> <p>s) Do you have uncomfortable feelings in your stomach?</p> <p>t) Are you easily tired?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL PART</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL PART	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you ever thought about ending your life?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>	⇒212																																																															
211	<p>Have you ever tried to take your life?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>																																																																
212	<p>In the past 12 months, have you had an operation (other than a caesarean section)?</p>	<p>YES1</p> <p>NO2</p> <p>DON'T KNOW/DON'T REMEMBER8</p> <p>REFUSED/NO ANSWER9</p>																																																																

213	<p>In the past 12 months, did you have to spend any nights in a hospital because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months?</p>	<p>NIGHTS IN HOSPITAL[][] NONE00 DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99</p>																			
214	<p>Do you now smoke..... 1. Daily? 2. Occasionally? 3. Not at all?</p>	<p>DAILY1 OCCASIONALLY2 NOT AT ALL3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9</p>	<p>⇒216 ⇒216</p>																		
215	<p>Have you ever 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)</p>	<p>DAILY1 OCCASIONALLY2 NOT AT ALL3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9</p>																			
216	<p>How often do you drink alcohol? Would you say: 1. Every day or nearly every day 2. Once or twice a week 3. 1 – 3 times a month 4. Occasionally, less than once a month 5. Never</p>	<p>EVERY DAY OR NEARLY EVERY DAY1 ONCE OR TWICE A WEEK2 1 – 3 TIMES IN A MONTH3 LESS THAN ONCE A MONTH4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9</p>	<p>⇒S.3</p>																		
217	<p>On the days that you drank in the past 4 weeks, about how many alcoholic drinks did you usually have a day?</p>	<p>USUAL NUMBER OF DRINKS[][] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS ...00</p>																			
218	<p>In the past 12 months, have you experienced any of the following problems, related to your drinking? a) money problems b) health problems c) conflict with family or friends d) problems with authorities (bar owner/police, etc) x) other, specify.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) MONEY PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HEALTH PROBLEMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>c) CONFLICT WITH FAMILY OR FRIENDS</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) PROBLEMS WITH AUTHORITIES</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) OTHER: _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	a) MONEY PROBLEMS	1	2	b) HEALTH PROBLEMS	1	2	c) CONFLICT WITH FAMILY OR FRIENDS	1	2	d) PROBLEMS WITH AUTHORITIES	1	2	x) OTHER: _____	1	2	
	YES	NO																			
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c) CONFLICT WITH FAMILY OR FRIENDS	1	2																			
d) PROBLEMS WITH AUTHORITIES	1	2																			
x) OTHER: _____	1	2																			

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 .....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 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒317 ⇒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 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒318
317a	The last time that you had sex with your <u>current/most recent partner</u> 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	

SECTION 4 CHILDREN			
CHECK: Q. 308 <i>(s4bir)</i>	ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY .....1 GIRL .....2	
403	Is your last born child (NAME) still alive?	YES .....1 NO .....2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR .....00	⇒406 ⇒406
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR)..... [][] DAYS (IF LESS THAN 1 MONTH)..... [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO .....1 LESS THAN 5 YEARS AGO .....2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN .....1 WAIT UNTIL LATER .....2 NOT WANT CHILDREN .....3 NOT MIND EITHER WAY .....4 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN .....1 WAIT UNTIL LATER .....2 NOT WANT CHILDREN .....3 NOT MIND EITHER WAY .....4 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE .....A DOCTOR .....B OBSTETRICIAN/GYNAECOLOGIST .....C NURSE/MIDWIFE .....D 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 NO2 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 NO2 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 OLD3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
415	Was this child (NAME) weighed at birth?	YES..... 1 NO 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER 9	⇒417 ⇒417																								
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [] [] 1 KG FROM RECALL [] []2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									
417	Do you have any children aged between 5 and 12 years? How many? (include 5-year-old and 12-year-old children)	NUMBER [] [] NONE.....00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS.....[] b) GIRLS[]																									
419	How many of these children (ages 5-12 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS.....[] b) GIRLS[] IF "0" FOR BOTH SEXES ===== GO TO ⇒	⇒S.5																								
420	Do any of these children (ages 5-12 years): a) Have frequent nightmares? b) Suck their thumbs or fingers? c) Wet their bed often? d) Are any of these children very timid or withdrawn? e) Are any of them aggressive with you or other children?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>a) NIGHTMARES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) SUCK THUMB</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) WET BED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) TIMID</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	a) NIGHTMARES	1	2	8	b) SUCK THUMB	1	2	8	c) WET BED	1	2	8	d) TIMID	1	2	8	e) AGGRESSIVE	1	2	8	
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421	Of these children (ages 5-12 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY[] b) NUMBER OF GIRLS RUN AWAY.....[] IF NONE ENTER '0'																									
422	Of these children (ages 5-12 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS.....[] b) GIRLS[] IF "0" FOR BOTH SEXES ===== GO TO ⇒	⇒S.5																								
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	YES..... 1 NO.....2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																									

424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 5-12 YEARS.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
425 a	Have you ever been forced to undertake an abortion?	YES 1 NO 2 REFUSED/NO ANSWER 9	
425 b	If YES, what was the reason?	SEX OF THE CHILD SOCIAL CONDITIONS SOCIO-ECONOMIC CONDITIONS MEDICAL INDICATIONS OTHER	
426 a	When you were pregnant, did you face difficulties attending ANC?	YES 1 NO 2 REFUSED/NO ANSWER 9	
426 b	IF YES, what was the reason?	NO DOCTOR IN COMMUNITY DOCTOR IS MALE NO TRANSPORTATION NO NEED FOR ANC HUSBAND WAS AGAINST MOTHER WAS AGAINST MOTHER IN LAW WAS AGAINST OTHER	
427 a	Did You attend regular gynaecological check-ups?	YES 1 NO 2 REFUSED/NO ANSWER 9	
427b	IF NO, what was the reason?	NO DOCTOR IN COMMUNITY DOCTOR IS MALE NO TRANSPORTATION NO NEED FOR GYN. CHECK-UP HUSBAND WAS AGAINST MOTHER WAS AGAINST MOTHER IN LAW WAS AGAINST DOCTOR OTHER	

SECTION 5 CURRENT OR MOST RECENT PARTNER				
CHECK: Q.118 AND Q.120a AND Q.120b (s5mar)	Q.118 = 1, 3 OR 4 <u>CURRENTLY MARRIED</u> , OR <u>LIVING WITH A MAN/WITH SEXUAL PARTNER</u> [] ↓ (1)	Q.120a = 1 OR 3 OR Q.120b = 1 <u>FORMERLY MARRIED/</u> <u>LIVING WITH A MAN/</u> <u>WITH SEXUAL PARTNER</u> [] ↓ (2)	Q.120a = 2 / Q.120b = 2 <u>NEVER MARRIED/</u> <u>NEVER LIVED WITH A MAN (NEVER SEXUAL PARTNER)</u> [] ⇒ (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 was your husband/partner on his last birthday? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?		AGE (YEARS) [][]	
502	In what year was he born?		YEAR.....[][][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999	
503	Can (could) he read and write?		YES .....1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
504	Did he ever attend school?		YES .....1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒506
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL.		PRIMARY (1-3 grades) ____ year .....1 MIDDLE (4-8 grades) ____ year.....2 HIGH SCHOOL(9-11 grades) __ year.....3 SPECIALIZED SECONDARY __ year.....4 HIGHER ____ year.....5 NUMBER OF YEARS SCHOOLING...[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?		WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒508 ⇒508 ⇒509
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)		IN THE PAST 4 WEEKS.....1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO..... 3 NEVER HAD A JOB..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒509
508	What kind of work does/did he normally do? SPECIFY KIND OF WORK		PROFESSIONAL: 01 SEMI-SKILLED: 02 UNSKILLED/MANUAL: 03 MILITARY/POLICE: 04 OTHER: 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	

SECTION 6 ATTITUDES																															
	In this community and elsewhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.																														
601	A good wife obeys her husband even if she disagrees	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
602	Family problems should only be discussed with people in the family	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
603	It is important for a man to show his wife/partner who is the boss	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
604	A woman should be able to choose her own friends even if her husband disapproves	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
606	If a man mistreats his wife, others outside of the family should intervene	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
607	Domestic violence is a private issue where law cannot intervene	AGREE 1 DISAGREE.....2 DON'T KNOW 8 REFUSED/NO ANSWER..... 9																													
608	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	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HOUSEHOLD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DISOBEYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NO SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) GIRLFRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) SUSPECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) UNFAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	
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609	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	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NOT WANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DRUNK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SICK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) MISTREAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8									
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610	In your opinion, do you consider the following cases as gender based violence:		YES	NO	DK
	a) A husband's behaviour resulting in physical injury to her wife	a) PHYSICAL INJURY	1	2	8
	b) Verbal abuse (including defamation, slander, shouting)	b) VERBAL ABUSE	1	2	8
	c) Degrading her wife in public	c) DEGRADING	1	2	8
	d) Verbal threats, including threats of divorce and injury	d) VERBAL THREATS	1	2	8
	e) Withholding of money	e) WITHHOLDING	1	2	8
	f) Forbidding wife to work	f) FORBIDDING	1	2	8
	g) Forced sexual intercourse in a husband-wife relationship	g) FORCED SEX	1	2	8

CHECK : (s7preg) Q.302 EVER BEEN PREGNANT Q.302, Q.308 AND (s7prnum) Q.308 NUMBER OF PREGNANCIES Q.310 (s7prcur) Q.310 CURRENTLY PREGNANT? YES...1 NO... 2		(1) [] ↓ [] [] [] ↓ YES...1 NO... 2 ↓	Q.302 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 . [] []		
710a	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 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 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		

SECTION 8 INJURIES																																											
CHECK: Q.707 AND Q.708 (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE "YES" TO Q.707 AND/OR Q.708 (1)	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE "NO" to BOTH Q.707 AND Q.708 [] ⇒ (2)	⇒S.10																																								
I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																											
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒804a																																								
802 a	<u>In your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE.....1 SEVERAL (3-5) TIMES.....2 MANY (MORE THAN 5) TIMES.....3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																																									
802 b	Has this happened <u>in the past 12 months</u> ?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9																																									
803 a	What 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?	<table border="0"> <tr> <td>CUTS, PUNCTURES, BITES.....A</td> <td colspan="3">b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES.....B</td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS.....C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS.....D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES.....E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES.....F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES.....G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH.....H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES.....I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): _____X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	CUTS, PUNCTURES, BITES.....A	b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u> ?			SCRATCH, ABRASION, BRUISES.....B	YES	NO	DK	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	OTHER (specify): _____X	1	2	8	
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804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES1 NO3 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																																									

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's acts have 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: Q.707 AND Q.708 <i>(S9phys)</i>	WOMAN EXPERIENCED PHYSICAL VIOLENCE "YES" TO Q.707 [] ↓ <i>(1)</i>	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY "NO" to Q.707 AND "YES" to Q.708 [] ⇒ <i>(2)</i>	⇒906
901	Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE. PROBE: Any other situation? MARK ALL MENTIONED	NO PARTICULAR REASON.....A WHEN MAN DRUNK.....B MONEY PROBLEMS.....C DIFFICULTIES AT HIS WORK.....D WHEN HE IS UNEMPLOYED .....E NO FOOD AT HOME .....F PROBLEMS WITH HIS OR HER FAMILY .....G SHE IS PREGNANT .....H HE IS JEALOUS OF HER.....I SHE REFUSES SEX .....J SHE IS DISOBEDIENT.....K OTHER (specify):.....X	
CHECK: Q.303 <i>(s9child)</i>	HAS CHILDREN LIVING [] ↓ <i>(1)</i>	NO CHILDREN ALIVE [] ⇒ <i>(2)</i>	⇒903
902	For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER .....1 ONCE OR TWICE .....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME .....4 DON'T KNOW .....8 REFUSED/NO ANSWER.....9	
903	During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER.....1 ONCE OR TWICE.....2 SEVERAL TIMES .....3 MANY TIMES/MOST OF THE TIME.....4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER .....1 ONCE OR TWICE .....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME .....4 DON'T KNOW/DON'T REMEMBER .....8 REFUSED/NO ANSWER .....9	⇒905
904a	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	

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) Women's organization (Use name) 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 ADVICE CENTRE</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) WOMEN'S ORGANIZATION: _____</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> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	c) SOCIAL SERVICES	1	2	d) LEGAL ADVICE CENTRE	1	2	e) COURT	1	2	f) SHELTER	1	2	g) LOCAL LEADER	1	2	h) WOMEN'S ORGANIZATION: _____	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> </tbody> </table>	YES	NO	1	2	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>CHECK: Question 910a * ** <i>(s9check)</i></p>	<p>MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [] ↓</p> <p><i>(1)</i></p>	<p>MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) []</p> <p><i>(2)</i></p>	<p>⇒912</p>																																																												
911	<p>What were the reasons that made you go for help?</p> <p>MARK ALL MENTIONED AND GO TO 913</p>	<p>ENCOURAGED BY FRIENDS/FAMILY..... A COULD NOT ENDURE MOREB BADLY INJUREDC HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDRENE SAW THAT CHILDREN SUFFERING..... F THROWN OUT OF THE HOME..... G AFRAID SHE WOULD KILL HIM..... H AFRAID HE WOULD KILL HER I OTHER (specify): _____ _____ X</p>	<p>FOR ALL OPTIONS GO TO 913</p>																																																												
912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWERA FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE..... B VIOLENCE NORMAL/NOT SERIOUS..... C EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMEDD BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED..... E AFRAID WOULD END RELATIONSHIP F AFRAID WOULD LOSE CHILDREN..... G BRING BAD NAME TO FAMILYH OTHER (specify): _____ _____ X</p>																																																													

919	<p>What were the reasons that made you stay?</p> <p>MARK ALL MENTIONED</p>	<p>DIDN'T WANT TO LEAVE CHILDREN A</p> <p>SANCTITY OF MARRIAGEB</p> <p>DIDN'T WANT TO BRING SHAME</p> <p> ON FAMILYC</p> <p>COULDN'T SUPPORT CHILDREN.....D</p> <p>LOVED HIM..... E</p> <p>DIDN'T WANT TO BE SINGLE..... F</p> <p>FAMILY SAID TO STAY G</p> <p>FORGAVE HIM H</p> <p>THOUGHT HE WOULD CHANGE..... I</p> <p>THREATENED HER/CHILDRENJ</p> <p>NOWHERE TO GO.....K</p> <p>VIOLENCE NORMAL/NOT SERIOUS L</p> <p>OTHER (specify): _____..... X</p>	
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1005b	<p>IF ONE PARTNER IN 1005a; ASK: Did you have sex in the past 12 months? IF YES, ENTER "01" IF NONE ENTER "00"</p> <p>IF MORE THAN ONE PARTNER IN 1005a, ASK With how many of these men did you have sex in the <u>past 12 months</u>?</p>	<p>PARTNERS.....[][]</p> <p>DON'T KNOW/DON'T REMEMBER ...</p> <p>REFUSED/NO ANSWER99</p>	
1006	<p>When you were a child, was your mother hit by your father (or her husband or boyfriend)?</p>	<p>YES .....1</p> <p>NO..... 2</p> <p>PARENTS DID NOT LIVE TOGETHER..... 3</p> <p>DON'T KNOW 8</p> <p>REFUSED/NO ANSWER 9</p>	<p>⇒s10mar*</p> <p>⇒s10mar*</p> <p>⇒s10mar*</p>
1007	<p>As a child, did you see or hear this violence?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW .....8</p> <p>REFUSED/NO ANSWER .....9</p>	
<p>* CHECK: Q.118 AND Q.120a AND q120b (s10mar)</p>	<p>Q.118 = 1, 3, OR 4 OR Q.120a = 1 OR 3 OR Q.120b = 1 EVER MARRIED/EVER LIVING WITH A MAN/<i>SEXUAL PARTNER</i> ↓ []</p> <p>(1)</p>	<p>Q.120a = 5 / Q.120b = 2 NEVER MARRIED/NEVER LIVED WITH A MAN [] ⇒ (2)</p>	<p>⇒S.11</p>
1008	<p>As far as you know, was your (most recent) partner's mother hit or beaten by her husband?</p>	<p>YES .....1</p> <p>NO .....2</p> <p>PARENTS DID NOT LIVE TOGETHER .....3</p> <p>DON'T KNOW .....8</p> <p>REFUSED/NO ANSWER .....9</p>	<p>⇒1010</p> <p>⇒1010</p> <p>⇒1010</p>
1009	<p>Did your (most recent) husband/partner see or hear this violence?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW .....8</p> <p>REFUSED/NO ANSWER .....9</p>	
1010	<p>As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?</p>	<p>YES .....1</p> <p>NO.....2</p> <p>DON'T KNOW .....8</p> <p>REFUSED/NO ANSWER .....9</p>	

